

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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: 01/29/2016 Time: 16:15	
	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 checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		451,250	407,388	-17,479	117,607	1
2	SUBPROVIDER - IPF		17,792	1,060			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		469,042	408,448	-17,479	117,607	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 for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence

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not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 251E HURON	P.O. Box:				1
2	City: CHICAGO	State: IL	ZIP Code: 60611	County: COOK		2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09 / 01 / 1972	N	P	O	3
4	Subprovider - IPF	NORTHWESTERN MEMORIAL PSYCH UNIT	14-S281	16974	4	09 / 01 / 1984	N	P	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 / 2014	To: 08 / 31 / 2015		20
21	Type of control (see instructions)	2			21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	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	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	18,670	16,408		400	7,332	632	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1			26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:	36

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

37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	Y			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)	Y			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 osteopathci 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 Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	13.16	319.21	0.039594	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	INTERNAL MEDICINE	1400	21.55	115.30	0.157472

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	15.86	378.02	0.040266	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	INTERNAL MEDICINE	1400	22.42	109.98	0.169335

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, indicate which program year began during this cost reporting period. (see instructions)	Y	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, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N			81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		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	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			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.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	4,127,154	33,219,364	2,637,175	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

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.	07 / 01 / 1973			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.	09 / 29 / 2006			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.	02 / 02 / 1996			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.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

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 Y	2 HB0640	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: NORTHWESTERN MEMORIAL HEALTHCA	Contractor's Name: NGS - INC	Contractor's Number: 06101	141
142	Street: 251 E HURON ST	P.O. Box: PO BOX 6		142
143	City: CHICAGO	State: IL	ZIP Code: 60611	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N					165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)						166
	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 01 / 2014	08 / 31 / 2015			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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)	Y			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	11/30/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	Y		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

		Y/N	
Bed Complement		Y/N	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
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)	Y	11/18/2015	Y	11/18/2015
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	
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	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

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

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

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

Cost Report Preparer Contact Information				
41	First name: JOHN	Last name: VANDER LAAN	Title: MANAGER OF REIMB	41
42	Employer: NORTHWESTERN MEMORIAL HOSPITAL			42
43	Phone number: 312 926 6618	E-mail Address: JVANDERL@NM.ORG		43

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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	
						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	654	240,767		51,936	20,489	168,875	1	
2	HMO and other (see instructions)					7,314	7,332		2	
3	HMO IPF Subprovider					221			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)		654	240,767		51,936	20,489	168,875	7	
8	Intensive Care Unit	31	106	38,690		11,585	3,098	28,943	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	SPECIAL CARE NURSERY	35	86	31,390			2,094	21,008	12	
13	Nursery	43					5,998	25,208	13	
14	Total (see instructions)		846	310,847		63,521	31,679	244,034	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	29	10,585		2,207	895	8,355	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)		875						27	
28	Observation Bed Days							12,491	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)							2,507	30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)		32	11,680			3,537	6,370	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)							186	32.01	
33	LTCH non-covered days								33	

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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)					10,918	5,022	45,015	1
2	HMO and other (see instructions)					1,152	1,121		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	SPECIAL CARE NURSERY								12
13	Nursery								13
14	Total (see instructions)	526.25	4,589.00			10,918	5,022	45,015	14
15	CAH Visits								15
16	Subprovider - IPF	3.13	39.00			200	81	983	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)	529.38	4,628.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	386,649,073	-512,005	386,137,068	10,939,484.00	35.30	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		5,076,337		5,076,337	48,446.00	104.78	4
4.01	Physician-Part A - Teaching		3,843,980		3,843,980	36,685.00	104.78	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21		29,774,928	29,774,928	1,108,806.00	26.85	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		15,953,755	-2,153,381	13,800,374	294,520.00	46.86	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		2,051,978		2,051,978	31,145.00	65.88	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs		93,988,084		93,988,084	1,998,997.00	47.02	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		87,608,005		87,608,005			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,928,339		2,928,339			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		565,171		565,171			22
22.01	Physician Part A - Teaching		427,967		427,967			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		7,312,160		7,312,160			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		8,255		8,255			26
27	Administrative & General		29,453,845	-1,339,133	28,114,712	472,976.00	59.44	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,464,601		1,464,601	46,131.00	31.75	30
31	Laundry & Linen Service							31
32	Housekeeping		6,843,285		6,843,285	343,738.00	19.91	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		6,302,684	-2,353,186	3,949,498	190,503.00	20.73	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			2,353,186	2,353,186	113,505.00	20.73	36
37	Maintenance of Personnel							37
38	Nursing Administration		17,580,100	-4,162,512	13,417,588	534,954.00	25.08	38
39	Central Services and Supply		6,161,327		6,161,327	260,229.00	23.68	39
40	Pharmacy		15,032,439	-971,311	14,061,128	324,922.00	43.28	40
41	Medical Records & Medical Records Library		1,919,440		1,919,440	64,350.00	29.83	41
42	Social Service		990,205		990,205	34,187.00	28.96	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		382,805,093	-30,286,933	352,518,160	9,793,993.00	35.99	1
2	Excluded area salaries (see instructions)		15,953,755	-2,153,381	13,800,374	294,520.00	46.86	2
3	Subtotal salaries (line 1 minus line 2)		366,851,338	-28,133,552	338,717,786	9,499,473.00	35.66	3
4	Subtotal other wages & related costs (see instructions)		96,040,062		96,040,062	2,030,142.00	47.31	4
5	Subtotal wage-related costs (see instructions)		88,173,176		88,173,176		26.03%	5
6	Total (sum of lines 3 through 5)		551,064,576	-28,133,552	522,931,024	11,529,615.00	45.36	6
7	Total overhead cost (see instructions)		85,756,181	-6,472,956	79,283,225	2,385,495.00	33.24	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	19,862,618	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	38,028,021	8
9	Prescription Drug Plan	6,103,306	9
10	Dental, Hearing and Vision Plan	1,661,480	10
11	Life Insurance (If employee is owner or beneficiary)	406,473	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	3,399,680	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	3,390,912	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	24,197,627	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	539,803	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,251,723	23
24	Total Wage Related cost (Sum of lines 1-23)	98,841,643	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	Supporting Exhibit for Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list		11
12	Number of patients transplanted during the cost reporting period		12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider		13
14	Epoetin amount from Worksheet A for home dialysis program		14
15	Number of EPO units furnished relating to the renal dialysis department		15
16	Number of EPO units furnished relating to the home dialysis department		16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider		17
18	ARANESP amount from Worksheet A for home dialysis program		18
19	Number of ARANESP units furnished relating to the renal dialysis department		19
20	Number of ARANESP units furnished relating to the home dialysis department		20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.215653	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		94,449,705	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		313,880,229	6
7	Medicaid cost (line 1 times line 6)		67,689,213	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	73,063,370	3,527,757	76,591,127	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,756,335	760,771	16,517,106	21
22	Partial payment by patients approved for charity care	96,924	152,396	249,320	22
23	Cost of charity care (line 21 minus line 22)	15,659,411	608,375	16,267,786	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		52,015,750	26
27	Medicare bad debts for the entire hospital complex (see instructions)		3,049,210	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		48,966,540	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		10,559,781	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		26,827,567	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,827,567	31

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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- FICATION S	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		90,895,707	90,895,707		90,895,707	-5,084,069	85,811,638	1
2	00200	Cap Rel Costs-Mvble Equip		21,594,435	21,594,435		21,594,435	14,916	21,609,351	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	8,255	65,024,607	65,032,862	790,054	65,822,916	-50,051	65,772,865	4
5.01	00540	NONPATIENT PHONES								5.01
5.02	00550	DATA PROCESSING	1,592,071	11,411,385	13,003,456	673,058	13,676,514	-550,486	13,126,028	5.02
5.03	00560	PURCHASING RECEIVING & STORES	1,105,130	1,414,660	2,519,790		2,519,790	-19,559	2,500,231	5.03
5.04	00570	ADMITTING	660,861	459,257	1,120,118	19,900	1,140,018	-4	1,140,014	5.04
5.05	00591	ADMINISTRATIVE & GENERAL	26,095,783	335,096,628	361,192,411	-9,392,871	351,799,540	109,501,868	242,297,672	5.05
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,464,601	55,980,785	57,445,386	1,698,256	59,143,642	-9,313,384	49,830,258	7
8	00800	Laundry & Linen Service				3,444,832	3,444,832		3,444,832	8
9	00900	Housekeeping	6,843,285	2,686,220	9,529,505		9,529,505	-72,041	9,457,464	9
10	01000	Dietary	6,302,684	3,521,581	9,824,265	-2,375,197	7,449,068	-875,221	6,573,847	10
11	01100	Cafeteria				2,375,197	2,375,197	-712,778	1,662,419	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	17,580,100	2,984,714	20,564,814	-4,579,167	15,985,647	-1,211,916	14,773,731	13
14	01400	Central Services & Supply	6,161,327	8,773,997	14,935,324	512	14,935,836	-87,111	14,848,725	14
15	01500	Pharmacy	15,032,439	68,745,027	83,777,466	-54,051,722	29,725,744	-12,474,574	17,251,170	15
16	01600	Medical Records & Library	1,919,440	1,335,600	3,255,040		3,255,040	-49,628	3,205,412	16
17	01700	Social Service	990,205	351,384	1,341,589		1,341,589	-22,390	1,319,199	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd				33,448,418	33,448,418		33,448,418	21
22	02200	I&R Services-Other Prgm Costs Apprvd	34,946,974	3,687,550	38,634,524	-23,150,210	15,484,314	-7,903,455	7,580,859	22
23	02300	PARAMED ED PRGM-(PHARMACY)				1,036,054	1,036,054	-111	1,035,943	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				301,724	301,724	-1,796	299,928	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				168,889	168,889	-160,498	8,391	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				154,746	154,746	-151,983	2,763	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				154,746	154,746	-151,983	2,763	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				154,748	154,748	-151,986	2,762	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	78,227,210	21,215,841	99,443,051	-4,931,835	94,511,216	-8,586,993	85,924,223	30
31	03100	Intensive Care Unit	20,509,192	5,079,403	25,588,595	-192,540	25,396,055	-141,617	25,254,438	31
35	02060	SPECIAL CARE NURSERY	10,826,003	3,426,565	14,252,568	35,859	14,288,427	-1,993,611	12,294,816	35
40	04000	Subprovider - IPF	2,991,862	193,405	3,185,267	129,972	3,315,239	-3,326	3,311,913	40
43	04300	Nursery				3,138,346	3,138,346		3,138,346	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	25,621,827	91,764,257	117,386,084	-69,502,082	47,884,002	-9,491,849	38,392,153	50
51	05100	Recovery Room	6,486,688	752,456	7,239,144	5,534	7,244,678	-7,590	7,237,088	51
52	05200	Delivery Room & Labor Room	14,023,034	4,385,102	18,408,136	-1,413,173	16,994,963	-660,613	16,334,350	52
53	05300	Anesthesiology	1,640,451	2,924,685	4,565,136	-2,484,470	2,080,666	-57	2,080,609	53
54	05400	Radiology-Diagnostic	16,250,423	14,446,147	30,696,570	-8,650,947	22,045,623	-135,812	21,909,811	54
55	05500	Radiology-Therapeutic	6,673,416	2,194,899	8,868,315	-401,456	8,466,859	-201,697	8,265,162	55
56	05600	Radioisotope	2,098,848	6,209,570	8,308,418	-3,937,426	4,370,992	-259,447	4,111,545	56
57	05700	CT Scan	4,404,983	2,301,780	6,706,763	-430,499	6,276,264	-31,801	6,244,463	57
58	05800	MRI	6,913,952	3,612,924	10,526,876	-909,974	9,616,902	-42,138	9,574,764	58
59	05900	Cardiac Catheterization	1,323,627	7,929,446	9,253,073	-9,133,256	119,817	-43,153	76,664	59
59.01	03650	VASCULAR LAB	869,495	19,825	889,320		889,320	-171	889,149	59.01
59.02	03140	CARDIAC GRAPHICS	2,972,036	1,570,465	4,542,501	-66,303	4,476,198	-191,220	4,284,978	59.02
59.03	03560	PULMONARY FUNCTION	502,277	228,466	730,743	-19,464	711,279	-12,577	698,702	59.03
59.04	03290	EPS	960,501	10,309,430	11,269,931	-11,199,523	70,408	-33,136	37,272	59.04
59.05	03340	GI	4,102,124	4,148,137	8,250,261	-672,049	7,578,212	-70,986	7,507,226	59.05
60	06000	Laboratory	17,448,076	50,707,968	68,156,044	35,277	68,191,321	-533,902	67,657,419	60
62	06200	Whole Blood & Packed Red Blood Cells	94,001	9,861,474	9,955,475	-73,408	9,882,067		9,882,067	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	2,630,186	2,449,831	5,080,017	3,470	5,083,487	-2,275	5,081,212	63
63.01	06301	CELL THERAPY LAB								63.01
65	06500	Respiratory Therapy	4,628,074	3,172,863	7,800,937	3,688,339	11,489,276	-1,263,062	10,226,214	65
66	06600	Physical Therapy	302,591	914,477	1,217,068	62,659	1,279,727	-50,615	1,229,112	66
67	06700	Occupational Therapy	135,139	16,101	151,240	604,027	755,267	-46,764	708,503	67
69	06900	Electrocardiology								69
70	07000	Electroencephalography	1,976,013	889,327	2,865,340	20,300	2,885,640	-87,389	2,798,251	70

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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- FICATION S	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	
71	07100	Medical Supplies Charged to Patients				44,098,490	44,098,490		44,098,490	71
72	07200	Impl. Dev. Charged to Patients				62,559,766	62,559,766		62,559,766	72
73	07300	Drugs Charged to Patients				55,269,443	55,269,443		55,269,443	73
76.97	07697	CARDIAC REHABILITATION	285,840	75,449	361,289	1,680	362,969	-64,494	298,475	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	2,052,618	343,813	2,396,431	-177,359	2,219,072	-995	2,218,077	90
90.01	09001	PSYCH CLINIC	3,196,976	1,495,253	4,692,229	116,892	4,809,121	-580,295	4,228,826	90.01
90.02	09002	TRANSPLANT CLINIC	401,436	281,301	682,737	43,258	725,995	-51,187	674,808	90.02
90.03	09003	OB CLINIC	430,216	147,910	578,126	434,911	1,013,037	-126,211	886,826	90.03
91	09100	Emergency	10,576,140	2,340,210	12,916,350	749,990	13,666,340	-41,720	13,624,620	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,428,770	124,874	1,553,644	98,009	1,651,653	-24,159	1,627,494	92.01
		OTHER REIMBURSABLE COST CENTERS								
100	10000	I&R Services-Not Apprvd Prgm				707,301	707,301		707,301	100
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	899,720	6,763,290	7,663,010	1,019,327	8,682,337	-677,910	8,004,427	105
106	10600	Heart Acquisition	388,664	1,624,209	2,012,873	205,928	2,218,801	-90,994	2,127,807	106
107	10700	Liver Acquisition	692,681	4,749,279	5,441,960	507,612	5,949,572	-785,063	5,164,509	107
108	10800	Lung Acquisition	213,317	914,016	1,127,333	17,723	1,145,056	-80,415	1,064,641	108
109	10900	Pancreas Acquisition	-784	1,430,945	1,430,161	145,075	1,575,236	-14,293	1,560,943	109
116	11600	Hospice								116
118		SUBTOTALS (sum of lines 1-117)	375,880,778	944,978,930	1,320,859,708	10,375,391	1,331,235,099	-174,961,513	1,156,273,586	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		7,973	7,973		7,973	-1,854	6,119	190
191	19100	Research		279	279	1,780,611	1,780,890	-541	1,780,349	191
191.01	19101	SPONSERED PROJECT				4,220,635	4,220,635	-859,796	3,360,839	191.01
194	07950	REAL ESTATE	7,491	27,308,276	27,315,767	11,448	27,327,215	-27,327,215		194
194.01	07951	MARKETING, OTHER NON-REIMB		975,930	975,930		975,930	11,728	987,658	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	10,760,804	5,628,278	16,389,082	-16,388,085	997	-997		194.02
200		TOTAL (sum of lines 118-199)	386,649,073	978,899,666	1,365,548,739		1,365,548,739	-203,140,188	1,162,408,551	200

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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	RECLASS NON SAL TO SALARY 615200	A	SPECIAL CARE NURSERY	35	93,600		1
2	RECLASS NON SAL TO SALARY 615200	A	Adults & Pediatrics	30	30,125		2
3	RECLASS NON SAL TO SALARY 615200	A	I&R Services-Other Prgm Costs	22	30,200		3
4	RECLASS SALARY TO NON 615201CC 1643	A	I&R Services-Other Prgm Costs	22		181,981	4
5	RECLASS SALARY TO NON 615201CC 1651	A	I&R Services-Other Prgm Costs	22		113,566	5
6	RECLASS SALARY TO NON 615201CC 1652	A	I&R Services-Other Prgm Costs	22		206,627	6
7	RECLASS SALARY TO NON 615201CC 1662	A	I&R Services-Other Prgm Costs	22		13,428	7
8	RECLASS SALARY TO NON 615201CC 1663	A	I&R Services-Other Prgm Costs	22		314,946	8
9	RECLASS SALARY TO NON 615201CC 1664	A	I&R Services-Other Prgm Costs	22		1,430,102	9
10	RECLASS SALARY TO NON 615201CC 1666	A	I&R Services-Other Prgm Costs	22		977,769	10
11	RECLASS SALARY TO NON 615201CC 1668	A	I&R Services-Other Prgm Costs	22		11,349	11
12	RECLASS SALARY TO NON 615201CC 1669	A	I&R Services-Other Prgm Costs	22		20,061	12
13	RECLASS SALARY TO NON 615201CC 1672	A	I&R Services-Other Prgm Costs	22		12,383	13
14	RECLASS SALARY TO NON 615201CC 1682	A	I&R Services-Other Prgm Costs	22		11,504	14
15	RECLASS SALARY TO NON 615201CC 1989	A	Adults & Pediatrics	30		265,200	15
16	RECLASS NON SAL TO SALARY 615221	A	Laboratory	60	1,850,080		16
17	RECLASS SITTEES TO NON SALARY	A	Adults & Pediatrics	30		36,786	17
18	RECLASS SITTEES TO NON SALARY	A	Intensive Care Unit	31		1,090	18
19	RECLASS SITTEES TO NON SALARY	A	Radiology-Therapeutic	55		800	19
20	RECLASS SITTEES TO NON SALARY	A	Emergency	91		355	20
21	RECLASS RESIDENT SALARY TO LINE 21	A	I&R Services-Salary & Fringes	21	25,737,493		21
22	RECLASS NON SAL TO SAL 615231 1497	A	Laboratory	60	326,485		22
23	RECLASS NON SAL TO SAL 615231 1512	A	Laboratory	60		16,324	23
500	Total reclassifications				28,067,983	3,614,271	500
	Code Letter - A						
1	DRUG RECLASS	C	Drugs Charged to Patients	73		55,269,443	1
2	DRUG RECLASS	C					2
3	DRUG RECLASS	C					3
4	DRUG RECLASS	C					4
5	DRUG RECLASS	C					5
6	DRUG RECLASS	C					6
7	DRUG RECLASS	C					7
8	DRUG RECLASS	C					8
9	DRUG RECLASS	C					9
10	DRUG RECLASS	C					10
11	DRUG RECLASS	C					11
12	DRUG RECLASS	C					12
13	DRUG RECLASS	C					13
500	Total reclassifications					55,269,443	500
	Code Letter - C						
1	IMPLANT RECLASS	D	Impl. Dev. Charged to Patient	72		62,559,766	1
2	IMPLANT RECLASS	D					2
3	IMPLANT RECLASS	D					3
4	IMPLANT RECLASS	D					4
5	IMPLANT RECLASS	D					5
6	IMPLANT RECLASS	D					6
7	IMPLANT RECLASS	D					7
8	IMPLANT RECLASS	D					8
9	IMPLANT RECLASS	D					9
10	IMPLANT RECLASS	D					10
11	IMPLANT RECLASS	D					11
500	Total reclassifications					62,559,766	500
	Code Letter - D						
1	MED SUPPLY RECLASS	E	Medical Supplies Charged to P	71		47,543,322	1
2	MED SUPPLY RECLASS	E					2
3	MED SUPPLY RECLASS	E					3
4	MED SUPPLY RECLASS	E					4
5	MED SUPPLY RECLASS	E					5
6	MED SUPPLY RECLASS	E					6
7	MED SUPPLY RECLASS	E					7
8	MED SUPPLY RECLASS	E					8
9	MED SUPPLY RECLASS	E					9
10	MED SUPPLY RECLASS	E					10
11	MED SUPPLY RECLASS	E					11
12	MED SUPPLY RECLASS	E					12
13	MED SUPPLY RECLASS	E					13
14	MED SUPPLY RECLASS	E					14

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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	
15	MED SUPPLY RECLASS	E					15
16	MED SUPPLY RECLASS	E					16
17	MED SUPPLY RECLASS	E					17
18	MED SUPPLY RECLASS	E					18
19	MED SUPPLY RECLASS	E					19
500	Total reclassifications					47,543,322	500
	Code Letter - E						
1	NN RECLASS	F	Nursery	43	2,591,970	546,376	1
500	Total reclassifications				2,591,970	546,376	500
	Code Letter - F						
1	DIETARY RECLASS	G	Cafeteria	11	2,353,186	22,011	1
500	Total reclassifications				2,353,186	22,011	500
	Code Letter - G						
1	RECLASS PURCHASING CREDIT	H	PURCHASING RECEIVING & STORES	5.03		3,444,832	1
500	Total reclassifications					3,444,832	500
	Code Letter - H						
1	RECLASS SCHOOLS	I					1
500	Total reclassifications						500
	Code Letter - I						
1	RECLASS THERAPY HUB	J	Respiratory Therapy	65	4,552,231		1
2	RECLASS THERAPY HUB	J	Physical Therapy	66	1,063,846		2
3	RECLASS THERAPY HUB	J	Occupational Therapy	67	609,958		3
500	Total reclassifications				6,226,035		500
	Code Letter - J						
1	RECLASS LAUNDRY SERVICES	K	Laundry & Linen Service	8		3,444,832	1
500	Total reclassifications					3,444,832	500
	Code Letter - K						
1	CAPITAL RELATED COST RECLASS	M	DATA PROCESSING	5.02		616,475	1
2	CAPITAL RELATED COST RECLASS	M	ADMITTING	5.04		19,900	2
3	CAPITAL RELATED COST RECLASS	M	Operation of Plant	7		1,698,256	3
4	CAPITAL RELATED COST RECLASS	M	Central Services & Supply	14		512	4
5	CAPITAL RELATED COST RECLASS	M	Adults & Pediatrics	30		39,820	5
6	CAPITAL RELATED COST RECLASS	M	ADMINISTRATIVE & GENERAL	5.05		5,697	6
7	CAPITAL RELATED COST RECLASS	M	Operating Room	50		558,484	7
8	CAPITAL RELATED COST RECLASS	M	Radioisotope	56		83,912	8
9	CAPITAL RELATEC COST RECLASS	M	CT Scan	57		36,228	9
10	CAPITAL RELATED COST RECLASS	M	Electroencephalography	70		4,042	10
11	CAPITAL RELATED COST RECLASS	M	Emergency	91		2,840	11
12	CAPITAL RELATED COST RECLASS	M	OBSERVATION BEDS-DISTINCT	92.01		92,585	12
13	CAPITAL RELATED COST RECLASS	M	REAL ESTATE	194		11,448	13
500	Total reclassifications					3,170,199	500
	Code Letter - M						
1	RECLASS FRINGE PART A 615201	N	DATA PROCESSING	5.02		56,583	1
2	RECLASS FRINGE PART A 615201	N	Nursing Administration	13		17,054	2
3	RECLASS FRINGE PART A 615203	N	Nursing Administration	13		6,108	3
4	RECLASS FRINGE PART A 615201	N	Pharmacy	15		3,944	4
5	RECLASS FRINGE PART A 615200	N	I&R Services-Other Prgm Costs	22		7,852	5
6	RECLASS FRINGE PART A 615201	N	I&R Services-Other Prgm Costs	22		572,487	6
7	RECLASS FRINGE PART A 615203	N	I&R Services-Other Prgm Costs	22		5,563	7
8	RECLASS FRINGE PART A 615211	N	I&R Services-Other Prgm Costs	22		306,054	8
9	RECLASS FRINGE PART A 615200	N	Adults & Pediatrics	30		9,399	9
10	RECLASS FRINGE PART A 615201	N	Adults & Pediatrics	30		79,442	10
11	RECLASS FRINGE PART A 615201	N	Intensive Care Unit	31		59,811	11
12	RECLASS FRINGE PART A 615200	N	SPECIAL CARE NURSERY	35		24,336	12
13	RECLASS FRINGE PART A 615201	N	Subprovider - IPF	40		11,110	13
14	RECLASS FRINGE PART A 615201	N	Operating Room	50		148,611	14
15	RECLASS FRINGE PART A 615201	N	Recovery Room	51		9,321	15
16	RECLASS FRINGE PART A 615201	N	Delivery Room & Labor Room	52		23,654	16
17	RECLASS FRINGE PART A 615201	N	Anesthesiology	53		26,503	17
18	RECLASS FRINGE PART A 615201	N	Radiology-Diagnostic	54		29,512	18
19	RECLASS FRINGE PART A 615201	N	Radiology-Therapeutic	55		7,846	19
20	RECLASS FRINGE PART A 615201	N	Radioisotope	56		3,291	20

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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	
21	RECLASS FRINGE PART A 615201	N	CT Scan	57		16,101	21
22	RECLASS FRINGE PART A 615201	N	MRI	58		3,458	22
23	RECLASS FRINGE PART A 615201	N	Cardiac Catheterization	59		14,946	23
24	RECLASS FRINGE PART A 615201	N	CARDIAC GRAPHICS	59.02		22,225	24
25	RECLASS FRINGE PART A 615201	N	PULMONARY FUNCTION	59.03		1,944	25
26	RECLASS FRINGE PART A 615201	N	EPS	59.04		14,803	26
27	RECLASS FRINGE PART A 615201	N	GI	59.05		10,316	27
28	RECLASS FRINGE PART A 615201	N	Laboratory	60		3,546	28
29	RECLASS FRINGE PART A 615201	N	Blood Storing, Processing & T	63		2,430	29
30	RECLASS FRINGE PART A 615201	N	Respiratory Therapy	65		10,770	30
31	RECLASS FRINGE PART A 615203	N	Physical Therapy	66		2,861	31
32	RECLASS FRINGE PART A 615201	N	Electroencephalography	70		11,240	32
33	RECLASS FRINGE PART A 615201	N	CARDIAC REHABILITATION	76.97		1,163	33
34	RECLASS FRINGE PART A 615201	N	Clinic	90		5,797	34
35	RECLASS FRINGE PART A 615201	N	PSYCH CLINIC	90.01		5,669	35
36	RECLASS FRINGE PART A 615201	N	OB CLINIC	90.03		3,076	36
37	RECLASS FRINGE PART A 615201	N	Emergency	91		41,371	37
38	RECLASS FRINGE PART A 615201	N	OBSERVATION BEDS-DISTINCT	92.01		3,750	38
39	RECLASS FRINGE PART A 615201	N	Lung Acquisition	108		12,253	39
40	RECLASS FRINGE PART A 615201	N	SPONSERED PROJECT	191.01		2,742	40
41	RECLASS FRINGE PART A 615201	N	Kidney Acquisition	105		11,950	41
42	RECLASS FRINGE PART A 615201 DR A O	N	Kidney Acquisition	105		20,623	42
43	RECLASS FRINGE PART A 615201	N	Heart Acquisition	106		9,556	43
44	RECLASS FRINGE PART A 615201 DR A O	N	Heart Acquisition	106		4,072	44
45	RECLASS FRINGE PART A 615201	N	Liver Acquisition	107		19,663	45
46	RECLASS FRINGE PART A 615201 DR A O	N	Liver Acquisition	107		12,248	46
47	RECLASS FRINGE PART A 615201 DR A O	N	Pancreas Acquisition	109		3,027	47
48	RECLASS FRINGE PART A 615201 DR A O	N	TRANSPLANT CLINIC	90.02		8,193	48
49	RECLASS RESIDENT FRINGE HOME OFFICE	N	I&R Services-Salary & Fringes	21		4,673,661	49
500	Total reclassifications					6,361,935	500
	Code Letter - N						
1	MALPRACTICE	P	Nursing Administration	13		9,258	1
2	MALPRACTICE	P	Pharmacy	15		1,710	2
3	MALPRACTICE	P	I&R Services-Other Prgm Costs	22		411,402	3
4	MALPRACTICE	P	Adults & Pediatrics	30		37,711	4
5	MALPRACTICE	P	Intensive Care Unit	31		26,245	5
6	MALPRACTICE	P	SPECIAL CARE NURSERY	35		7,087	6
7	MALPRACTICE	P	Subprovider - IPF	40		4,956	7
8	MALPRACTICE	P	Operating Room	50		66,258	8
9	MALPRACTICE	P	Recovery Room	51		4,121	9
10	MALPRACTICE	P	Delivery Room & Labor Room	52		10,499	10
11	MALPRACTICE	P	Anesthesiology	53		11,754	11
12	MALPRACTICE	P	Radiology-Diagnostic	54		12,921	12
13	MALPRACTICE	P	Radiology-Therapeutic	55		3,503	13
14	MALPRACTICE	P	Radioisotope	56		1,469	14
15	MALPRACTICE	P	CT Scan	57		7,188	15
16	MALPRACTICE	P	MRI	58		1,544	16
17	MALPRACTICE	P	Cardiac Catheterization	59		6,661	17
18	MALPRACTICE	P	CARDIAC GRAPHICS	59.02		11,917	18
19	MALPRACTICE	P	PULMONARY FUNCTION	59.03		868	19
20	MALPRACTICE	P	EPS	59.04		6,492	20
21	MALPRACTICE	P	GI	59.05		4,582	21
22	MALPRACTICE	P	Laboratory	60		1,461	22
23	MALPRACTICE	P	Blood Storing, Processing & T	63		1,040	23
24	MALPRACTICE	P	Respiratory Therapy	65		4,808	24
25	MALPRACTICE	P	Physical Therapy	66		956	25
26	MALPRACTICE	P	Electroencephalography	70		5,018	26
27	MALPRACTICE	P	CARDIAC REHABILITATION	76.97		517	27
28	MALPRACTICE	P	Clinic	90		2,585	28
29	MALPRACTICE	P	PSYCH CLINIC	90.01		2,540	29
30	MALPRACTICE	P	OB CLINIC	90.03		1,364	30
31	MALPRACTICE	P	Emergency	91		18,415	31
32	MALPRACTICE	P	OBSERVATION BEDS-DISTINCT	92.01		1,674	32
33	MALPRACTICE	P	Lung Acquisition	108		5,470	33
34	MALPRACTICE	P	Kidney Acquisition	105		5,230	34
35	MALPRACTICE DR A OVERHEAD	P	Kidney Acquisition	105		9,207	35
36	MALPRACTICE	P	Heart Acquisition	106		4,528	36
37	MALPRACTICE DR A OVERHEAD	P	Heart Acquisition	106		1,818	37
38	MALPRACTICE	P	Liver Acquisition	107		8,513	38

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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	
39	MALPRACTICE DR A OVERHEAD	P	Liver Acquisition	107		5,468	39
40	MALPRACTICE DR A OVERHEAD	P	Pancreas Acquisition	109		1,292	40
41	MALPRACTICE DR A OVERHEAD	P	TRANSPLANT CLINIC	90.02		3,658	41
500	Total reclassifications					733,708	500
	Code Letter - P						
1	TRANSPLANT RECLASS EX TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	16,064	3,085	1
2	RECLASS EXCLUDED TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	9,879	17,062	2
3	RECLASS EXCLUDED TO A&G	Q	ADMINISTRATIVE & GENERAL	5.05	112,179	4,305	3
4	RECLASS SALARY CC 1765	Q	ADMINISTRATIVE & GENERAL	5.05	53,297		4
5	RECLASS SALARY CC 1446	Q	ADMINISTRATIVE & GENERAL	5.05	22,849		5
6	RECLASS BONUS	Q	TRANSPLANT CLINIC	90.02	9,760		6
7	RECLASS BONUS	Q	Kidney Acquisition	105	47,019		7
8	RECLASS BONUS	Q	Heart Acquisition	106	4,924		8
9	RECLASS BONUS	Q	Liver Acquisition	107	12,182		9
10	RECLASS BONUS	Q	Pancreas Acquisition	109	2,233		10
11	RECLASS OVERHEAD FROM 5.05	Q	Kidney Acquisition	105	521,422	205,241	11
12	RECLASS OVERHEAD FROM 5.05	Q	Heart Acquisition	106	102,961	40,527	12
13	RECLASS OVERHEAD FROM 5.05	Q	Liver Acquisition	107	309,675	121,894	13
14	RECLASS OVERHEAD FROM 5.05	Q	Pancreas Acquisition	109	76,527	30,122	14
15	RECLASS DR A SALARY	Q	Kidney Acquisition	105	121,600		15
16	RECLASS DR A SALARY	Q	Heart Acquisition	106	24,011		16
17	RECLASS DR A SALARY	Q	Liver Acquisition	107	72,219		17
18	RECLASS DR A SALARY	Q	Pancreas Acquisition	109	17,847		18
19	RECLASS DR A SALARY	Q	TRANSPLANT CLINIC	90.02	48,307		19
20	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	Kidney Acquisition	105	95,006		20
21	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	Liver Acquisition	107	61,559		21
22	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	Pancreas Acquisition	109	13,855		22
23	RECLASS BONUS CC 1301 TO TRANS	Q	Kidney Acquisition	105	1,178		23
24	RECLASS BONUS CC 1301 TO TRANSPLANT	Q	Liver Acquisition	107	675		24
25	RECLASS BONUS CC 1301 TO TRANSPLANT	Q	Pancreas Acquisition	109	172		25
26	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	Heart Acquisition	106	39,947		26
27	RECLASS BONUS CC 1301 TO TRANSPLAN	Q	Heart Acquisition	106	525		27
28	REC NON HOME OFFICE 1301 TO SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	212,917		28
500	Total reclassifications				2,010,789	422,236	500
	Code Letter - Q						
1	COMPANY WIDE OTHER FRINGES	R	Employee Benefits Department	4		790,054	1
2	COMPANY WIDE	R	ADMINISTRATIVE & GENERAL	5.05		241,443	2
3	COMPANY WIDE	R	Nursing Administration	13	12,755	106,212	3
4	COMPANY WIDE	R	I&R Services-Salary & Fringes	21	4,037,435	849,909	4
5	COMPANY WIDE	R	I&R Services-Other Prgm Costs	22	249,536	1,034,389	5
6	COMPANY WIDE	R	PARAMED ED PRGM-(PHARMACY)	23	26,606	890	6
7	COMPANY WIDE	R	PARAMED ED PRGM-(CHAPLAINCY)	23.01	101,521	17,489	7
8	COMPANY WIDE	R	PARAMED ED PRGM-(NM SCHL)	23.02		14,143	8
9	COMPANY WIDE	R	Adults & Pediatrics	30	17,878	160,136	9
10	COMPANY WIDE	R	SPECIAL CARE NURSERY	35	250,257	290,358	10
11	COMPANY WIDE	R	Subprovider - IPF	40		113,906	11
12	COMPANY WIDE	R	Clinic	90	17,519	4,167	12
13	COMPANY WIDE	R	PSYCH CLINIC	90.01	94,828	13,855	13
14	COMPANY WIDE	R	OB CLINIC	90.03	309,139	123,685	14
15	COMPANY WIDE	R	Emergency	91	264,333	539,837	15
16	COMPANY WIDE	R	I&R Services-Not Apprvd Prgm	100	584,301	123,000	16
17	COMPANY WIDE	R	Research	191	1,603,254	177,357	17
18	COMPANY WIDE	R	SPONSERED PROJECT	191.01	575,480	3,642,413	18
500	Total reclassifications				8,144,842	8,243,243	500
	Code Letter - R						
1	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NM SCHL)	23.02	139,715	15,031	1
2	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(RAD THER)	23.03	139,715	15,031	2
3	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NUCLEAR MED)	23.04	139,715	15,031	3
4	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(SONOGRAPHY)	23.05	139,714	15,034	4
500	Total reclassifications				558,859	60,127	500
	Code Letter - S						
1	RECLASS PHARMACY RESIDENT SALARY	T	PARAMED ED PRGM-(PHARMACY)	23	616,740		1
2	RECLASS PHARMACY PRECEPTOR SALARY	T	PARAMED ED PRGM-(PHARMACY)	23	354,571		2
3	RECLASS PHARMACY PRECEPTOR EXPENSE	T	PARAMED ED PRGM-(PHARMACY)	23		37,247	3
4	RECLASS CHAPLAINCY PROGRAM ADMIN	T	PARAMED ED PRGM-(CHAPLAINCY)	23.01	136,866		4
5	RECLASS CHAPLAINCY PROG STUDENTS	T	PARAMED ED PRGM-(CHAPLAINCY)	23.01	45,848		5

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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	
500	Total reclassifications				1,154,025	37,247	500
	Code Letter - T						
	GRAND TOTAL (Increases)				51,107,689	195,473,548	

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

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RECLASSIFICATIONS

WORKSHEET A-6

DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	
1	RECLASS NON SAL TO SALARY 615200	A	SPECIAL CARE NURSERY	35		93,600	1
2	RECLASS NON SAL TO SALARY 615200	A	Adults & Pediatrics	30		30,125	2
3	RECLASS NON SAL TO SALARY 615200	A	I&R Services-Other Prgm Costs	22		30,200	3
4	RECLASS SALARY TO NON 615201CC 1643	A	I&R Services-Other Prgm Costs	22	181,981		4
5	RECLASS SALARY TO NON 615201CC 1651	A	I&R Services-Other Prgm Costs	22	113,566		5
6	RECLASS SALARY TO NON 615201CC 1652	A	I&R Services-Other Prgm Costs	22	206,627		6
7	RECLASS SALARY TO NON 615201CC 1662	A	I&R Services-Other Prgm Costs	22	13,428		7
8	RECLASS SALARY TO NON 615201CC1663	A	I&R Services-Other Prgm Costs	22	314,946		8
9	RECLASS SALARY TO NON 615201CC 1664	A	I&R Services-Other Prgm Costs	22	1,430,102		9
10	RECLASS SALARY TO NON 615201CC 1666	A	I&R Services-Other Prgm Costs	22	977,769		10
11	RECLASS SALARY TO NON 615201CC 1668	A	I&R Services-Other Prgm Costs	22	11,349		11
12	RECLASS SALARY TO NON 615201CC 1669	A	I&R Services-Other Prgm Costs	22	20,061		12
13	RECLASS SALARY TO NON 615201CC 1672	A	I&R Services-Other Prgm Costs	22	12,383		13
14	RECLASS SALARY TO NON 615201CC 1682	A	I&R Services-Other Prgm Costs	22	11,504		14
15	RECLASS SALARY TO NON 615201CC1989	A	Adults & Pediatrics	30	265,200		15
16	RECLASS NON SAL TO SALARY 615221	A	I&R Services-Salary & Fringes	21		1,850,080	16
17	RECLASS SITTEES TO NON SALARY	A	Adults & Pediatrics	30	36,786		17
18	RECLASS SITTEES TO NON SALARY	A	Intensive Care Unit	31	1,090		18
19	RECLASS SITTEES TO NON SALARY	A	Radiology-Therapeutic	55	800		19
20	RECLASS SITTEES TO NON SALARY	A	Emergency	91	355		20
21	RECLASS RESIDENT SALARY TO LINE 21	A	I&R Services-Other Prgm Costs	22	25,737,493		21
22	RECLASS NON SAL TO SAL 615231 1497	A	Laboratory	60		326,485	22
23	RECLASS NON SAL TO SAL 615231 1512	A	Laboratory	60	16,324		23
500	Total reclassifications				29,351,764	2,330,490	500
	Code letter - A						
1	DRUG RECLASS	C	Pharmacy	15		52,764,406	1
2	DRUG RECLASS	C	Radiology-Diagnostic	54		29,411	2
3	DRUG RECLASS	C	Radiology-Therapeutic	55		23,824	3
4	DRUG RECLASS	C	Radioisotope	56		450,532	4
5	DRUG RECLASS	C	CT Scan	57		490,016	5
6	DRUG RECLASS	C	MRI	58		899,223	6
7	DRUG RECLASS	C	Cardiac Catheterization	59		104,892	7
8	DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		100,445	8
9	DRUG RECLASS	C	Whole Blood & Packed Red Bloo	62		73,408	9
10	DRUG RECLASS	C	Respiratory Therapy	65		5,242	10
11	DRUG RECLASS	C	Clinic	90		207,427	11
12	DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		3,811	12
13	DRUG RECLASS	C	Emergency	91		116,806	13
500	Total reclassifications					55,269,443	500
	Code letter - C						
1	IMPLANT RECLASS	D	Operating Room	50		42,894,371	1
2	IMPLANT RECLASS	D	Anesthesiology	53		1,085	2
3	IMPLANT RECLASS	D	Radiology-Diagnostic	54		1,943,652	3
4	IMPLANT RECLASS	D	Radiology-Therapeutic	55		387,786	4
5	IMPLANT RECLASS	D	Radioisotope	56		3,575,566	5
6	IMPLANT RECLASS	D	MRI	58		2,556	6
7	IMPLANT RECLASS	D	Cardiac Catheterization	59		5,570,232	7
8	IMPLANT RECLASS	D	PULMONARY FUNCTION	59.03		13,176	8
9	IMPLANT RECLASS	D	EPS	59.04		7,981,363	9
10	IMPLANT RECLASS	D	GI	59.05		188,703	10
11	IMPLANT RECLASS	D	Laboratory	60		1,276	11
500	Total reclassifications					62,559,766	500
	Code letter - D						
1	MED SUPPLY RECLASS	E	Pharmacy	15		284,412	1
2	MED SUPPLY RECLASS	E	Adults & Pediatrics	30		33,810	2
3	MED SUPPLY RECLASS	E	Intensive Care Unit	31		278,596	3
4	MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		536,179	4
5	MED SUPPLY RECLASS	E	Operating Room	50		27,381,064	5
6	MED SUPPLY RECLASS	E	Recovery Room	51		7,908	6
7	MED SUPPLY RECLASS	E	Delivery Room & Labor Room	52		1,447,326	7
8	MED SUPPLY RECLASS	E	Anesthesiology	53		2,521,642	8
9	MED SUPPLY RECLASS	E	Radiology-Diagnostic	54		5,923,939	9
10	MED SUPPLY RECLASS	E	Radiology-Therapeutic	55		1,195	10
11	MED SUPPLY RECLASS	E	MRI	58		13,197	11
12	MED SUPPLY RECLASS	E	Cardiac Catheterization	59		3,479,739	12
13	MED SUPPLY RECLASS	E	PULMONARY FUNCTION	59.03		9,100	13

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9		
14	MED SUPPLY RECLASS	E	EPS	59.04		3,239,455	14	
15	MED SUPPLY RECLASS	E	GI	59.05		498,244	15	
16	MED SUPPLY RECLASS	E	Respiratory Therapy	65		874,228	16	
17	MED SUPPLY RECLASS	E	Physical Therapy	66		1,005,004	17	
18	MED SUPPLY RECLASS	E	Occupational Therapy	67		5,931	18	
19	MED SUPPLY RECLASS	E	OB CLINIC	90.03		2,353	19	
500	Total reclassifications					47,543,322	500	
	Code letter - E							
1	NN RECLASS	F	Adults & Pediatrics	30	2,591,970	546,376	1	
500	Total reclassifications				2,591,970	546,376	500	
	Code letter - F							
1	DIETARY RECLASS	G	Dietary	10	2,353,186	22,011	1	
500	Total reclassifications				2,353,186	22,011	500	
	Code letter - G							
1	RECLASS PURCHASING CREDIT	H	Medical Supplies Charged to P	71		3,444,832	1	
500	Total reclassifications					3,444,832	500	
	Code letter - H							
1	RECLASS SCHOOLS	I					1	
500	Total reclassifications						500	
	Code letter - I							
1	RECLASS THERAPY HUB	J	Nursing Administration	13	4,175,267		1	
2	RECLASS THERAPY HUB	J	Adults & Pediatrics	30	2,050,768		2	
3	RECLASS THERAPY HUB	J					3	
500	Total reclassifications				6,226,035		500	
	Code letter - J							
1	RECLASS LAUNDRY SERVICES	K	PURCHASING RECEIVING & STORES	5.03		3,444,832	1	
500	Total reclassifications					3,444,832	500	
	Code letter - K							
1	CAPITAL RELATED COST RECLASS	M	Nursing Administration	13		555,287	1	
2	CAPITAL RELATED COST RECLASS	M	Radiology-Diagnostic	54		796,378	2	
3	CAPITAL RELATED COST RECLASS	M	Laboratory	60		1,818,534	3	
4	CAPITAL RELATED COST RECLASS	M					4	
5	CAPITAL RELATED COST RECLASS	M					5	
6	CAPITAL RELATED COST RECLASS	M					6	
7	CAPITAL RELATED COST RECLASS	M					7	
8	CAPITAL RELATED COST RECLASS	M					8	
9	CAPITAL RELATEC COST RECLASS	M					9	
10	CAPITAL RELATED COST RECLASS	M					10	
11	CAPITAL RELATED COST RECLASS	M					11	
12	CAPITAL RELATED COST RECLASS	M					12	
13	CAPITAL RELATED COST RECLASS	M					13	
500	Total reclassifications					3,170,199	500	
	Code letter - M							
1	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		56,583	1	
2	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		17,054	2	
3	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		6,108	3	
4	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,944	4	
5	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		7,852	5	
6	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		572,487	6	
7	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		5,563	7	
8	RECLASS FRINGE PART A 615211	N	ADMINISTRATIVE & GENERAL	5.05		306,054	8	
9	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		9,399	9	
10	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		79,442	10	
11	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		59,811	11	
12	RECLASS FRINGE PART A 615200	N	ADMINISTRATIVE & GENERAL	5.05		24,336	12	
13	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,110	13	
14	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		148,611	14	
15	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		9,321	15	
16	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		23,654	16	
17	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		26,503	17	
18	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		29,512	18	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
19	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		7,846	19
20	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,291	20
21	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		16,101	21
22	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,458	22
23	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		14,946	23
24	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		22,225	24
25	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		1,944	25
26	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		14,803	26
27	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		10,316	27
28	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,546	28
29	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		2,430	29
30	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		10,770	30
31	RECLASS FRINGE PART A 615203	N	ADMINISTRATIVE & GENERAL	5.05		2,861	31
32	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,240	32
33	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		1,163	33
34	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		5,797	34
35	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		5,669	35
36	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,076	36
37	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		41,371	37
38	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		3,750	38
39	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		12,253	39
40	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		2,742	40
41	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		11,950	41
42	RECLASS FRINGE PART A 615201 DR A O	N	ADMINISTRATIVE & GENERAL	5.05		20,623	42
43	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		9,556	43
44	RECLASS FRINGE PART A 615201 DR A O	N	ADMINISTRATIVE & GENERAL	5.05		4,072	44
45	RECLASS FRINGE PART A 615201	N	ADMINISTRATIVE & GENERAL	5.05		19,663	45
46	RECLASS FRINGE PART A 615201 DR A O	N	ADMINISTRATIVE & GENERAL	5.05		12,248	46
47	RECLASS FRINGE PART A 615201 DR A O	N	ADMINISTRATIVE & GENERAL	5.05		3,027	47
48	RECLASS FRINGE PART A 615201 DR A O	N	ADMINISTRATIVE & GENERAL	5.05		8,193	48
49	RECLASS RESIDENT FRINGE HOME OFFICE	N	ADMINISTRATIVE & GENERAL	5.05		4,673,661	49
500	Total reclassifications					6,361,935	500
	Code letter - N						
1	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		9,258	1
2	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,710	2
3	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		411,402	3
4	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		37,711	4
5	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		26,245	5
6	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		7,087	6
7	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		4,956	7
8	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		66,258	8
9	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		4,121	9
10	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		10,499	10
11	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		11,754	11
12	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		12,921	12
13	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		3,503	13
14	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,469	14
15	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		7,188	15
16	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,544	16
17	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		6,661	17
18	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		11,917	18
19	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		868	19
20	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		6,492	20
21	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		4,582	21
22	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,461	22
23	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,040	23
24	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		4,808	24
25	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		956	25
26	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		5,018	26
27	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		517	27
28	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		2,585	28
29	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		2,540	29
30	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,364	30
31	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		18,415	31
32	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		1,674	32
33	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		5,470	33
34	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		5,230	34
35	MALPRACTICE DR A OVERHEAD	P	ADMINISTRATIVE & GENERAL	5.05		9,207	35

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
36	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		4,528	36
37	MALPRACTICE DR A OVERHEAD	P	ADMINISTRATIVE & GENERAL	5.05		1,818	37
38	MALPRACTICE	P	ADMINISTRATIVE & GENERAL	5.05		8,513	38
39	MALPRACTICE DR A OVERHEAD	P	ADMINISTRATIVE & GENERAL	5.05		5,468	39
40	MALPRACTICE DR A OVERHEAD	P	ADMINISTRATIVE & GENERAL	5.05		1,292	40
41	MALPRACTICE DR A OVERHEAD	P	ADMINISTRATIVE & GENERAL	5.05		3,658	41
500	Total reclassifications					733,708	500
	Code letter - P						
1	TRANSPLANT RECLASS EX TO A&G	Q	Kidney Acquisition	105	16,064	3,085	1
2	RECLASS EXCLUDED TO A&G	Q	Heart Acquisition	106	9,879	17,062	2
3	RECLASS EXCLUDED TO A&G	Q	Liver Acquisition	107	112,179	4,305	3
4	RECLASS SALARY CC 1765	Q	Adults & Pediatrics	30	53,297		4
5	RECLASS SALARY CC 1446	Q	TRANSPLANT CLINIC	90.02	22,849		5
6	RECLASS BONUS	Q	ADMINISTRATIVE & GENERAL	5.05	9,760		6
7	RECLASS BONUS	Q	ADMINISTRATIVE & GENERAL	5.05	47,019		7
8	RECLASS BONUS	Q	ADMINISTRATIVE & GENERAL	5.05	4,924		8
9	RECLASS BONUS	Q	ADMINISTRATIVE & GENERAL	5.05	12,182		9
10	RECLASS BONUS	Q	ADMINISTRATIVE & GENERAL	5.05	2,233		10
11	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	521,422	205,241	11
12	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	102,961	40,527	12
13	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	309,675	121,894	13
14	RECLASS OVERHEAD FROM 5.05	Q	ADMINISTRATIVE & GENERAL	5.05	76,527	30,122	14
15	RECLASS DR A SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	121,600		15
16	RECLASS DR A SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	24,011		16
17	RECLASS DR A SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	72,219		17
18	RECLASS DR A SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	17,847		18
19	RECLASS DR A SALARY	Q	ADMINISTRATIVE & GENERAL	5.05	48,307		19
20	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	95,006		20
21	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	61,559		21
22	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	13,855		22
23	RECLASS BONUS CC 1301 TO TRANS	Q	ADMINISTRATIVE & GENERAL	5.05	1,178		23
24	RECLASS BONUS CC 1301 TO TRANSPLANT	Q	ADMINISTRATIVE & GENERAL	5.05	675		24
25	RECLASS BONUS CC 1301 TO TRANSPLANT	Q	ADMINISTRATIVE & GENERAL	5.05	172		25
26	RECLASS SALARY CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	39,947		26
27	RECLASS BONUS CC 1301 TO TRANSPLAN	Q	ADMINISTRATIVE & GENERAL	5.05	525		27
28	REC NON HOME OFFICE 1301 TO SALARY	Q	ADMINISTRATIVE & GENERAL	5.05		212,917	28
500	Total reclassifications				1,797,872	635,153	500
	Code letter - Q						
1	COMPANY WIDE OTHER FRINGES	R	OTHER COMPANY WIDE ACTIVITY	194.02		790,054	1
2	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		241,443	2
3	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	12,755	106,212	3
4	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	4,037,435	849,909	4
5	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	249,536	1,034,389	5
6	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	26,606	890	6
7	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	101,521	17,489	7
8	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		14,143	8
9	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	17,878	160,136	9
10	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	250,257	290,358	10
11	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		113,906	11
12	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	17,519	4,167	12
13	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	94,828	13,855	13
14	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	309,139	123,685	14
15	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	264,333	539,837	15
16	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	584,301	123,000	16
17	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	1,603,254	177,357	17
18	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	575,480	3,642,413	18
500	Total reclassifications				8,144,842	8,243,243	500
	Code letter - R						
1	NMSCHOOLS CC 1025	S	ADMINISTRATIVE & GENERAL	5.05		618,986	1
2	NMSCHOOLS CC 1025	S					2
3	NMSCHOOLS CC 1025	S					3
4	NMSCHOOLS CC 1025	S					4
500	Total reclassifications					618,986	500
	Code letter - S						
1	RECLASS PHARMACY RESIDENT SALARY	T	Pharmacy	15	616,740		1

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
2	RECLASS PHARMACY PRECEPTOR SALARY	T	Pharmacy	15	354,571		2	
3	RECLASS PHARMACY PRECEPTOR EXPENSE	T	Pharmacy	15		37,247	3	
4	RECLASS CHAPLAINCY PROGRAM ADMIN	T	ADMINISTRATIVE & GENERAL	5.05	136,866		4	
5	RECLASS CHAPLAINCY PROG STUDENTS	T	ADMINISTRATIVE & GENERAL	5.05	45,848		5	
500	Total reclassifications				1,154,025	37,247	500	
	Code letter - T							
	GRAND TOTAL (Decreases)				51,619,694	194,961,543		

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

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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	208,625,354	320,000		320,000		208,945,354		1
2	Land Improvements	2,270,840					2,270,840		2
3	Buildings and Fixtures	1,564,712,991	299,184,755		299,184,755	40,611,665	1,823,286,081		3
4	Building Improvements	16,021,590					16,021,590		4
5	Fixed Equipment								5
6	Movable Equipment	334,637,519	9,906,287		9,906,287	20,020,794	324,523,012		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	2,126,268,294	309,411,042		309,411,042	60,632,459	2,375,046,877		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	2,126,268,294	309,411,042		309,411,042	60,632,459	2,375,046,877		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	90,895,707						90,895,707	1	
2	Cap Rel Costs-Mvble Equip	21,326,848	267,587					21,594,435	2	
3	Total (sum of lines 1-2)	112,222,555	267,587					112,490,142	3	

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	2,050,523,865		2,050,523,865	0.863361					1
2	Cap Rel Costs-Mvble Equ	324,523,012		324,523,012	0.136639					2
3	Total (sum of lines 1-2)	2,375,046,877		2,375,046,877	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	90,895,707					-5,084,069	85,811,638	1	
2	Cap Rel Costs-Mvble Equip	21,341,764	267,587					21,609,351	2	
3	Total (sum of lines 1-2)	112,237,471	267,587				-5,084,069	107,420,989	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					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)					9
10	Provider-based physician adjustment	Wkst A-8-2	-6,491,553			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	852,553			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	SUPPORT NO TIME STUDIES	A	-515,648	Kidney Acquisition	105	33.01
33.02	SUPPORT NO TIME STUDIES	A	-515,648	Liver Acquisition	107	33.02
33.03	SUPPORT NO TIME STUDIES	A	-1,182,248	ADMINISTRATIVE & GENERAL	5.05	33.03
33.04	SUPPORT NO TIME STUDIES	A	-894,547	Nursing Administration	13	33.04
33.05	SUPPORT NO TIME STUDIES	A	-428,348	I&R Services-Other Prgm Costs Apprvd	22	33.05
33.06	SUPPORT NO TIME STUDIES	A	-7,871,580	Adults & Pediatrics	30	33.06
33.07	SUPPORT NO TIME STUDIES	A	-8,710,486	Operating Room	50	33.07
33.08	SUPPORT NO TIME STUDIES	A	-594,394	Delivery Room & Labor Room	52	33.08
33.09	SUPPORT NO TIME STUDIES	A	-14,448	Physical Therapy	66	33.09
33.10	SUPPORT NO TIME STUDIES	A	-27,000	PSYCH CLINIC	90.01	33.10
33.11	SUPPORT NO TIME STUDIES	A	-46,158	TRANSPLANT CLINIC	90.02	33.11
33.12	SUPPORT NO TIME STUDIES	A	-113,514	OB CLINIC	90.03	33.12
33.13	SUPPORT NO TIME STUDIES	A	-715,026	SPONSERED PROJECT	191.01	33.13
33.14	SUPPORT NO TIME STUDIES	A	-1,877,083	SPECIAL CARE NURSERY	35	33.14
33.15	SUPPORT NO TIME STUDIES	A	-20,438	I&R Services-Other Prgm Costs Apprvd	22	33.15
33.16	SUPPORT NO TIME STUDIES	A	-1,443,769	ADMINISTRATIVE & GENERAL	5.05	33.16
33.17	SUPPORT NO TIME STUDIES	A	-265,200	Adults & Pediatrics	30	33.17
33.18	SUPPORT NO TIME STUDIES	A	-3,293,714	I&R Services-Other Prgm Costs Apprvd	22	33.18
34	BUILDING & RENTAL	B	-2,583,112	Cap Rel Costs-Bldg & Fixt	1	14
34.01	BUILDING & RENTAL	B	-5,890,383	ADMINISTRATIVE & GENERAL	5.05	34.01
34.02	BUILDING & RENTAL	B	-6,194,117	Operation of Plant	7	34.02
34.03	BUILDING & RENTAL	B	-283,449	PSYCH CLINIC	90.01	34.03
34.04	BUILDING & RENTAL	B	-43,212,736	REAL ESTATE	194	34.04
35						35

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
36	OTHER INCOME	B	-38,268	Employee Benefits Department	4	36
36.01	OTHER INCOME	B	-4,335	PURCHASING RECEIVING & STORES	5.03	36.01
36.02	OTHER INCOME	B	-3,199,099	ADMINISTRATIVE & GENERAL	5.05	36.02
36.03	OTHER INCOME	B	-2,647,252	Operation of Plant	7	36.03
36.04	OTHER INCOME	B	-60,302	Housekeeping	9	36.04
36.05	OTHER INCOME	B	-437,535	Dietary	10	36.05
36.06	OTHER INCOME	B	-84,078	Nursing Administration	13	36.06
36.07	OTHER INCOME	B	-12,412,847	Pharmacy	15	36.07
36.08	OTHER INCOME	B	-277,501	Adults & Pediatrics	30	36.08
36.09	OTHER INCOME	B	-7,760	Radiology-Diagnostic	54	36.09
36.10	OTHER INCOME	B	-142,012	Radiology-Therapeutic	55	36.10
36.11	OTHER INCOME	B	-245,529	Radioisotope	56	36.11
36.12	OTHER INCOME	B	-22,232	CARDIAC GRAPHICS	59.02	36.12
36.13	OTHER INCOME	B	-51,150	Laboratory	60	36.13
36.14	OTHER INCOME	B	-1,257,213	Respiratory Therapy	65	36.14
36.15	OTHER INCOME	B	-20,686	Physical Therapy	66	36.15
36.16	OTHER INCOME	B	-46,661	Occupational Therapy	67	36.16
36.17	OTHER INCOME	B	-57,080	CARDIAC REHABILITATION	76.97	36.17
36.18	OTHER INCOME	B	-233,496	PSYCH CLINIC	90.01	36.18
36.19	OTHER INCOME	B	-145,607	Liver Acquisition	107	36.19
36.20	OTHER INCOME	B	1,311,713	REAL ESTATE	194	36.20
36.21	OTHER INCOME	B	-1,871,981	OTHER COMPANY WIDE ACTIVITY	194.02	36.21
36.22	NM SCHLS OFFSET RADIOGRAPHY	B	-151,983	PARAMED ED PRGM-(NM SCHL)	23.02	36.22
36.23	NM SCHLS OFFSET RAD THER	B	-151,983	PARAMED ED PRGM-(RAD THER)	23.03	36.23
36.24	NM SCHLS OFFSET NUCL MED	B	-151,983	PARAMED ED PRGM-(NUCLEAR MED)	23.04	36.24
36.25	NM SCHLS OFFSET SONOGRAPHY	B	-151,986	PARAMED ED PRGM-(SONOGRAPHY)	23.05	36.25
36.26	NM SCHOOLS TUITION OFFSET	B	-6,750	PARAMED ED PRGM-(NM SCHL)	23.02	36.26
37						37
37.01	FOOD & MISC	B	-437,534	Dietary	10	37.01
37.02	FOOD & MISC	B	-712,778	Cafeteria	11	37.02
37.03	FOOD & MISC	B	-4,060	Nursing Administration	13	37.03
37.04	FOOD & MISC	B	900	Adults & Pediatrics	30	37.04
38	REAL ESTATE TAXES	A	-8,757,315	REAL ESTATE	194	38
38.01	REAL ESTATE TAXES	A	-2,914,867	ADMINISTRATIVE & GENERAL	5.05	38.01
38.02	REAL ESTATE TAXES	A	16,719	Employee Benefits Department	4	38.02
38.03	HAP ASSESSMENT	A	-49,779,677	ADMINISTRATIVE & GENERAL	5.05	38.03
38.04	INTEREST EXPENSE	A	-32,682,052	ADMINISTRATIVE & GENERAL	5.05	38.04
39						39
39.66	OIG LINE 4 EMPLOYEE BENEFITS	A	-28,502	Employee Benefits Department	4	39.66
39.67	OIG LINE 23.0 PARAMED PHARMACY	A	-111	PARAMED ED PRGM-(PHARMACY)	23	39.67
39.68	OIG LINE 5.02 DATA PROCESSING	A	-550,486	DATA PROCESSING	5.02	39.68
39.69	OIG LINE 5.03 PURCH REC & STORE	A	-15,224	PURCHASING RECEIVING & STORES	5.03	39.69
39.70	OIG LINE 5.04 ADMITTING FINANCI	A	-4	ADMITTING	5.04	39.70
39.71	OIG LINE 5.05 ADMIN & GENERAL	A	-932,605	ADMINISTRATIVE & GENERAL	5.05	39.71
39.72	OIG LINE 7 OPERATION OF PLANT	A	-472,015	Operation of Plant	7	39.72
39.73	OIG LINE 9 HOUSEKEEPING	A	-11,739	Housekeeping	9	39.73
39.74	OIG LINE 10 DIETARY	A	-152	Dietary	10	39.74
39.75	OIG LINE 13 NURSING ADMIN	A	-108,119	Nursing Administration	13	39.75
39.76	OIG LINE 14 CENTRAL SERV SUPPLY	A	-87,111	Central Services & Supply	14	39.76
39.77	OIG LINE 15 PHARMACY	A	-48,918	Pharmacy	15	39.77
39.78	OIG LINE 16 MEDICAL RECORDS LIB	A	-49,628	Medical Records & Library	16	39.78
39.79	OIG LINE 17 SOCIAL SERVICE	A	-22,390	Social Service	17	39.79
39.80	OIG LINE 22 INTERNS & RESIDENT	A	-35,053	I&R Services-Other Prgm Costs Apprvd	22	39.80
39.81	OIG LINE 23.01 PARA MED CHAPLAI	A	-1,796	PARAMED ED PRGM-(CHAPLAINCY)	23.01	39.81
39.82	OIG LINE 23.02 PARAMED NM SCHOO	A	-1,765	PARAMED ED PRGM-(NM SCHL)	23.02	39.82
39.83	OIG LINE 30 ADULT & PEDIATRICS	A	-11,077	Adults & Pediatrics	30	39.83
39.84	OIG LN 31 ICU	A	-483	Intensive Care Unit	31	39.84
39.85	OIG LINE 35 SCN	A	-325	SPECIAL CARE NURSERY	35	39.85
39.86	OIG LINE 40 PSYCHIATRY	A	-3,296	Subprovider - IPF	40	39.86
39.87	OIG LINE 50 OPERATING ROOM	A	-204,651	Operating Room	50	39.87
39.88	OIG LINE 51 RECOVERY ROOM	A	-6,324	Recovery Room	51	39.88
39.89	OIG LINE 52 DELIVERY & LABOR RO	A	-2,689	Delivery Room & Labor Room	52	39.89
39.90	OIG LINE 53 ANESTHESIOLOGY	A	-57	Anesthesiology	53	39.90
39.91	OIG LINE 54 RADIOLOGY-DIAGNOSTI	A	-60,938	Radiology-Diagnostic	54	39.91
39.92	OIG LINE 55 RADIOLOGY-THERAPEUT	A	-25,325	Radiology-Therapeutic	55	39.92

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
39.93	OIG LINE 56 RADIOISOTOPE	A	-818	Radioisotope	56	39.93	
39.94	OIG LINE 57 CT	A	-2,367	CT Scan	57	39.94	
39.95	OIG LINE 58 MRI	A	-42,138	MRI	58	39.95	
39.96	OIG LINE 59 CATHETERIZATION LAB	A	-57	Cardiac Catheterization	59	39.96	
39.97	OIG LINE 59.01 VASCULAR LABORAT	A	-171	VASCULAR LAB	59.01	39.97	
39.98	OIG LINE 59.02 CARDIO GRAPHICS	A	-15,265	CARDIAC GRAPHICS	59.02	39.98	
39.99	OIG LINE 59.03 PULMONARY FUNCTI	A	-124	PULMONARY FUNCTION	59.03	39.99	
40	OIG LINE 59.04 EPS	A	-420	EPS	59.04	40	
40.01	OIG LINE 59.05 GI LABORATORY	A	-4,821	GI	59.05	40.01	
40.02	OIG LINE 60 LABORATORY	A	-461,478	Laboratory	60	40.02	
40.03	OIG LINE 63 BLOOD STOR, PROC&AD	A	-2,275	Blood Storing, Processing & Trans.	63	40.03	
40.04	OIG LINE 65 OXYGEN THERAPY	A	-5,849	Respiratory Therapy	65	40.04	
40.05	OIG LINE 66 PHYSICAL THERAPY	A	-1,039	Physical Therapy	66	40.05	
40.06	OIG LINE 67 OCCUPATIONAL THERAP	A	-103	Occupational Therapy	67	40.06	
40.07	OIG LINE 70 ELECTROENCEPHALOGRA	A	-25,119	Electroencephalography	70	40.07	
40.08	OIG LINE 76.97 CARDIAC REHABILI	A	-19	CARDIAC REHABILITATION	76.97	40.08	
40.09	OIG LINE 90 CLINIC	A	-578	Clinic	90	40.09	
40.10	OIG LINE 90.01 PSYCH CLINIC	A	-13,311	PSYCH CLINIC	90.01	40.10	
40.11	OIG LINE 90.02 SOLID ORG CLINIC	A	-321	TRANSPLANT CLINIC	90.02	40.11	
40.12	OIG LINE 90.03 OB CLINIC	A	-7	OB CLINIC	90.03	40.12	
40.13	OIG LINE 91 EMERGENCY	A	-1,492	Emergency	91	40.13	
41	OIG LINE 92.01 OBSERVATION UNIT	A	-54	OBSERVATION BEDS-DISTINCT	92.01	41	
42	OIG LINE 105 KIDNEY ACQUISITION	A	-36,119	Kidney Acquisition	105	42	
43						43	
44	OIG LINE 107 LIVER TRANSPLANT	A	-1,423	Liver Acquisition	107	44	
45	OIG LINE 108 LUNG TRANSPLANT	A	-1,489	Lung Acquisition	108	45	
45.01	OIG LINE 109 PANCREAS ACQUISITI	A	-111	Pancreas Acquisition	109	45.01	
45.03	OIG LINE 190 GIFT SHOP	A	-1,854	Gift, Flower, Coffee Shop & Canteen	190	45.03	
46	OIG LINE 191 CRC	A	-541	Research	191	46	
47	OIG LINE 191.01 SPONSORED PROJE	A	-144,770	SPONSERED PROJECT	191.01	47	
47.01	OIG LINE 194 REAL ESTATE	A	-24,211	REAL ESTATE	194	47.01	
47.02	OIG LINE 194.01 MARKETING	A	11,728	MARKETING, OTHER NON-REIMB	194.01	47.02	
47.03	OIG LINE 5.05 COMPANY WIDE	A	-27,380	ADMINISTRATIVE & GENERAL	5.05	47.03	
47.04	OIG LINE 13 COMPANY WIDE	A	-12,537	Nursing Administration	13	47.04	
47.05	OIG LINE 22 COMPANY WIDE	A	-69,005	I&R Services-Other Prgm Costs Apprvd	22	47.05	
47.06	OIG LINE 30 COMPANY WIDE	A	-13,348	Adults & Pediatrics	30	47.06	
47.07	OIG LINE 35 COMPANY WIDE	A	-35,097	SPECIAL CARE NURSERY	35	47.07	
47.08	OIG LINE 40 COMPANY WIDE	A	-30	Subprovider - IPF	40	47.08	
47.09	OIG LINE 90 COMPANY WIDE	A	-417	Clinic	90	47.09	
47.10	OIG LINE 90.03 COMPANY WIDE	A	-7,954	OB CLINIC	90.03	47.10	
47.11	HO EMPLOYEE INHOUSE CLAIMS EXP	A	-12,088,992	ADMINISTRATIVE & GENERAL	5.05	47.11	
48						48	
48.01	EXCLUDE LOSS ON DISPOSAL AND OT	A	-2,002,022	Cap Rel Costs-Bldg & Fixt	1	14	48.01
48.02	ADJUST TO MEDICARE AMOUNT	A	-498,935	Cap Rel Costs-Bldg & Fixt	1	14	48.02
48.03	ADJUST TO MEDICARE AMOUNT	A	14,916	Cap Rel Costs-Mvble Equip	2	9	48.03
49						49	
49.01	ZERO OUT NEGATIVE	A	23,355,334	REAL ESTATE	194	49.01	
49.02	ZERO OUT NEGATIVE	A	1,870,984	OTHER COMPANY WIDE ACTIVITY	194.02	49.02	
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-203,140,188			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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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	4	Employee Benefits Department	VARIOUS NMG	252,886	252,886		1
2	5.02	DATA PROCESSING	VARIOUS NMG	357,806	357,806		2
3	5.05	ADMINISTRATIVE & GENERAL	VARIOUS NMHC	174,268,060	173,415,507	852,553	3
3.01	5.05	ADMINISTRATIVE & GENERAL	VARIOUS NHC	170,000	170,000		3.01
3.02	5.05	ADMINISTRATIVE & GENERAL	VARIOUS NMG	28,797,354	28,797,354		3.02
3.03	10	Dietary	VARIOUS NMG	117,455	117,455		3.03
3.04	13	Nursing Administration	VARIOUS NMG	1,578,770	1,578,770		3.04
3.05	15	Pharmacy	VARIOUS NMG	22,586	22,586		3.05
3.06	17	Social Service	VARIOUS NLFH	143,683	143,683		3.06
3.07	21	I&R Services-Salary & Fringes Apprvd	VARIOUS NMG	11,084,503	11,084,503		3.07
3.08	30	Adults & Pediatrics	VARIOUS NMG	8,783,020	8,783,020		3.08
3.09	31	Intensive Care Unit	VARIOUS NMG	490,973	490,973		3.09
3.10	40	Subprovider - IPF	VARIOUS NMG	179,202	179,202		3.10
3.11	50	Operating Room	VARIOUS NMG	10,923,360	10,923,360		3.11
3.12	51	Recovery Room	VARIOUS NMG	54,423	54,423		3.12
3.13	52	Delivery Room & Labor Room	VARIOUS NMG	1,488,801	1,488,801		3.13
3.14	53	Anesthesiology	VARIOUS NMG	155,239	155,239		3.14
3.15	54	Radiology-Diagnostic	VARIOUS NMG	170,647	170,647		3.15
3.16	55	Radiology-Therapeutic	VARIOUS NMG	71,264	71,264		3.16
3.17	56	Radioisotope	VARIOUS NMG	19,403	19,403		3.17
3.18	57	CT Scan	VARIOUS NMG	94,935	94,935		3.18
3.19	58	MRI	VARIOUS NMG	20,338	20,338		3.19
3.20	59	Cardiac Catheterization	VARIOUS NMG	118,480	118,480		3.20
3.22	59.02	CARDIAC GRAPHICS	VARIOUS NMG	224,323	224,323		3.22
3.23	59.03	PULMONARY FUNCTION	VARIOUS NMG	11,462	11,462		3.23
3.24	59.04	EPS	VARIOUS NMG	112,143	112,143		3.24
3.25	59.05	GI	VARIOUS NMG	60,515	60,515		3.25
3.26	60	Laboratory	VARIOUS NMG	2,945,123	2,945,123		3.26
3.27	63	Blood Storing, Processing & Trans.	VARIOUS NMG	13,738	13,738		3.27
3.28	65	Respiratory Therapy	VARIOUS NMG	63,505	63,505		3.28
3.29	70	Electroencephalography	VARIOUS NMG	267,572	267,572		3.29
3.30	76.97	CARDIAC REHABILITATION	VARIOUS NMG	6,833	6,833		3.30
3.31	90	Clinic	VARIOUS NMG	34,137	34,137		3.31
3.32	90.01	PSYCH CLINIC	VARIOUS NMG	33,540	33,540		3.32
3.33	90.02	TRANSPLANT CLINIC	VARIOUS NMG	122,283	122,283		3.33
3.34	90.03	OB CLINIC	VARIOUS NMG	144,729	144,729		3.34
3.35	91	Emergency	VARIOUS NMG	243,202	243,202		3.35
3.36	105	Kidney Acquisition	VARIOUS NMG	1,237,881	1,237,881		3.36
3.37	106	Heart Acquisition	VARIOUS NMG	129,707	129,707		3.37
3.38	107	Liver Acquisition	VARIOUS NMG	898,606	898,606		3.38
3.39	109	Pancreas Acquisition	VARIOUS NMG	27,098	27,098		3.39
3.40	116	Hospice	VARIOUS NMG	12,826	12,826		3.40
3.41	191.0	SPONSERED PROJECT	VARIOUS NMG	16,169	16,169		3.41
3.42	194	REAL ESTATE	VARIOUS NMG	111,152	111,152		3.42
3.43	194.0	OTHER COMPANY WIDE ACTIVITY	VARIOUS NMG	2,384,815	2,384,815		3.43
3.45	66	Physical Therapy	VARIOUS NMG	14,448	14,448		3.45
3.46	92.01	OBSERVATION BEDS-DISTINCT	VARIOUS NMG	22,113	22,113		3.46
3.47	108	Lung Acquisition	VARIOUS NMG	114,845	114,845		3.47
3.49	194.0	OTHER COMPANY WIDE ACTIVITY	VARIOUS	5,441,344	5,441,344		3.49
3.50	194.0	OTHER COMPANY WIDE ACTIVITY	VARIOUS NMG	111,930	111,930		3.50
4							4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		254,169,227	253,316,674	852,553	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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

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	B		NM HEALTHCARE		HEALTH CARE	6
7	B		NM LAKE FOREST		HEALTH CARE	7
8	B		NM FOUNDATION		HEALTH CARE	8
9	B		NM MEDICAL GROUP		HEALTH CARE	9
9.01	B		NM DELNOR		HEALTH CARE	9.01
9.02	B		NM CENTRAL DUPAGE		HEALTHCARE	9.02
9.03	B		NM INSURANCE CO	100.00	HEALTHCARE	9.03
9.04	B		N HEALTHCARE CORP	100.00	HEALTHCARE	9.04
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:

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.05	ADMINISTRATIVE & GEN	624,029		624,029	177,200	4,266	363,430	18,172	1
2	13	Nursing Administrati	145,435		145,435	177,200	324	27,602	1,380	2
3	15	Pharmacy	26,531		26,531	177,200	141	12,012	601	3
4	17	Social Service								4
5	22	I&R Services-Other P	6,325,321		6,325,321	177,200	21,798	1,857,022	92,851	5
6	30	Adults & Pediatrics	592,917		592,917	196,400	4,300	406,019	20,301	6
7	31	Intensive Care Unit	406,429		406,429	177,200	2,806	239,050	11,953	7
8	35	SPECIAL CARE NURSERY	117,936		117,936	196,400	315	29,743	1,487	8
9	40	Subprovider - IPF								9
10	50	Operating Room	1,023,670		1,023,670	208,000	3,807	380,700	19,035	10
11	51	Recovery Room	63,744		63,744	177,200	685	58,357	2,918	11
12	52	Delivery Room & Labo	162,315		162,315	196,400	935	88,286	4,414	12
13	53	Anesthesiology	181,732		181,732	200,300	1,916	184,507	9,225	13
14	54	Radiology-Diagnostic	200,159		200,159	225,300	1,109	120,124	6,006	14
15	55	Radiology-Therapeuti	54,111		54,111	225,300	150	16,248	812	15
16	56	Radioisotope	22,693		22,693	225,300	75	8,124	406	16
17	57	CT Scan	111,036		111,036	225,300	687	74,414	3,721	17
18	58	MRI	23,846		23,846	225,300	628	68,023	3,401	18
19	59	Cardiac Catheterizat	102,917		102,917	177,200	624	53,160	2,658	19
20	90.02	TRANSPLANT CLINIC	56,500		56,500	177,200	565	48,134	2,407	20
21	59.02	CARDIAC GRAPHICS	179,612		179,612	177,200	164	13,972	699	21
22	59.03	PULMONARY FUNCTION	13,406		13,406	177,200	1	85	4	22
23	59.04	EPS	100,546		100,546	177,200	720	61,338	3,067	23
24	59.05	GI	70,832		70,832	177,200	1	85	4	24
25	60	Laboratory	22,839		22,839	215,400	1	104	5	25
26	60	Laboratory	2,160,239		2,160,239	215,400	34,157	3,537,220	176,861	26
27	63	Blood Storing, Proce	16,168		16,168	177,200	420	35,781	1,789	27
28	65	Respiratory Therapy	74,275		74,275	177,200	857	73,010	3,651	28
29	66	Physical Therapy	15,483		15,483	177,200	1	85	4	29
30	92.01	OBSERVATION BEDS-DIS	25,864		25,864	177,200	1	85	4	30
31	70	Electroencephalgrap	77,511		77,511	177,200	120	10,223	511	31
32	76.97	CARDIAC REHABILITATI	7,997		7,997	177,200	1	85	4	32
33	90	Clinic	39,934		39,934	177,200	572	48,730	2,437	33
34	90.01	PSYCH CLINIC	39,210		39,210	177,200	160	13,631	682	34
35	90.03	OB CLINIC	21,094		21,094	177,200	176	14,994	750	35
36	91	Emergency	284,573		284,573	177,200	2,652	225,930	11,297	36
37	105	Kidney Acquisition	237,680		237,680	208,000	971	97,100	4,855	37
38	106	Heart Acquisition	97,440		97,440	208,000	1	100	5	38
39	107	Liver Acquisition	216,767		216,767	208,000	804	80,400	4,020	39
40	109	Pancreas Acquisition	20,874		20,874	208,000	54	5,400	270	40
41	108	Lung Acquisition	84,496		84,496	208,000	1	100	5	41
200		TOTAL	14,048,161		14,048,161		86,966	8,253,413	412,672	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.05	ADMINISTRATIVE & GEN			47,250	47,250	410,680	213,349	213,349	1
2	13	Nursing Administrati			9,258	9,258	36,860	108,575	108,575	2
3	15	Pharmacy			1,710	1,710	13,722	12,809	12,809	3
4	17	Social Service								4
5	22	I&R Services-Other P			411,402	411,402	2,268,424	4,056,897	4,056,897	5
6	30	Adults & Pediatrics			37,711	37,711	443,730	149,187	149,187	6
7	31	Intensive Care Unit			26,245	26,245	265,295	141,134	141,134	7
8	35	SPECIAL CARE NURSERY			7,087	7,087	36,830	81,106	81,106	8
9	40	Subprovider - IPF			4,956					9
10	50	Operating Room			66,258	66,258	446,958	576,712	576,712	10
11	51	Recovery Room			4,121	4,121	62,478	1,266	1,266	11
12	52	Delivery Room & Labo			10,499	10,499	98,785	63,530	63,530	12
13	53	Anesthesiology			11,754	11,754	196,261			13
14	54	Radiology-Diagnostic			12,921	12,921	133,045	67,114	67,114	14
15	55	Radiology-Therapeuti			3,503	3,503	19,751	34,360	34,360	15
16	56	Radioisotope			1,469	1,469	9,593	13,100	13,100	16
17	57	CT Scan			7,188	7,188	81,602	29,434	29,434	17
18	58	MRI			1,544	1,544	69,567			18
19	59	Cardiac Catheterizat			6,661	6,661	59,821	43,096	43,096	19
20	90.02	TRANSPLANT CLINIC			3,658	3,658	51,792	4,708	4,708	20
21	59.02	CARDIAC GRAPHICS			11,917	11,917	25,889	153,723	153,723	21
22	59.03	PULMONARY FUNCTION			868	868	953	12,453	12,453	22
23	59.04	EPS			6,492	6,492	67,830	32,716	32,716	23
24	59.05	GI			4,582	4,582	4,667	66,165	66,165	24
25	60	Laboratory			1,461	1,461	1,565	21,274	21,274	25
26	60	Laboratory					3,537,220			26
27	63	Blood Storing, Proce			1,040	1,040	36,821			27
28	65	Respiratory Therapy			4,808	4,808	77,818			28
29	66	Physical Therapy			956	956	1,041	14,442	14,442	29
30	92.01	OBSERVATION BEDS-DIS			1,674	1,674	1,759	24,105	24,105	30
31	70	Electroencephalograp			5,018	5,018	15,241	62,270	62,270	31
32	76.97	CARDIAC REHABILITATI			517	517	602	7,395	7,395	32
33	90	Clinic			2,585	2,585	51,315			33
34	90.01	PSYCH CLINIC			2,540	2,540	16,171	23,039	23,039	34
35	90.03	OB CLINIC			1,364	1,364	16,358	4,736	4,736	35
36	91	Emergency			18,415	18,415	244,345	40,228	40,228	36
37	105	Kidney Acquisition			14,437	14,437	111,537	126,143	126,143	37
38	106	Heart Acquisition			6,346	6,346	6,446	90,994	90,994	38
39	107	Liver Acquisition			13,982	13,982	94,382	122,385	122,385	39
40	109	Pancreas Acquisition			1,292	1,292	6,692	14,182	14,182	40
41	108	Lung Acquisition			5,470	5,470	5,570	78,926	78,926	41
200		TOTAL			780,959	776,003	9,029,416	6,491,553	6,491,553	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	85,811,638	85,811,638					1
2	Cap Rel Costs-Mvble Equip	21,609,351		21,609,351				2
4	Employee Benefits Department	65,772,865	861,852	87,913	66,722,630			4
5.01	NONPATIENT PHONES		801,041	4,318		805,359		5.01
5.02	DATA PROCESSING	13,126,028	234,609	221,060	275,108	24,986	13,881,791	5.02
5.03	PURCHASING RECEIVING & STORES	2,500,231	97,827	36,075	190,965		2,825,098	5.03
5.04	ADMITTING	1,140,014	272,870	633,753	114,196	214,620	2,375,453	5.04
5.05	ADMINISTRATIVE & GENERAL	242,297,672	4,382,554	169,248	4,277,924	406,611	251,534,009	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	49,830,258	25,969,242	2,731,130	253,082		78,783,712	7
8	Laundry & Linen Service	3,444,832	10,025				3,454,857	8
9	Housekeeping	9,457,464	951,779	386,959	1,182,513	1,274	11,979,989	9
10	Dietary	6,573,847	1,533,680	251,059	682,469		9,041,055	10
11	Cafeteria	1,662,419	519,164	84,986	406,628		2,673,197	11
12	Maintenance of Personnel							12
13	Nursing Administration	14,773,731	1,168,643	218,162	2,318,546	3,052	18,482,134	13
14	Central Services & Supply	14,848,725	845,086	1,346,720	1,064,671		18,105,202	14
15	Pharmacy	17,251,170	325,432	395,256	2,429,749		20,401,607	15
16	Medical Records & Library	3,205,412	154,726	6,480	331,677	990	3,699,285	16
17	Social Service	1,319,199		12,567	171,106		1,502,872	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	33,448,418		16,483	5,145,078		38,609,979	21
22	I&R Services-Other Prgm Costs Apprvd	7,580,859	761,381		1,070,576		9,412,816	22
23	PARAMED ED PRGM-(PHARMACY)	1,035,943	6,272		172,439		1,214,654	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	299,928	7,917		49,116		356,961	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	8,391	7,388		24,143		39,922	23.02
23.03	PARAMED ED PRGM-(RAD THER)	2,763	5,801		24,143		32,707	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	2,763	7,181		24,143		34,087	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	2,762	5,801		24,142		32,705	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	85,924,223	11,247,800	826,081	12,662,180	6,781	110,667,065	30
31	Intensive Care Unit	25,254,438	1,819,561	448,591	3,543,780		31,066,370	31
35	SPECIAL CARE NURSERY	12,294,816	1,239,637	252,994	1,930,141		15,717,588	35
40	Subprovider - IPF	3,311,913	558,413	2,033	516,991		4,389,350	40
43	Nursery	3,138,346			447,890		3,586,236	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	38,392,153	2,951,161	3,492,510	4,427,426	4,730	49,267,980	50
51	Recovery Room	7,237,088	266,763	67,613	1,120,893		8,692,357	51
52	Delivery Room & Labor Room	16,334,350	1,633,624	242,943	2,423,166		20,634,083	52
53	Anesthesiology	2,080,609	44,132	540,055	283,468		2,948,264	53
54	Radiology-Diagnostic	21,909,811	1,992,730	1,732,237	2,808,057		28,442,835	54
55	Radiology-Therapeutic	8,265,162	747,217	1,506,477	1,153,021	1,068	11,672,945	55
56	Radioisotope	4,111,545	317,355	108,752	362,679		4,900,331	56
57	CT Scan	6,244,463	325,732	178,564	761,177		7,509,936	57
58	MRI	9,574,764	262,729	2,119,135	1,194,724		13,151,352	58
59	Cardiac Catheterization	76,664	98,002	42,419	228,721		445,806	59
59.01	VASCULAR LAB	889,149	64,024	58,954	150,248		1,162,375	59.01
59.02	CARDIAC GRAPHICS	4,284,978	71,015	237,570	513,565		5,107,128	59.02
59.03	PULMONARY FUNCTION	698,702	96,881	46,981	86,793		929,357	59.03
59.04	EPS	37,272	138,104	615,624	165,974		956,974	59.04
59.05	GI	7,507,226	286,758	538,481	708,843		9,041,308	59.05
60	Laboratory	67,657,419	908,286	1,368,608	3,388,298	19,693	73,342,304	60
62	Whole Blood & Packed Red Blood Cells	9,882,067			16,243		9,898,310	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,081,212	302,235	161,748	454,494		5,999,689	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	10,226,214	107,802	233,149	1,586,348		12,153,513	65
66	Physical Therapy	1,229,112	38,316	5,111	236,119		1,508,658	66
67	Occupational Therapy	708,503	114,065	46	128,752		951,366	67
69	Electrocardiology							69
70	Electroencephalography	2,798,251		46	341,453		3,139,750	70
71	Medical Supplies Charged to Patients	44,098,490					44,098,490	71
72	Impl. Dev. Charged to Patients	62,559,766					62,559,766	72
73	Drugs Charged to Patients	55,269,443					55,269,443	73
76.97	CARDIAC REHABILITATION	298,475		230	49,393		348,098	76.97

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	SUBTOTAL (cols.0-4)	
		0	1	2	4	5.01	4A	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,218,077	158,100	9,660	357,718		2,743,555	90
90.01	PSYCH CLINIC	4,228,826	12,122	51	568,820	11,810	4,821,629	90.01
90.02	TRANSPLANT CLINIC	674,808	23,902	5,283	75,453	4,672	784,118	90.02
90.03	OB CLINIC	886,826	130,356	23,461	127,760		1,168,403	90.03
91	Emergency	13,624,620	731,621	67,355	1,873,162		16,296,758	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,627,494		62,705	246,890		1,937,089	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm	707,301			100,967	24,505	832,773	100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	8,004,427	48,010		288,554	11,709	8,352,700	105
106	Heart Acquisition	2,127,807			95,239	11,647	2,234,693	106
107	Liver Acquisition	5,164,509	24,666		179,160		5,368,335	107
108	Lung Acquisition	1,064,641			36,861		1,101,502	108
109	Pancreas Acquisition	1,560,943	7,334		18,982		1,587,259	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,156,273,586	65,698,724	21,597,636	65,892,817	748,148	1,135,261,933	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	6,119					6,119	190
191	Research	1,780,349	89,584	8,736	277,041		2,155,710	191
191.01	SPONSERED PROJECT	3,360,839			99,442	21,658	3,481,939	191.01
194	REAL ESTATE		19,996,996	2,979	1,294		20,001,269	194
194.01	MARKETING, OTHER NON-REIMB	987,658	19,848				1,007,506	194.01
194.02	OTHER COMPANY WIDE ACTIVITY		6,486		452,036	35,553	494,075	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,162,408,551	85,811,638	21,609,351	66,722,630	805,359	1,162,408,551	202

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	SUBTOTAL (cols.0-4)	PURCH REC STORES	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	
		5.02		5.03	5.04		5.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	13,881,791						5.02
5.03	PURCHASING RECEIVING & STORES	34,127	2,859,225	2,859,225				5.03
5.04	ADMITTING	28,695	2,404,148	5,926	2,410,074			5.04
5.05	ADMINISTRATIVE & GENERAL	3,038,696	254,572,705	626,941		255,199,646	255,199,646	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	951,707	79,735,419	196,548		79,931,967	22,469,755	7
8	Laundry & Linen Service	41,735	3,496,592	8,619		3,505,211	985,353	8
9	Housekeeping	144,718	12,124,707	29,887		12,154,594	3,416,790	9
10	Dietary	109,216	9,150,271	22,555		9,172,826	2,578,582	10
11	Cafeteria	32,292	2,705,489	6,669		2,712,158	762,417	11
12	Maintenance of Personnel							12
13	Nursing Administration	223,264	18,705,398	46,109		18,751,507	5,271,255	13
14	Central Services & Supply	218,711	18,323,913	45,168		18,369,081	5,163,751	14
15	Pharmacy	246,451	20,648,058	50,897		20,698,955	5,818,704	15
16	Medical Records & Library	44,687	3,743,972	9,229		3,753,201	1,055,066	16
17	Social Service	18,155	1,521,027	3,749		1,524,776	428,631	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	466,409	39,076,388	96,323		39,172,711	11,011,880	21
22	I&R Services-Other Prgm Costs Apprvd	113,707	9,526,523	23,483		9,550,006	2,684,612	22
23	PARAMED ED PRGM-(PHARMACY)	14,673	1,229,327	3,030		1,232,357	346,429	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	4,312	361,273	891		362,164	101,808	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	2,400	42,322	496		42,818	56,658	23.02
23.03	PARAMED ED PRGM-(RAD THER)	2,231	34,938	461		35,399	52,675	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	2,248	36,335	464		36,799	53,069	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	2,231	34,936	461		35,397	52,675	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,336,858	112,003,923	276,090	173,150	112,453,163	31,612,271	30
31	Intensive Care Unit	375,282	31,441,652	77,504	53,408	31,572,564	8,875,395	31
35	SPECIAL CARE NURSERY	189,868	15,907,456	39,212	30,258	15,976,926	4,491,290	35
40	Subprovider - IPF	53,023	4,442,373	10,950	7,475	4,460,798	1,253,979	40
43	Nursery	43,322	3,629,558	8,947	6,890	3,645,395	1,024,761	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	595,157	49,863,137	122,913	341,659	50,327,709	14,147,673	50
51	Recovery Room	105,004	8,797,361	21,685	24,054	8,843,100	2,485,893	51
52	Delivery Room & Labor Room	249,260	20,883,343	51,477	58,605	20,993,425	5,901,483	52
53	Anesthesiology	35,615	2,983,879	7,355	29,095	3,020,329	849,048	53
54	Radiology-Diagnostic	343,589	28,786,424	70,959	147,325	29,004,708	8,153,542	54
55	Radiology-Therapeutic	141,009	11,813,954	29,121	84,333	11,927,408	3,352,926	55
56	Radioisotope	59,196	4,959,527	12,225	29,263	5,001,015	1,405,840	56
57	CT Scan	90,720	7,600,656	18,736	156,288	7,775,680	2,185,829	57
58	MRI	158,868	13,310,220	32,810	133,965	13,476,995	3,788,532	58
59	Cardiac Catheterization	5,385	451,191	1,112	28,166	480,469	135,065	59
59.01	VASCULAR LAB	14,041	1,176,416	2,900	16,291	1,195,607	336,098	59.01
59.02	CARDIAC GRAPHICS	61,694	5,168,822	12,741	70,721	5,252,284	1,476,475	59.02
59.03	PULMONARY FUNCTION	11,227	940,584	2,319	6,785	949,688	266,968	59.03
59.04	EPS	11,560	968,534	2,387	14,886	985,807	277,121	59.04
59.05	GI	109,219	9,150,527	22,556	46,730	9,219,813	2,591,791	59.05
60	Laboratory	885,975	74,228,279	182,973	366,800	74,778,052	21,020,933	60
62	Whole Blood & Packed Red Blood Cells	119,572	10,017,882	24,694	26,049	10,068,625	2,830,401	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	72,476	6,072,165	14,968	18,166	6,105,299	1,716,267	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	146,814	12,300,327	30,320	58,365	12,389,012	3,482,688	65
66	Physical Therapy	18,225	1,526,883	3,764	4,167	1,534,814	431,453	66
67	Occupational Therapy	11,493	962,859	2,373	2,382	967,614	272,007	67
69	Electrocardiology							69
70	Electroencephalography	37,928	3,177,678	7,833	22,370	3,207,881	901,771	70
71	Medical Supplies Charged to Patients	532,710	44,631,200	110,016	80,642	44,821,858	12,599,917	71
72	Impl. Dev. Charged to Patients	755,722	63,315,488	156,073	89,871	63,561,432	17,867,818	72
73	Drugs Charged to Patients	667,655	55,937,098	137,885	131,024	56,206,007	15,800,127	73
76.97	CARDIAC REHABILITATION	4,205	352,303	868	1,540	354,711	99,713	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	SUBTOTAL (cols.0-4)	PURCH REC STORES	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	
		5.02		5.03	5.04		5.05	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	33,142	2,776,697	6,845	2,433	2,785,975	783,168	90
90.01	PSYCH CLINIC	58,245	4,879,874	12,029	4,422	4,896,325	1,376,411	90.01
90.02	TRANSPLANT CLINIC	9,472	793,590	1,956	3,192	798,738	224,534	90.02
90.03	OB CLINIC	14,114	1,182,517	2,915	763	1,186,195	333,452	90.03
91	Emergency	196,865	16,493,623	40,657	117,675	16,651,955	4,681,048	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	23,400	1,960,489	4,833	3,584	1,968,906	553,481	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm	10,060	842,833	2,078		844,911	237,514	100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	100,901	8,453,601	20,838	7,863	8,482,302	2,384,468	105
106	Heart Acquisition	26,995	2,261,688	5,575	1,553	2,268,816	637,789	106
107	Liver Acquisition	64,849	5,433,184	13,393	4,670	5,451,247	1,532,405	107
108	Lung Acquisition	13,306	1,114,808	2,748	2,042	1,119,598	314,731	108
109	Pancreas Acquisition	19,174	1,606,433	3,960	1,154	1,611,547	453,024	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	13,553,860	1,134,934,002	2,791,499	2,410,074	1,134,866,276	247,457,210	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	74	6,193	15		6,208	1,745	190
191	Research	26,041	2,181,751	5,378		2,187,129	614,826	191
191.0 1	SPONSERED PROJECT	42,062	3,524,001	8,687		3,532,688	993,077	191.0 1
194	REAL ESTATE	241,615	20,242,884	49,899		20,292,783	5,704,525	194
194.0 1	MARKETING, OTHER NON-REIMB	12,171	1,019,677	2,514		1,022,191	287,349	194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	5,968	500,043	1,233		501,276	140,914	194.0 2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	13,881,791	1,162,408,551	2,859,225	2,410,074	1,162,408,551	255,199,646	202

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant	102,401,722						7
8	Laundry & Linen Service	38,889	4,529,453					8
9	Housekeeping	2,521,732	111,584	18,204,700				9
10	Dietary	4,555,380	201,571	830,613	17,338,972			10
11	Cafeteria	1,542,029	68,233	281,169		5,366,006		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,561,029	113,323	466,970		334,964	27,499,048	13
14	Central Services & Supply	1,970,012	87,171	359,206		166,299		14
15	Pharmacy	1,038,172	45,938	189,297		229,027		15
16	Medical Records & Library	873,438	38,649	159,260		40,586		16
17	Social Service					21,857		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	707,140	31,290	128,938		10,211	8,241	22
23	PARAMED ED PRGM-(PHARMACY)	24,340	1,077	4,438				23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	49,767	2,202	9,074				23.01
23.02	PARAMED ED PRGM-(NM SCHL)	55,682	2,464	10,153				23.02
23.03	PARAMED ED PRGM-(RAD THER)	63,433	2,807	11,566				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	54,118	2,395	9,868				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	43,716	1,934	7,971				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	33,415,075	1,478,586	6,092,794	14,196,505	1,514,662	11,267,835	30
31	Intensive Care Unit	7,061,883	312,481	1,287,641	2,433,098	347,786	4,212,330	31
35	SPECIAL CARE NURSERY	2,742,692	121,361	500,093		169,272	2,088,047	35
40	Subprovider - IPF	2,167,244	95,898	395,168	702,364	51,353	252,175	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,842,920	435,539	1,794,726		404,788	2,413,962	50
51	Recovery Room	1,162,930	51,458	212,045		96,967	699,762	51
52	Delivery Room & Labor Room	3,614,362	159,932	659,031		266,614	2,353,056	52
53	Anesthesiology	122,310	5,412	22,302		45,239		53
54	Radiology-Diagnostic	5,424,263	240,018	989,042		266,317	353,189	54
55	Radiology-Therapeutic	2,413,632	106,801	440,094		94,085	131,720	55
56	Radioisotope	1,231,665	54,500	224,578		29,082	17,835	56
57	CT Scan	1,507,967	66,726	274,958		69,992	151,619	57
58	MRI	1,270,962	56,239	231,743		103,158	253,823	58
59	Cardiac Catheterization	380,391	16,832	69,359		20,151	157,280	59
59.01	VASCULAR LAB	248,495	10,996	45,310		12,499		59.01
59.02	CARDIAC GRAPHICS	275,622	12,196	50,256		54,623		59.02
59.03	PULMONARY FUNCTION	375,972	16,636	68,554		8,363	13,466	59.03
59.04	EPS	536,015	23,718	97,735		14,606	74,864	59.04
59.05	GI	1,112,959	49,247	202,933		67,329	448,172	59.05
60	Laboratory	3,948,250	174,706	719,911		389,768		60
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,291,562	57,150	235,499		46,829	116,063	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	353,740	15,653	64,500		90,608		65
66	Physical Therapy	126,457	5,596	23,058		5,855		66
67	Occupational Therapy	442,668	19,588	80,715		1,965		67
69	Electrocardiology							69
70	Electroencephalography	559,403	24,753	102,000		35,597		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION					4,382	6,148	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	775,264	34,305	141,359		35,080	129,028	90
90.01	PSYCH CLINIC	47,047	2,082	8,578		53,382	147,995	90.01
90.02	TRANSPLANT CLINIC	92,735	4,103	16,909		9,423	17,390	90.02
90.03	OB CLINIC					8,414	90,240	90.03
91	Emergency	2,839,506	125,645	517,746		192,383	1,764,890	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					23,524	228,506	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm					13,830		100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	342,726	15,165	62,492		3,942	59,834	105
106	Heart Acquisition					8,893		106
107	Liver Acquisition	176,088	7,792	32,107		2,120	28,238	107
108	Lung Acquisition						13,340	108
109	Pancreas Acquisition	52,351	2,316	9,545				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	102,054,033	4,514,068	18,141,304	17,331,967	5,365,825	27,499,048	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	347,689	15,385	63,396	7,005			191
191.01	SPONSERED PROJECT							191.01
194	REAL ESTATE					181		194
194.01	MARKETING, OTHER NON-REIMB							194.01
194.02	OTHER COMPANY WIDE ACTIVITY							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	102,401,722	4,529,453	18,204,700	17,338,972	5,366,006	27,499,048	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
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
13	Nursing Administration							13
14	Central Services & Supply	26,115,520						14
15	Pharmacy	70,576	28,090,669					15
16	Medical Records & Library			5,920,200				16
17	Social Service	1,463			1,976,727			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					50,184,591		21
22	I&R Services-Other Prgm Costs Apprvd	100					13,120,538	22
23	PARAMED ED PRGM-(PHARMACY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	835,977	342,584	425,261	1,165,282	13,033,199	3,407,473	30
31	Intensive Care Unit	504,331	192,522	131,172	171,975	5,528,380	1,445,370	31
35	SPECIAL CARE NURSERY	167,895	2,161	74,313	158,336	304,936	79,724	35
40	Subprovider - IPF	2,115	130	18,359		1,530,328	400,097	40
43	Nursery			16,922	198			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	985,263	146,927	839,126		12,553,206	3,281,980	50
51	Recovery Room	32,784	88,816	59,077	988	581,638	152,067	51
52	Delivery Room & Labor Room	315,686	97,243	143,936	19,372	2,072,437	541,829	52
53	Anesthesiology	331,393	100,092	71,458		84,704	22,146	53
54	Radiology-Diagnostic	1,373,811	44,210	361,835		3,806,055	995,076	54
55	Radiology-Therapeutic	35,069	21,417	207,123	79,069	1,214,098	317,420	55
56	Radioisotope	698,322	2,509	71,871		163,762	42,815	56
57	CT Scan	153,882	4,535	383,848				57
58	MRI	199,806	11,885	329,022				58
59	Cardiac Catheterization	972,394	323	69,176		327,524	85,630	59
59.01	VASCULAR LAB	627	219	40,012				59.01
59.02	CARDIAC GRAPHICS	48,453	410,369	173,693		502,580	131,397	59.02
59.03	PULMONARY FUNCTION	20,041	4,365	16,665		186,350	48,720	59.03
59.04	EPS	1,253,288	7,668	36,561				59.04
59.05	GI	399,385	15,869	114,771		316,230	82,677	59.05
60	Laboratory	2,225,576	19,723	901,859		3,100,185	810,529	60
62	Whole Blood & Packed Red Blood Cells	1,220,241	36,453	63,976		237,173	62,008	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	256,534	59,240	44,617				63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	366,707	19,276	143,346		163,762	42,815	65
66	Physical Therapy	73,168		10,234		11,294	2,953	66
67	Occupational Therapy	927		5,851		16,941	4,429	67
69	Electrocardiology							69
70	Electroencephalography	39,987	125	54,942				70
71	Medical Supplies Charged to Patients	5,499,567		198,058		135,527	35,433	71
72	Impl. Dev. Charged to Patients	7,801,957		220,725				72
73	Drugs Charged to Patients		26,190,070	321,799				73
76.97	CARDIAC REHABILITATION	269		3,783		5,647	1,476	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,137	105,927	5,975		880,927	230,314	90
90.01	PSYCH CLINIC	21	33,743	10,860	187,789	282,348	73,819	90.01
90.02	TRANSPLANT CLINIC	10,080	10,616	7,840		282,348	73,819	90.02
90.03	OB CLINIC	1,632	610	1,874	19,767	971,278	253,936	90.03
91	Emergency	199,688	111,045	289,014	158,138	1,727,972	451,771	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	12,262	5,592	8,802	5,139			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		2,055	19,312				105
106	Heart Acquisition			3,813				106
107	Liver Acquisition		2,348	11,470				107
108	Lung Acquisition	74		5,015				108
109	Pancreas Acquisition			2,834				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	26,115,488	28,090,667	5,920,200	1,966,053	50,020,829	13,077,723	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	32	2		10,674	163,762	42,815	191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	26,115,520	28,090,669	5,920,200	1,976,727	50,184,591	13,120,538	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
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
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-(PHARMACY)	1,608,641						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		525,015					23.01
23.02	PARAMED ED PRGM-(NM SCHL)			167,775				23.02
23.03	PARAMED ED PRGM-(RAD THER)				165,880			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					156,249		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						141,693	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		430,036					30
31	Intensive Care Unit		73,703					31
35	SPECIAL CARE NURSERY							35
40	Subprovider - IPF		21,276					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			167,775			141,693	54
55	Radiology-Therapeutic				165,880			55
56	Radioisotope					156,249		56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	1,608,641						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,608,641	525,015	167,775	165,880	156,249	141,693	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,608,641	525,015	167,775	165,880	156,249	141,693	202

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	NONPATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING & STORES					5.03
5.04	ADMITTING					5.04
5.05	ADMINISTRATIVE & GENERAL					5.05
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
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-(PHARMACY)					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	PARAMED ED PRGM-(NM SCHL)					23.02
23.03	PARAMED ED PRGM-(RAD THER)					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					23.05
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	231,670,703	-16,440,672	215,230,031		30
31	Intensive Care Unit	64,150,631	-6,973,750	57,176,881		31
35	SPECIAL CARE NURSERY	26,877,046	-384,660	26,492,386		35
40	Subprovider - IPF	11,351,284	-1,930,425	9,420,859		40
43	Nursery	4,687,276		4,687,276		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	97,173,819	-15,835,186	81,338,633		50
51	Recovery Room	14,467,525	-733,705	13,733,820		51
52	Delivery Room & Labor Room	37,138,406	-2,614,266	34,524,140		52
53	Anesthesiology	4,674,433	-106,850	4,567,583		53
54	Radiology-Diagnostic	51,321,534	-4,801,131	46,520,403		54
55	Radiology-Therapeutic	20,506,742	-1,531,518	18,975,224		55
56	Radioisotope	9,100,043	-206,577	8,893,466		56
57	CT Scan	12,575,036		12,575,036		57
58	MRI	19,722,165		19,722,165		58
59	Cardiac Catheterization	2,714,594	-413,154	2,301,440		59
59.01	VASCULAR LAB	1,889,863		1,889,863		59.01
59.02	CARDIAC GRAPHICS	8,387,948	-633,977	7,753,971		59.02
59.03	PULMONARY FUNCTION	1,975,788	-235,070	1,740,718		59.03
59.04	EPS	3,307,383		3,307,383		59.04
59.05	GI	14,621,176	-398,907	14,222,269		59.05
60	Laboratory	108,089,492	-3,910,714	104,178,778		60
62	Whole Blood & Packed Red Blood Cells	14,518,877	-299,181	14,219,696		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	9,929,060		9,929,060		63
63.01	CELL THERAPY LAB					63.01
65	Respiratory Therapy	17,132,107	-206,577	16,925,530		65
66	Physical Therapy	2,224,882	-14,247	2,210,635		66
67	Occupational Therapy	1,812,705	-21,370	1,791,335		67
69	Electrocardiology					69
70	Electroencephalography	4,926,459		4,926,459		70
71	Medical Supplies Charged to Patients	63,290,360	-170,960	63,119,400		71
72	Impl. Dev. Charged to Patients	89,451,932		89,451,932		72
73	Drugs Charged to Patients	100,126,644		100,126,644		73
76.97	CARDIAC REHABILITATION	476,129	-7,123	469,006		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,911,459	-1,111,241	4,800,218			90
90.01	PSYCH CLINIC	7,120,400	-356,167	6,764,233			90.01
90.02	TRANSPLANT CLINIC	1,548,535	-356,167	1,192,368			90.02
90.03	OB CLINIC	2,867,398	-1,225,214	1,642,184			90.03
91	Emergency	29,710,801	-2,179,743	27,531,058			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	2,806,212		2,806,212			92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm	1,096,255		1,096,255			100
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	11,372,296		11,372,296			105
106	Heart Acquisition	2,919,311		2,919,311			106
107	Liver Acquisition	7,243,815		7,243,815			107
108	Lung Acquisition	1,452,758		1,452,758			108
109	Pancreas Acquisition	2,131,617		2,131,617			109
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	1,126,472,899	-63,098,552	1,063,374,347			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	7,953		7,953			190
191	Research	3,452,715	-206,577	3,246,138			191
191.0	SPONSERED PROJECT	4,525,765		4,525,765			191.0
1							1
194	REAL ESTATE	25,997,489		25,997,489			194
194.0	MARKETING, OTHER NON-REIMB	1,309,540		1,309,540			194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY	642,190		642,190			194.0
2							2
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	1,162,408,551	-63,305,129	1,099,103,422			202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		861,852	87,913	949,765	949,765		4
5.01	NONPATIENT PHONES		801,041	4,318	805,359		805,359	5.01
5.02	DATA PROCESSING	85,945	234,609	221,060	541,614	3,916	24,986	5.02
5.03	PURCHASING RECEIVING & STORES	482	97,827	36,075	134,384	2,719		5.03
5.04	ADMITTING		272,870	633,753	906,623	1,626	214,620	5.04
5.05	ADMINISTRATIVE & GENERAL	12,141,151	4,382,554	169,248	16,692,953	60,901	406,611	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	3,847,161	25,969,242	2,731,130	32,547,533	3,603		7
8	Laundry & Linen Service		10,025		10,025			8
9	Housekeeping	14,767	951,779	386,959	1,353,505	16,834	1,274	9
10	Dietary	1,736	1,533,680	251,059	1,786,475	9,716		10
11	Cafeteria		519,164	84,986	604,150	5,789		11
12	Maintenance of Personnel							12
13	Nursing Administration	6,552	1,168,643	218,162	1,393,357	33,007	3,052	13
14	Central Services & Supply	303,283	845,086	1,346,720	2,495,089	15,157		14
15	Pharmacy	5,895	325,432	395,256	726,583	34,590		15
16	Medical Records & Library	140	154,726	6,480	161,346	4,722	990	16
17	Social Service	3,080		12,567	15,647	2,436		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			16,483	16,483	73,246		21
22	I&R Services-Other Prgm Costs Apprvd	30,458	761,381		791,839	15,241		22
23	PARAMED ED PRGM-(PHARMACY)		6,272		6,272	2,455		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		7,917		7,917	699		23.01
23.02	PARAMED ED PRGM-(NM SCHL)		7,388		7,388	344		23.02
23.03	PARAMED ED PRGM-(RAD THER)		5,801		5,801	344		23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		7,181		7,181	344		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		5,801		5,801	344		23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	161,145	11,247,800	826,081	12,235,026	180,149	6,781	30
31	Intensive Care Unit	832	1,819,561	448,591	2,268,984	50,450		31
35	SPECIAL CARE NURSERY	676	1,239,637	252,994	1,493,307	27,478		35
40	Subprovider - IPF	316	558,413	2,033	560,762	7,360		40
43	Nursery					6,376		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	46,836	2,951,161	3,492,510	6,490,507	63,030	4,730	50
51	Recovery Room	1,160	266,763	67,613	335,536	15,957		51
52	Delivery Room & Labor Room	1,728	1,633,624	242,943	1,878,295	34,497		52
53	Anesthesiology	756	44,132	540,055	584,943	4,036		53
54	Radiology-Diagnostic	3,873	1,992,730	1,732,237	3,728,840	39,976		54
55	Radiology-Therapeutic	2,755	747,217	1,506,477	2,256,449	16,415	1,068	55
56	Radioisotope	520	317,355	108,752	426,627	5,163		56
57	CT Scan	626	325,732	178,564	504,922	10,836		57
58	MRI	280	262,729	2,119,135	2,382,144	17,008		58
59	Cardiac Catheterization	1,200	98,002	42,419	141,621	3,256		59
59.01	VASCULAR LAB	160	64,024	58,954	123,138	2,139		59.01
59.02	CARDIAC GRAPHICS	800	71,015	237,570	309,385	7,311		59.02
59.03	PULMONARY FUNCTION	160	96,881	46,981	144,022	1,236		59.03
59.04	EPS	240	138,104	615,624	753,968	2,363		59.04
59.05	GI	480	286,758	538,481	825,719	10,091		59.05
60	Laboratory	6,074	908,286	1,368,608	2,282,968	48,236	19,693	60
62	Whole Blood & Packed Red Blood Cells					231		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	960	302,235	161,748	464,943	6,470		63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	91,392	107,802	233,149	432,343	22,584		65
66	Physical Therapy	1,320	38,316	5,111	44,747	3,361		66
67	Occupational Therapy	1,020	114,065	46	115,131	1,833		67
69	Electrocardiology	1,253			1,253			69
70	Electroencephalography			46	46	4,861		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION	57,072		230	57,302	703		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NONPATIENT PHONES	
		0	1	2	2A	4	5.01	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	280	158,100	9,660	168,040	5,093		90
90.01	PSYCH CLINIC	1,173,192	12,122	51	1,185,365	8,098	11,810	90.01
90.02	TRANSPLANT CLINIC	400	23,902	5,283	29,585	1,074	4,672	90.02
90.03	OB CLINIC	160	130,356	23,461	153,977	1,819		90.03
91	Emergency	2,568	731,621	67,355	801,544	26,667		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	295		62,705	63,000	3,515		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm					1,437	24,505	100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	440	48,010		48,450	4,108	11,709	105
106	Heart Acquisition	40			40	1,356	11,647	106
107	Liver Acquisition	360	24,666		25,026	2,551		107
108	Lung Acquisition	40			40	525		108
109	Pancreas Acquisition		7,334		7,334	270		109
116	Hospice	120			120			116
118	SUBTOTALS (sum of lines 1-117)	18,002,179	65,698,724	21,597,636	105,298,539	937,952	748,148	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		89,584	8,736	98,320	3,944		191
191.0	SPONSERED PROJECT					1,416	21,658	191.0
1								1
194	REAL ESTATE	13,284,466	19,996,996	2,979	33,284,441	18		194
194.0	MARKETING, OTHER NON-REIMB		19,848		19,848			194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY	4,130	6,486		10,616	6,435	35,553	194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	31,290,775	85,811,638	21,609,351	138,711,764	949,765	805,359	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING 5.02	PURCH REC STORES 5.03	ADMITTING 5.04	ADMIN + GENERAL 5.05	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING	570,516						5.02
5.03	PURCHASING RECEIVING & STORES	1,401	138,504					5.03
5.04	ADMITTING	1,178	286	1,124,333				5.04
5.05	ADMINISTRATIVE & GENERAL	125,299	30,735		17,316,499			5.05
6	Maintenance & Repairs							6
7	Operation of Plant	39,077	9,489		1,524,702	34,124,404		7
8	Laundry & Linen Service	1,714	416		66,862	12,959	91,976	8
9	Housekeeping	5,942	1,443		231,849	840,343	2,266	9
10	Dietary	4,484	1,089		174,972	1,518,037	4,093	10
11	Cafeteria	1,326	322		51,734	513,867	1,386	11
12	Maintenance of Personnel							12
13	Nursing Administration	9,167	2,226		357,685	853,439	2,301	13
14	Central Services & Supply	8,980	2,181		350,390	656,488	1,770	14
15	Pharmacy	10,119	2,457		394,833	345,961	933	15
16	Medical Records & Library	1,835	446		71,592	291,065	785	16
17	Social Service	745	181		29,085			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	19,151	4,650		747,219			21
22	I&R Services-Other Prgm Costs Apprvd	4,669	1,134		182,166	235,648	635	22
23	PARAMED ED PRGM-(PHARMACY)	602	146		23,507	8,111	22	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	177	43		6,908	16,584	45	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	99	24		3,845	18,555	50	23.02
23.03	PARAMED ED PRGM-(RAD THER)	92	22		3,574	21,138	57	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	92	22		3,601	18,034	49	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	92	22		3,574	14,568	39	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	54,891	13,328	80,732	2,144,811	11,135,256	30,022	30
31	Intensive Care Unit	15,409	3,742	24,902	602,247	2,353,306	6,345	31
35	SPECIAL CARE NURSERY	7,796	1,893	14,108	304,760	913,976	2,464	35
40	Subprovider - IPF	2,177	529	3,485	85,090	722,214	1,947	40
43	Nursery	1,779	432	3,212	69,536			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,437	5,934	159,301	960,001	3,280,060	8,844	50
51	Recovery Room	4,311	1,047	11,215	168,682	387,535	1,045	51
52	Delivery Room & Labor Room	10,235	2,485	27,325	400,450	1,204,452	3,248	52
53	Anesthesiology	1,462	355	13,566	57,613	40,759	110	53
54	Radiology-Diagnostic	14,108	3,426	68,691	553,265	1,807,584	4,874	54
55	Radiology-Therapeutic	5,790	1,406	39,321	227,515	804,320	2,169	55
56	Radioisotope	2,431	590	13,644	95,394	410,441	1,107	56
57	CT Scan	3,725	904	72,870	148,321	502,516	1,355	57
58	MRI	6,523	1,584	62,462	257,074	423,536	1,142	58
59	Cardiac Catheterization	221	54	13,133	9,165	126,762	342	59
59.01	VASCULAR LAB	577	140	7,596	22,806	82,809	223	59.01
59.02	CARDIAC GRAPHICS	2,533	615	32,974	100,187	91,848	248	59.02
59.03	PULMONARY FUNCTION	461	112	3,164	18,115	125,289	338	59.03
59.04	EPS	475	115	6,941	18,804	178,622	482	59.04
59.05	GI	4,484	1,089	21,788	175,868	370,883	1,000	59.05
60	Laboratory	36,378	8,833	171,644	1,426,391	1,315,717	3,548	60
62	Whole Blood & Packed Red Blood Cells	4,910	1,192	12,145	192,059			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,976	723	8,470	116,459	430,401	1,161	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	6,028	1,464	27,213	236,320	117,881	318	65
66	Physical Therapy	748	182	1,943	29,277	42,141	114	66
67	Occupational Therapy	472	115	1,111	18,457	147,515	398	67
69	Electrocardiology							69
70	Electroencephalography	1,557	378	10,430	61,190	186,416	503	70
71	Medical Supplies Charged to Patients	21,873	5,311	37,600	854,977			71
72	Impl. Dev. Charged to Patients	31,030	7,535	41,903	1,212,434			72
73	Drugs Charged to Patients	27,414	6,657	61,091	1,072,130			73
76.97	CARDIAC REHABILITATION	173	42	718	6,766			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCH REC STORES	ADMITTING	ADMIN + GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
		5.02	5.03	5.04	5.05	7	8	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,361	330	1,134	53,142	258,349	697	90
90.01	PSYCH CLINIC	2,392	581	2,062	93,397	15,678	42	90.01
90.02	TRANSPLANT CLINIC	389	94	1,488	15,236	30,903	83	90.02
90.03	OB CLINIC	580	141	356	22,627			90.03
91	Emergency	8,083	1,963	54,867	317,636	946,239	2,551	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	961	233	1,671	37,557			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm	413	100		16,117			100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,143	1,006	3,666	161,800	114,210	308	105
106	Heart Acquisition	1,108	269	724	43,278			106
107	Liver Acquisition	2,663	647	2,177	103,983	58,680	158	107
108	Lung Acquisition	546	133	952	21,356			108
109	Pancreas Acquisition	787	191	538	30,740	17,445	47	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	557,051	135,234	1,124,333	16,791,131	34,008,540	91,664	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3	1		118			190
191	Research	1,069	260		41,719	115,864	312	191
191.0	SPONSERED PROJECT	1,727	419		67,386			191.0
1								1
194	REAL ESTATE	9,921	2,409		387,085			194
194.0	MARKETING, OTHER NON-REIMB	500	121		19,498			194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY	245	60		9,562			194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	570,516	138,504	1,124,333	17,316,499	34,124,404	91,976	202

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9	10	11	13	14	15	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,453,456						9
10	Dietary	111,942	3,610,808					10
11	Cafeteria	37,893		1,216,467				11
12	Maintenance of Personnel							12
13	Nursing Administration	62,934		75,936	2,793,104			13
14	Central Services & Supply	48,410		37,700		3,616,165		14
15	Pharmacy	25,512		51,920		9,773	1,602,681	15
16	Medical Records & Library	21,464		9,201				16
17	Social Service			4,955		203		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	17,377		2,315	837	14		22
23	PARAMED ED PRGM-(PHARMACY)	598						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	1,223						23.01
23.02	PARAMED ED PRGM-(NM SCHL)	1,368						23.02
23.03	PARAMED ED PRGM-(RAD THER)	1,559						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	1,330						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	1,074						23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	821,128	2,956,395	343,370	1,144,486	115,760	19,546	30
31	Intensive Care Unit	173,536	506,688	78,843	427,850	69,836	10,984	31
35	SPECIAL CARE NURSERY	67,398		38,374	212,085	23,249	123	35
40	Subprovider - IPF	53,257	146,266	11,642	25,614	293	7	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	241,876		91,765	245,188	136,431	8,383	50
51	Recovery Room	28,577		21,982	71,075	4,540	5,067	51
52	Delivery Room & Labor Room	88,818		60,441	239,002	43,714	5,548	52
53	Anesthesiology	3,006		10,256		45,889	5,711	53
54	Radiology-Diagnostic	133,294		60,374	35,874	190,235	2,522	54
55	Radiology-Therapeutic	59,312		21,329	13,379	4,856	1,222	55
56	Radioisotope	30,266		6,593	1,811	96,698	143	56
57	CT Scan	37,056		15,867	15,400	21,308	259	57
58	MRI	31,232		23,386	25,781	27,668	678	58
59	Cardiac Catheterization	9,348		4,568	15,975	134,650	18	59
59.01	VASCULAR LAB	6,106		2,833		87	13	59.01
59.02	CARDIAC GRAPHICS	6,773		12,383		6,709	23,413	59.02
59.03	PULMONARY FUNCTION	9,239		1,896	1,368	2,775	249	59.03
59.04	EPS	13,172		3,311	7,604	173,545	437	59.04
59.05	GI	27,349		15,263	45,521	55,304	905	59.05
60	Laboratory	97,023		88,360		308,180	1,125	60
62	Whole Blood & Packed Red Blood Cells					168,969	2,080	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	31,738		10,616	11,789	35,523	3,380	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	8,693		20,541		50,779	1,100	65
66	Physical Therapy	3,108		1,327		10,132		66
67	Occupational Therapy	10,878		445		128		67
69	Electrocardiology							69
70	Electroencephalography	13,747		8,070		5,537	7	70
71	Medical Supplies Charged to Patients					761,537		71
72	Impl. Dev. Charged to Patients					1,080,245		72
73	Drugs Charged to Patients						1,494,245	73
76.97	CARDIAC REHABILITATION			993	624	37		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9	10	11	13	14	15	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	19,051		7,953	13,105	573	6,044	90
90.01	PSYCH CLINIC	1,156		12,102	15,032	3	1,925	90.01
90.02	TRANSPLANT CLINIC	2,279		2,136	1,766	1,396	606	90.02
90.03	OB CLINIC			1,908	9,166	226	35	90.03
91	Emergency	69,777		43,613	179,262	27,651	6,336	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT			5,333	23,210	1,698	319	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm			3,135				100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	8,422		894	6,077		117	105
106	Heart Acquisition			2,016				106
107	Liver Acquisition	4,327		481	2,868		134	107
108	Lung Acquisition				1,355	10		108
109	Pancreas Acquisition	1,286						109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	2,444,912	3,609,349	1,216,426	2,793,104	3,616,161	1,602,681	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	8,544	1,459			4		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE			41				194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,453,456	3,610,808	1,216,467	2,793,104	3,616,165	1,602,681	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	
		16	17	21	22	23	23.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
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
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	563,446						16
17	Social Service		53,252					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			860,749				21
22	I&R Services-Other Prgm Costs Apprvd				1,251,875			22
23	PARAMED ED PRGM-(PHARMACY)					41,713		23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						33,596	23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,366	31,392					30
31	Intensive Care Unit	12,451	4,633					31
35	SPECIAL CARE NURSERY	7,054	4,265					35
40	Subprovider - IPF	1,743						40
43	Nursery	1,606	5					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	79,651						50
51	Recovery Room	5,608	27					51
52	Delivery Room & Labor Room	13,663	522					52
53	Anesthesiology	6,783						53
54	Radiology-Diagnostic	34,346						54
55	Radiology-Therapeutic	19,660	2,130					55
56	Radioisotope	6,822						56
57	CT Scan	36,435						57
58	MRI	31,231						58
59	Cardiac Catheterization	6,566						59
59.01	VASCULAR LAB	3,798						59.01
59.02	CARDIAC GRAPHICS	16,487						59.02
59.03	PULMONARY FUNCTION	1,582						59.03
59.04	EPS	3,470						59.04
59.05	GI	10,894						59.05
60	Laboratory	87,101						60
62	Whole Blood & Packed Red Blood Cells	6,073						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,235						63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	13,607						65
66	Physical Therapy	971						66
67	Occupational Therapy	555						67
69	Electrocardiology							69
70	Electroencephalography	5,215						70
71	Medical Supplies Charged to Patients	18,800						71
72	Impl. Dev. Charged to Patients	20,951						72
73	Drugs Charged to Patients	30,545						73
76.97	CARDIAC REHABILITATION	359						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	
		16	17	21	22	23	23.01	
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	567						90
90.01	PSYCH CLINIC	1,031	5,059					90.01
90.02	TRANSPLANT CLINIC	744						90.02
90.03	OB CLINIC	178	533					90.03
91	Emergency	27,433	4,260					91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	836	138					92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,833						105
106	Heart Acquisition	362						106
107	Liver Acquisition	1,089						107
108	Lung Acquisition	476						108
109	Pancreas Acquisition	269						109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	563,446	52,964					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		288					191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments			860,749	1,251,875	41,713	33,596	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	563,446	53,252	860,749	1,251,875	41,713	33,596	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		23.02	23.03	23.04	23.05	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
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
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-(PHARMACY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)	31,673						23.02
23.03	PARAMED ED PRGM-(RAD THER)		32,587					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)			30,653				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)				25,514			23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics					31,353,439		30
31	Intensive Care Unit					6,610,206		31
35	SPECIAL CARE NURSERY					3,118,330		35
40	Subprovider - IPF					1,622,386		40
43	Nursery					82,946		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					11,800,138		50
51	Recovery Room					1,062,204		51
52	Delivery Room & Labor Room					4,012,695		52
53	Anesthesiology					774,489		53
54	Radiology-Diagnostic					6,677,409		54
55	Radiology-Therapeutic					3,476,341		55
56	Radioisotope					1,097,730		56
57	CT Scan					1,371,774		57
58	MRI					3,291,449		58
59	Cardiac Catheterization					465,679		59
59.01	VASCULAR LAB					252,265		59.01
59.02	CARDIAC GRAPHICS					610,866		59.02
59.03	PULMONARY FUNCTION					309,846		59.03
59.04	EPS					1,163,309		59.04
59.05	GI					1,566,158		59.05
60	Laboratory					5,895,197		60
62	Whole Blood & Packed Red Blood Cells					387,659		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					1,128,884		63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy					938,871		65
66	Physical Therapy					138,051		66
67	Occupational Therapy					297,038		67
69	Electrocardiology					1,253		69
70	Electroencephalography					297,957		70
71	Medical Supplies Charged to Patients					1,700,098		71
72	Impl. Dev. Charged to Patients					2,394,098		72
73	Drugs Charged to Patients					2,692,082		73
76.97	CARDIAC REHABILITATION					67,717		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		23.02	23.03	23.04	23.05	24	25	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					535,439		90
90.01	PSYCH CLINIC					1,355,733		90.01
90.02	TRANSPLANT CLINIC					92,451		90.02
90.03	OB CLINIC					191,546		90.03
91	Emergency					2,517,882		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					138,471		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm					45,707		100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					366,743		105
106	Heart Acquisition					60,800		106
107	Liver Acquisition					204,784		107
108	Lung Acquisition					25,393		108
109	Pancreas Acquisition					58,907		109
116	Hospice					120		116
118	SUBTOTALS (sum of lines 1-117)					102,252,540		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					122		190
191	Research					271,783		191
191.0	SPONSERED PROJECT					92,606		191.0
1								1
194	REAL ESTATE					33,683,915		194
194.0	MARKETING, OTHER NON-REIMB					39,967		194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY					62,471		194.0
2								2
200	Cross Foot Adjustments	31,673	32,587	30,653	25,514	2,308,360		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	31,673	32,587	30,653	25,514	138,711,764		202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
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
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-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	31,353,439					30
31	Intensive Care Unit	6,610,206					31
35	SPECIAL CARE NURSERY	3,118,330					35
40	Subprovider - IPF	1,622,386					40
43	Nursery	82,946					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,800,138					50
51	Recovery Room	1,062,204					51
52	Delivery Room & Labor Room	4,012,695					52
53	Anesthesiology	774,489					53
54	Radiology-Diagnostic	6,677,409					54
55	Radiology-Therapeutic	3,476,341					55
56	Radioisotope	1,097,730					56
57	CT Scan	1,371,774					57
58	MRI	3,291,449					58
59	Cardiac Catheterization	465,679					59
59.01	VASCULAR LAB	252,265					59.01
59.02	CARDIAC GRAPHICS	610,866					59.02
59.03	PULMONARY FUNCTION	309,846					59.03
59.04	EPS	1,163,309					59.04
59.05	GI	1,566,158					59.05
60	Laboratory	5,895,197					60
62	Whole Blood & Packed Red Blood Cells	387,659					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,128,884					63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	938,871					65
66	Physical Therapy	138,051					66
67	Occupational Therapy	297,038					67
69	Electrocardiology	1,253					69
70	Electroencephalography	297,957					70
71	Medical Supplies Charged to Patients	1,700,098					71
72	Impl. Dev. Charged to Patients	2,394,098					72
73	Drugs Charged to Patients	2,692,082					73
76.97	CARDIAC REHABILITATION	67,717					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	535,439					90
90.01	PSYCH CLINIC	1,355,733					90.01
90.02	TRANSPLANT CLINIC	92,451					90.02
90.03	OB CLINIC	191,546					90.03
91	Emergency	2,517,882					91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	138,471					92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm	45,707					100
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	366,743					105
106	Heart Acquisition	60,800					106
107	Liver Acquisition	204,784					107
108	Lung Acquisition	25,393					108
109	Pancreas Acquisition	58,907					109
116	Hospice	120					116
118	SUBTOTALS (sum of lines 1-117)	102,252,540					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	122					190
191	Research	271,783					191
191.0	SPONSERED PROJECT	92,606					191.0
1							1
194	REAL ESTATE	33,683,915					194
194.0	MARKETING, OTHER NON-REIMB	39,967					194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY	62,471					194.0
2							2
200	Cross Foot Adjustments	2,308,360					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	138,711,764					202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECONCILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	88,074,721						1
2	Cap Rel Costs-Mvble Equip		24,192,100					2
4	Employee Benefits Department	884,581	98,420	386,128,813				4
5.01	NONPATIENT PHONES	822,167	4,834		207,381			5.01
5.02	DATA PROCESSING	240,796	247,481	1,592,071	6,434	-13,881,791	1,149,141,445	5.02
5.03	PURCHASING RECEIVING & STORES	100,407	40,387	1,105,130			2,825,098	5.03
5.04	ADMITTING	280,066	709,499	660,861	55,265		2,375,453	5.04
5.05	ADMINISTRATIVE & GENERAL	4,498,134	189,477	24,756,650	104,703		251,534,009	5.05
6	Maintenance & Repairs							6
7	Operation of Plant	26,654,122	3,057,555	1,464,601			78,783,712	7
8	Laundry & Linen Service	10,289					3,454,857	8
9	Housekeeping	976,880	433,208	6,843,285	328		11,979,989	9
10	Dietary	1,574,127	281,065	3,949,498			9,041,055	10
11	Cafeteria	532,856	95,143	2,353,186			2,673,197	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,199,463	244,237	13,417,588	786		18,482,134	13
14	Central Services & Supply	867,373	1,507,680	6,161,327			18,105,202	14
15	Pharmacy	334,014	442,497	14,061,128			20,401,607	15
16	Medical Records & Library	158,807	7,255	1,919,440	255		3,699,285	16
17	Social Service		14,069	990,205			1,502,872	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		18,453	29,774,928			38,609,979	21
22	I&R Services-Other Prgm Costs Apprvd	781,461		6,195,501			9,412,816	22
23	PARAMED ED PRGM-(PHARMACY)	6,437		997,917			1,214,654	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	8,126		284,235			356,961	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	7,583		139,715		158,733	198,655	23.02
23.03	PARAMED ED PRGM-(RAD THER)	5,954		139,715		151,983	184,690	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	7,370		139,715		151,983	186,070	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	5,954		139,714		151,986	184,691	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,544,434	924,814	73,277,192	1,746		110,667,065	30
31	Intensive Care Unit	1,867,548	502,207	20,508,102			31,066,370	31
35	SPECIAL CARE NURSERY	1,272,329	283,232	11,169,860			15,717,588	35
40	Subprovider - IPF	573,140	2,276	2,991,862			4,389,350	40
43	Nursery			2,591,970			3,586,236	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,028,991	3,909,938	25,621,827	1,218		49,267,980	50
51	Recovery Room	273,798	75,694	6,486,688			8,692,357	51
52	Delivery Room & Labor Room	1,676,707	271,980	14,023,034			20,634,083	52
53	Anesthesiology	45,296	604,602	1,640,451			2,948,264	53
54	Radiology-Diagnostic	2,045,284	1,939,274	16,250,423			28,442,835	54
55	Radiology-Therapeutic	766,923	1,686,531	6,672,616	275		11,672,945	55
56	Radioisotope	325,724	121,750	2,098,848			4,900,331	56
57	CT Scan	334,322	199,906	4,404,983			7,509,936	57
58	MRI	269,658	2,372,414	6,913,952			13,151,352	58
59	Cardiac Catheterization	100,587	47,489	1,323,627			445,806	59
59.01	VASCULAR LAB	65,712	66,000	869,495			1,162,375	59.01
59.02	CARDIAC GRAPHICS	72,888	265,964	2,972,036			5,107,128	59.02
59.03	PULMONARY FUNCTION	99,436	52,596	502,277			929,357	59.03
59.04	EPS	141,746	689,203	960,501			956,974	59.04
59.05	GI	294,321	602,840	4,102,124			9,041,308	59.05
60	Laboratory	932,240	1,532,184	19,608,317	5,071		73,342,304	60
62	Whole Blood & Packed Red Blood Cells			94,001			9,898,310	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	310,206	181,080	2,630,186			5,999,689	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	110,645	261,015	9,180,305			12,153,513	65
66	Physical Therapy	39,327	5,722	1,366,437			1,508,658	66
67	Occupational Therapy	117,073	51	745,097			951,366	67
69	Electrocardiology							69
70	Electroencephalography		51	1,976,013			3,139,750	70
71	Medical Supplies Charged to Patients						44,098,490	71
72	Impl. Dev. Charged to Patients						62,559,766	72
73	Drugs Charged to Patients						55,269,443	73
76.97	CARDIAC REHABILITATION		257	285,840			348,098	76.97

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	NONPATIENT PHONES PHONE CHARGES	RECON- CILIATION	DATA PROCESSING ACCUM COST	
		1	2	4	5.01	5A.02	5.02	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	162,270	10,815	2,070,137			2,743,555	90
90.01	PSYCH CLINIC	12,442	57	3,291,804	3,041		4,821,629	90.01
90.02	TRANSPLANT CLINIC	24,532	5,914	436,654	1,203		784,118	90.02
90.03	OB CLINIC	133,794	26,265	739,355			1,168,403	90.03
91	Emergency	750,916	75,405	10,840,118			16,296,758	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		70,199	1,428,770			1,937,089	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm			584,301	6,310		832,773	100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	49,276		1,669,881	3,015		8,352,700	105
106	Heart Acquisition			551,153	2,999		2,234,693	106
107	Liver Acquisition	25,317		1,036,812			5,368,335	107
108	Lung Acquisition			213,317			1,101,502	108
109	Pancreas Acquisition	7,527		109,850			1,587,259	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	67,431,376	24,178,985	381,326,626	192,649	-13,267,106	1,121,994,827	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						6,119	190
191	Research	91,947	9,780	1,603,254			2,155,710	191
191.0 1	SPONSERED PROJECT			575,480	5,577		3,481,939	191.0 1
194	REAL ESTATE	20,524,370	3,335	7,491			20,001,269	194
194.0 1	MARKETING, OTHER NON-REIMB	20,371					1,007,506	194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY	6,657		2,615,962	9,155		494,075	194.0 2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	85,811,638	21,609,351	66,722,630	805,359		13,881,791	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.974305	0.893240	0.172799	3.883475		0.012080	203
204	Cost to be allocated (Per Wkst. B, Part II)			949,765	805,359		570,516	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002460	3.883475		0.000496	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS REVENUE	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES	-2,859,225	1,160,164,011					5.03
5.04	ADMITTING		2,404,148	4,930,961,014				5.04
5.05	ADMINISTRATIVE & GENERAL		254,572,705		-255,199,646	907,823,590		5.05
6	Maintenance & Repairs							6
7	Operation of Plant		79,735,419			79,931,967	1,506,180	7
8	Laundry & Linen Service		3,496,592			3,505,211	572	8
9	Housekeeping		12,124,707			12,154,594	37,091	9
10	Dietary		9,150,271			9,172,826	67,003	10
11	Cafeteria		2,705,489			2,712,158	22,681	11
12	Maintenance of Personnel							12
13	Nursing Administration		18,705,398			18,751,507	37,669	13
14	Central Services & Supply		18,323,913			18,369,081	28,976	14
15	Pharmacy		20,648,058			20,698,955	15,270	15
16	Medical Records & Library		3,743,972			3,753,201	12,847	16
17	Social Service		1,521,027			1,524,776		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		39,076,388			39,172,711		21
22	I&R Services-Other Prgm Costs Apprvd		9,526,523			9,550,006	10,401	22
23	PARAMED ED PRGM-(PHARMACY)		1,229,327			1,232,357	358	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		361,273			362,164	732	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	158,733	201,055		158,733	201,551	819	23.02
23.03	PARAMED ED PRGM-(RAD THER)	151,983	186,921		151,983	187,382	933	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	151,983	188,318		151,983	188,782	796	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	151,986	186,922		151,986	187,383	643	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		112,003,923	354,088,980		112,453,163	491,487	30
31	Intensive Care Unit		31,441,652	109,218,763		31,572,564	103,870	31
35	SPECIAL CARE NURSERY		15,907,456	61,876,318		15,976,926	40,341	35
40	Subprovider - IPF		4,442,373	15,286,126		4,460,798	31,877	40
43	Nursery		3,629,558	14,089,674		3,645,395		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		49,863,137	698,689,668		50,327,709	144,775	50
51	Recovery Room		8,797,361	49,189,943		8,843,100	17,105	51
52	Delivery Room & Labor Room		20,883,343	119,846,910		20,993,425	53,162	52
53	Anesthesiology		2,983,879	59,498,414		3,020,329	1,799	53
54	Radiology-Diagnostic		28,786,424	301,278,028		29,004,708	79,783	54
55	Radiology-Therapeutic		11,813,954	172,459,113		11,927,408	35,501	55
56	Radioisotope		4,959,527	59,842,827		5,001,015	18,116	56
57	CT Scan		7,600,656	319,606,726		7,775,680	22,180	57
58	MRI		13,310,220	273,957,030		13,476,995	18,694	58
59	Cardiac Catheterization		451,191	57,598,939		480,469	5,595	59
59.01	VASCULAR LAB		1,176,416	33,315,412		1,195,607	3,655	59.01
59.02	CARDIAC GRAPHICS		5,168,822	144,623,895		5,252,284	4,054	59.02
59.03	PULMONARY FUNCTION		940,584	13,875,767		949,688	5,530	59.03
59.04	EPS		968,534	30,442,492		985,807	7,884	59.04
59.05	GI		9,150,527	95,563,163		9,219,813	16,370	59.05
60	Laboratory		74,228,279	752,489,677		74,778,052	58,073	60
62	Whole Blood & Packed Red Blood Cells		10,017,882	53,269,148		10,068,625		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		6,072,165	37,149,671		6,105,299	18,997	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy		12,300,327	119,355,801		12,389,012	5,203	65
66	Physical Therapy		1,526,883	8,521,022		1,534,814	1,860	66
67	Occupational Therapy		962,859	4,871,480		967,614	6,511	67
69	Electrocardiology							69
70	Electroencephalography		3,177,678	45,747,151		3,207,881	8,228	70
71	Medical Supplies Charged to Patients		44,631,200	164,911,080		44,821,858		71
72	Impl. Dev. Charged to Patients		63,315,488	183,784,258		63,561,432		72
73	Drugs Charged to Patients		55,937,098	267,942,490		56,206,007		73
76.97	CARDIAC REHABILITATION		352,303	3,149,835		354,711		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	PURCH REC STORES ACCUM COST	ADMITTING GROSS REVENUE	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
			5.03	5.04		5.05	7	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,776,697	4,975,173		2,785,975	11,403	90
90.01	PSYCH CLINIC		4,879,874	9,042,159		4,896,325	692	90.01
90.02	TRANSPLANT CLINIC		793,590	6,528,234		798,738	1,364	90.02
90.03	OB CLINIC		1,182,517	1,560,475		1,186,195		90.03
91	Emergency		16,493,623	240,644,736		16,651,955	41,765	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		1,960,489	7,329,236		1,968,906		92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm		842,833			844,911		100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		8,453,601	16,080,000		8,482,302	5,041	105
106	Heart Acquisition		2,261,688	3,175,200		2,268,816		106
107	Liver Acquisition		5,433,184	9,550,000		5,451,247	2,590	107
108	Lung Acquisition		1,114,808	4,176,000		1,119,598		108
109	Pancreas Acquisition		1,606,433	2,360,000		1,611,547	770	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	-2,244,540	1,132,689,462	4,930,961,014	-254,584,961	880,281,315	1,501,066	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		6,193			6,208		190
191	Research		2,181,751			2,187,129	5,114	191
191.0 1	SPONSERED PROJECT		3,524,001			3,532,688		191.0 1
194	REAL ESTATE		20,242,884			20,292,783		194
194.0 1	MARKETING, OTHER NON-REIMB		1,019,677			1,022,191		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY		500,043			501,276		194.0 2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		2,859,225	2,410,074		255,199,646	102,401,722	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.002465	0.000489		0.281111	67.987705	203
204	Cost to be allocated (Per Wkst. B, Part II)		138,504	1,124,333		17,316,499	34,124,404	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.000119	0.000228		0.019075	22.656259	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	1,505,608						8
9	Housekeeping	37,091	1,468,517					9
10	Dietary	67,003	67,003	618,769				10
11	Cafeteria	22,681	22,681		415,149			11
12	Maintenance of Personnel							12
13	Nursing Administration	37,669	37,669		25,915	5,873,087		13
14	Central Services & Supply	28,976	28,976		12,866		209,407,809	14
15	Pharmacy	15,270	15,270		17,719		565,917	15
16	Medical Records & Library	12,847	12,847		3,140			16
17	Social Service				1,691		11,728	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	10,401	10,401		790	1,760	799	22
23	PARAMED ED PRGM-(PHARMACY)	358	358					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	732	732					23.01
23.02	PARAMED ED PRGM-(NM SCHL)	819	819					23.02
23.03	PARAMED ED PRGM-(RAD THER)	933	933					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	796	796					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	643	643					23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	491,487	491,487	506,625	117,184	2,406,519	6,703,317	30
31	Intensive Care Unit	103,870	103,870	86,829	26,907	899,645	4,043,995	31
35	SPECIAL CARE NURSERY	40,341	40,341		13,096	445,953	1,346,276	35
40	Subprovider - IPF	31,877	31,877	25,065	3,973	53,858	16,962	40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	144,775	144,775		31,317	515,560	7,900,368	50
51	Recovery Room	17,105	17,105		7,502	149,451	262,882	51
52	Delivery Room & Labor Room	53,162	53,162		20,627	502,552	2,531,343	52
53	Anesthesiology	1,799	1,799		3,500		2,657,288	53
54	Radiology-Diagnostic	79,783	79,783		20,604	75,432	11,015,959	54
55	Radiology-Therapeutic	35,501	35,501		7,279	28,132	281,206	55
56	Radioisotope	18,116	18,116		2,250	3,809	5,599,520	56
57	CT Scan	22,180	22,180		5,415	32,382	1,233,912	57
58	MRI	18,694	18,694		7,981	54,210	1,602,156	58
59	Cardiac Catheterization	5,595	5,595		1,559	33,591	7,797,180	59
59.01	VASCULAR LAB	3,655	3,655		967		5,031	59.01
59.02	CARDIAC GRAPHICS	4,054	4,054		4,226		388,519	59.02
59.03	PULMONARY FUNCTION	5,530	5,530		647	2,876	160,703	59.03
59.04	EPS	7,884	7,884		1,130	15,989	10,049,539	59.04
59.05	GI	16,370	16,370		5,209	95,718	3,202,483	59.05
60	Laboratory	58,073	58,073		30,155		17,845,869	60
62	Whole Blood & Packed Red Blood Cells						9,784,548	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	18,997	18,997		3,623	24,788	2,057,030	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	5,203	5,203		7,010		2,940,458	65
66	Physical Therapy	1,860	1,860		453		586,703	66
67	Occupational Therapy	6,511	6,511		152		7,436	67
69	Electrocardiology							69
70	Electroencephalography	8,228	8,228		2,754		320,634	70
71	Medical Supplies Charged to Patients						44,098,490	71
72	Impl. Dev. Charged to Patients						62,559,766	72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION				339	1,313	2,159	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE SQUARE FEET	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	11,403	11,403		2,714	27,557	33,170	90
90.01	PSYCH CLINIC	692	692		4,130	31,608	169	90.01
90.02	TRANSPLANT CLINIC	1,364	1,364		729	3,714	80,825	90.02
90.03	OB CLINIC				651	19,273	13,090	90.03
91	Emergency	41,765	41,765		14,884	376,935	1,601,209	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				1,820	48,803	98,321	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm				1,070			100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	5,041	5,041		305	12,779		105
106	Heart Acquisition				688			106
107	Liver Acquisition	2,590	2,590		164	6,031		107
108	Lung Acquisition					2,849	594	108
109	Pancreas Acquisition	770	770				2	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,500,494	1,463,403	618,519	415,135	5,873,087	209,407,556	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	5,114	5,114	250			253	191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE				14			194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,529,453	18,204,700	17,338,972	5,366,006	27,499,048	26,115,520	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3.008388	12.396656	28.021721	12.925494	4.682214	0.124711	203
204	Cost to be allocated (Per Wkst. B, Part II)	91,976	2,453,456	3,610,808	1,216,467	2,793,104	3,616,165	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.061089	1.670703	5.835470	2.930194	0.475577	0.017269	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
		15	16	17	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING & STORES							5.03
5.04	ADMITTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
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
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	59,280,311						15
16	Medical Records & Library		4,930,961,014					16
17	Social Service			10,000				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				8,887			21
22	I&R Services-Other Prgm Costs Apprvd					8,887		22
23	PARAMED ED PRGM-(PHARMACY)						100	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	722,961	354,088,980	5,895	2,308	2,308		30
31	Intensive Care Unit	406,283	109,218,763	870	979	979		31
35	SPECIAL CARE NURSERY	4,560	61,876,318	801	54	54		35
40	Subprovider - IPF	274	15,286,126		271	271		40
43	Nursery		14,089,674	1				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	310,063	698,689,668		2,223	2,223		50
51	Recovery Room	187,431	49,189,943	5	103	103		51
52	Delivery Room & Labor Room	205,214	119,846,910	98	367	367		52
53	Anesthesiology	211,226	59,498,414		15	15		53
54	Radiology-Diagnostic	93,297	301,278,028		674	674		54
55	Radiology-Therapeutic	45,196	172,459,113	400	215	215		55
56	Radioisotope	5,294	59,842,827		29	29		56
57	CT Scan	9,571	319,606,726					57
58	MRI	25,081	273,957,030					58
59	Cardiac Catheterization	681	57,598,939		58	58		59
59.01	VASCULAR LAB	463	33,315,412					59.01
59.02	CARDIAC GRAPHICS	866,010	144,623,895		89	89		59.02
59.03	PULMONARY FUNCTION	9,211	13,875,767		33	33		59.03
59.04	EPS	16,182	30,442,492					59.04
59.05	GI	33,488	95,563,163		56	56		59.05
60	Laboratory	41,621	752,489,677		549	549		60
62	Whole Blood & Packed Red Blood Cells	76,927	53,269,148		42	42		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	125,015	37,149,671					63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	40,679	119,355,801		29	29		65
66	Physical Therapy		8,521,022		2	2		66
67	Occupational Therapy		4,871,480		3	3		67
69	Electrocardiology							69
70	Electroencephalography	263	45,747,151					70
71	Medical Supplies Charged to Patients		164,911,080		24	24		71
72	Impl. Dev. Charged to Patients		183,784,258					72
73	Drugs Charged to Patients	55,269,443	267,942,490				100	73
76.97	CARDIAC REHABILITATION		3,149,835		1	1		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY PATIENT DAYS	
76.99	LITHOTRIPSY	15	16	17	21	22	23	76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	223,539	4,975,173		156	156		90
90.01	PSYCH CLINIC	71,208	9,042,159	950	50	50		90.01
90.02	TRANSPLANT CLINIC	22,404	6,528,234		50	50		90.02
90.03	OB CLINIC	1,287	1,560,475	100	172	172		90.03
91	Emergency	234,341	240,644,736	800	306	306		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,801	7,329,236	26				92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,337	16,080,000					105
106	Heart Acquisition		3,175,200					106
107	Liver Acquisition	4,956	9,550,000					107
108	Lung Acquisition		4,176,000					108
109	Pancreas Acquisition		2,360,000					109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	59,280,307	4,930,961,014	9,946	8,858	8,858	100	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	4		54	29	29		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	28,090,669	5,920,200	1,976,727	50,184,591	13,120,538	1,608,641	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.473862	0.001201	197.672700	5,646.966468	1,476.374255	16,086.410000	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,602,681	563,446	53,252	860,749	1,251,875	41,713	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.027036	0.000114	5.325200	96.854844	140.865871	417.130000	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION RADIOG RAD DIAG	PARAMED EDUCATION RAD THER RAD THER	PARAMED EDUCATION NUCL MED NUCL MED	PARAMED EDUCATION SONOGRAPHY RAD DIAG		
	23.01	23.02	23.03	23.04	23.05		

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
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
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-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	206,173					23.01
23.02	PARAMED ED PRGM-(NM SCHL)		100				23.02
23.03	PARAMED ED PRGM-(RAD THER)			100			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)				100		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					100	23.05
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	168,875					30
31	Intensive Care Unit	28,943					31
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF	8,355					40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic		100			100	54
55	Radiology-Therapeutic			100			55
56	Radioisotope				100		56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION RADIOG RAD DIAG	PARAMED EDUCATION RAD THER RAD THER	PARAMED EDUCATION NUCL MED NUCL MED	PARAMED EDUCATION SONOGRAPH Y RAD DIAG		
		23.01	23.02	23.03	23.04	23.05		
73	Drugs Charged to Patients							73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprpd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	206,173	100	100	100	100		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0 1	SPONSERED PROJECT							191.0 1
194	REAL ESTATE							194
194.0 1	MARKETING, OTHER NON-REIMB							194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY							194.0 2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	525,015	167,775	165,880	156,249	141,693		202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.546478	1,677.750000	1,658.800000	1,562.490000	1,416.930000		203
204	Cost to be allocated (Per Wkst. B, Part II)	33,596	31,673	32,587	30,653	25,514		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.162951	316.730000	325.870000	306.530000	255.140000		205

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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 Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	215,230,031		215,230,031	149,187	215,379,218	30
31	Intensive Care Unit	57,176,881		57,176,881	141,134	57,318,015	31
35	SPECIAL CARE NURSERY	26,492,386		26,492,386	81,106	26,573,492	35
40	Subprovider - IPF	9,420,859		9,420,859		9,420,859	40
43	Nursery	4,687,276		4,687,276		4,687,276	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,338,633		81,338,633	576,712	81,915,345	50
51	Recovery Room	13,733,820		13,733,820	1,266	13,735,086	51
52	Delivery Room & Labor Room	34,524,140		34,524,140	63,530	34,587,670	52
53	Anesthesiology	4,567,583		4,567,583		4,567,583	53
54	Radiology-Diagnostic	46,520,403		46,520,403	67,114	46,587,517	54
55	Radiology-Therapeutic	18,975,224		18,975,224	34,360	19,009,584	55
56	Radioisotope	8,893,466		8,893,466	13,100	8,906,566	56
57	CT Scan	12,575,036		12,575,036	29,434	12,604,470	57
58	MRI	19,722,165		19,722,165		19,722,165	58
59	Cardiac Catheterization	2,301,440		2,301,440	43,096	2,344,536	59
59.01	VASCULAR LAB	1,889,863		1,889,863		1,889,863	59.01
59.02	CARDIAC GRAPHICS	7,753,971		7,753,971	153,723	7,907,694	59.02
59.03	PULMONARY FUNCTION	1,740,718		1,740,718	12,453	1,753,171	59.03
59.04	EPS	3,307,383		3,307,383	32,716	3,340,099	59.04
59.05	GI	14,222,269		14,222,269	66,165	14,288,434	59.05
60	Laboratory	104,178,778		104,178,778	21,274	104,200,052	60
62	Whole Blood & Packed Red Blood Cells	14,219,696		14,219,696		14,219,696	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	9,929,060		9,929,060		9,929,060	63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	16,925,530		16,925,530		16,925,530	65
66	Physical Therapy	2,210,635		2,210,635	14,442	2,225,077	66
67	Occupational Therapy	1,791,335		1,791,335		1,791,335	67
69	Electrocardiology						69
70	Electroencephalography	4,926,459		4,926,459	62,270	4,988,729	70
71	Medical Supplies Charged to Patients	63,119,400		63,119,400		63,119,400	71
72	Impl. Dev. Charged to Patients	89,451,932		89,451,932		89,451,932	72
73	Drugs Charged to Patients	100,126,644		100,126,644		100,126,644	73
76.97	CARDIAC REHABILITATION	469,006		469,006	7,395	476,401	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,800,218		4,800,218		4,800,218	90
90.01	PSYCH CLINIC	6,764,233		6,764,233	23,039	6,787,272	90.01
90.02	TRANSPLANT CLINIC	1,192,368		1,192,368	4,708	1,197,076	90.02
90.03	OB CLINIC	1,642,184		1,642,184	4,736	1,646,920	90.03
91	Emergency	27,531,058		27,531,058	40,228	27,571,286	91
92	Observation Beds (Non-Distinct Part)	14,833,562		14,833,562		14,833,562	92
92.01	OBSERVATION BEDS-DISTINCT	2,806,212		2,806,212		2,830,317	92.01
OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm	1,096,255		1,096,255		1,096,255	100
105	Kidney Acquisition	11,372,296		11,372,296		11,372,296	105
106	Heart Acquisition	2,919,311		2,919,311		2,919,311	106
107	Liver Acquisition	7,243,815		7,243,815		7,243,815	107
108	Lung Acquisition	1,452,758		1,452,758		1,452,758	108
109	Pancreas Acquisition	2,131,617		2,131,617		2,131,617	109
116	Hospice						116
200	Subtotal (sum of lines 30 thru 199)	1,078,207,909		1,078,207,909	1,667,293	1,079,875,202	200
201	Less Observation Beds	14,833,562		14,833,562		14,833,562	201
202	Total (line 200 minus line 201)	1,063,374,347		1,063,374,347		1,065,041,640	202

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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 SERVICE COST CENTERS							
30	Adults & Pediatrics	318,321,766		318,321,766				30
31	Intensive Care Unit	109,218,763		109,218,763				31
35	SPECIAL CARE NURSERY	61,876,318		61,876,318				35
40	Subprovider - IPF	15,286,126		15,286,126				40
43	Nursery	14,089,674		14,089,674				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	398,880,430	299,809,238	698,689,668	0.116416	0.116416	0.117241	50
51	Recovery Room	18,881,881	30,308,062	49,189,943	0.279200	0.279200	0.279225	51
52	Delivery Room & Labor Room	111,822,199	8,024,711	119,846,910	0.288069	0.288069	0.288599	52
53	Anesthesiology	32,351,770	27,146,644	59,498,414	0.076768	0.076768	0.076768	53
54	Radiology-Diagnostic	97,916,049	203,361,979	301,278,028	0.154410	0.154410	0.154633	54
55	Radiology-Therapeutic	7,274,113	165,185,000	172,459,113	0.110027	0.110027	0.110227	55
56	Radioisotope	7,622,273	52,220,554	59,842,827	0.148614	0.148614	0.148833	56
57	CT Scan	88,695,120	230,911,606	319,606,726	0.039345	0.039345	0.039437	57
58	MRI	50,138,705	223,818,325	273,957,030	0.071990	0.071990	0.071990	58
59	Cardiac Catheterization	28,324,170	29,274,769	57,598,939	0.039956	0.039956	0.040704	59
59.01	VASCULAR LAB	14,747,110	18,568,302	33,315,412	0.056726	0.056726	0.056726	59.01
59.02	CARDIAC GRAPHICS	52,925,001	91,698,894	144,623,895	0.053615	0.053615	0.054678	59.02
59.03	PULMONARY FUNCTION	2,017,869	11,857,898	13,875,767	0.125450	0.125450	0.126348	59.03
59.04	EPS	8,176,545	22,265,947	30,442,492	0.108644	0.108644	0.109718	59.04
59.05	GI	10,421,869	85,141,294	95,563,163	0.148826	0.148826	0.149518	59.05
60	Laboratory	246,515,009	505,974,668	752,489,677	0.138445	0.138445	0.138474	60
62	Whole Blood & Packed Red Blood Cells	45,835,695	7,433,453	53,269,148	0.266941	0.266941	0.266941	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	21,401,081	15,748,590	37,149,671	0.267272	0.267272	0.267272	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	115,883,963	3,471,838	119,355,801	0.141807	0.141807	0.141807	65
66	Physical Therapy	7,762,045	758,977	8,521,022	0.259433	0.259433	0.261128	66
67	Occupational Therapy	4,617,102	254,378	4,871,480	0.367719	0.367719	0.367719	67
69	Electrocardiology							69
70	Electroencephalography	24,850,620	20,896,531	45,747,151	0.107689	0.107689	0.109050	70
71	Medical Supplies Charged to Patients	98,553,643	66,357,437	164,911,080	0.382748	0.382748	0.382748	71
72	Impl. Dev. Charged to Patients	114,334,828	69,449,430	183,784,258	0.486722	0.486722	0.486722	72
73	Drugs Charged to Patients	199,546,489	68,396,001	267,942,490	0.373687	0.373687	0.373687	73
76.97	CARDIAC REHABILITATION	2,460	3,147,375	3,149,835	0.148899	0.148899	0.151246	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	80,671	4,894,502	4,975,173	0.964834	0.964834	0.964834	90
90.01	PSYCH CLINIC	589,353	8,452,806	9,042,159	0.748077	0.748077	0.750625	90.01
90.02	TRANSPLANT CLINIC	220,145	6,308,089	6,528,234	0.182648	0.182648	0.183369	90.02
90.03	OB CLINIC	28,617	1,531,858	1,560,475	1.052362	1.052362	1.055397	90.03
91	Emergency	67,610,515	173,034,221	240,644,736	0.114405	0.114405	0.114573	91
92	Observation Beds (Non-Distinct Part)	2,064,491	33,702,723	35,767,214	0.414725	0.414725	0.414725	92
92.01	OBSERVATION BEDS-DISTINCT	1,318,255	6,010,981	7,329,236	0.382879	0.382879	0.386168	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
105	Kidney Acquisition	16,080,000		16,080,000				105
106	Heart Acquisition	3,175,200		3,175,200				106
107	Liver Acquisition	9,455,000	95,000	9,550,000				107
108	Lung Acquisition	3,944,000	232,000	4,176,000				108
109	Pancreas Acquisition	2,360,000		2,360,000				109
116	Hospice							116
200	Subtotal (sum of lines 30 thru 199)	2,435,216,933	2,495,744,081	4,930,961,014				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	2,435,216,933	2,495,744,081	4,930,961,014				202

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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 Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	31,353,439		31,353,439	181,366	172.87	51,936	8,978,176	30
31	Intensive Care Unit	6,610,206		6,610,206	28,943	228.39	11,585	2,645,898	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	SPECIAL CARE NURSERY	3,118,330		3,118,330	21,008	148.44			35
40	Subprovider - IPF	1,622,386		1,622,386	8,355	194.18	2,207	428,555	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	82,946		82,946	25,208	3.29			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	42,787,307		42,787,307	264,880		65,728	12,052,629	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF 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	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,800,138	698,689,668	0.016889	133,434,782	2,253,580	50
51	Recovery Room	1,062,204	49,189,943	0.021594	5,874,546	126,855	51
52	Delivery Room & Labor Room	4,012,695	119,846,910	0.033482	228,876	7,663	52
53	Anesthesiology	774,489	59,498,414	0.013017	10,720,647	139,551	53
54	Radiology-Diagnostic	6,677,409	301,278,028	0.022164	33,510,995	742,738	54
55	Radiology-Therapeutic	3,476,341	172,459,113	0.020157	2,187,026	44,084	55
56	Radioisotope	1,097,730	59,842,827	0.018344	3,124,511	57,316	56
57	CT Scan	1,371,774	319,606,726	0.004292	31,384,974	134,704	57
58	MRI	3,291,449	273,957,030	0.012014	16,557,647	198,924	58
59	Cardiac Catheterization	465,679	57,598,939	0.008085	12,948,462	104,688	59
59.01	VASCULAR LAB	252,265	33,315,412	0.007572	5,989,008	45,349	59.01
59.02	CARDIAC GRAPHICS	610,866	144,623,895	0.004224	22,009,577	92,968	59.02
59.03	PULMONARY FUNCTION	309,846	13,875,767	0.022330	847,924	18,934	59.03
59.04	EPS	1,163,309	30,442,492	0.038213	3,846,733	146,995	59.04
59.05	GI	1,566,158	95,563,163	0.016389	4,259,930	69,816	59.05
60	Laboratory	5,895,197	752,489,677	0.007834	83,722,948	655,886	60
62	Whole Blood & Packed Red Blood	387,659	53,269,148	0.007277	14,842,538	108,009	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	1,128,884	37,149,671	0.030387	5,677,176	172,512	63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	938,871	119,355,801	0.007866	37,972,544	298,692	65
66	Physical Therapy	138,051	8,521,022	0.016201	3,305,943	53,560	66
67	Occupational Therapy	297,038	4,871,480	0.060975	1,816,589	110,767	67
69	Electrocardiology	1,253					69
70	Electroencephalography	297,957	45,747,151	0.006513	8,019,475	52,231	70
71	Medical Supplies Charged to Pat	1,700,098	164,911,080	0.010309	28,077,657	289,453	71
72	Impl. Dev. Charged to Patients	2,394,098	183,784,258	0.013027	49,948,891	650,684	72
73	Drugs Charged to Patients	2,692,082	267,942,490	0.010047	55,920,215	561,830	73
76.97	CARDIAC REHABILITATION	67,717	3,149,835	0.021499	1,584	34	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	535,439	4,975,173	0.107622	37,769	4,065	90
90.01	PSYCH CLINIC	1,355,733	9,042,159	0.149935	42,393	6,356	90.01
90.02	TRANSPLANT CLINIC	92,451	6,528,234	0.014162	95,813	1,357	90.02
90.03	OB CLINIC	191,546	1,560,475	0.122749	398	49	90.03
91	Emergency	2,517,882	240,644,736	0.010463	24,106,805	252,230	91
92	Observation Beds (Non-Distinct)	2,159,366	35,767,214	0.060373			92
92.01	OBSERVATION BEDS-DISTINCT	138,471	7,329,236	0.018893	188,740	3,566	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	60,862,145	4,376,827,167		600,703,116	7,405,446	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title v PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Nursing School	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 SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		430,036			430,036	30
31	Intensive Care Unit		73,703			73,703	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF		21,276			21,276	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)		525,015			525,015	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title v PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	181,366	2.37	51,936	123,088	30
31	Intensive Care Unit	28,943	2.55	11,585	29,542	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	SPECIAL CARE NURSERY	21,008				35
40	Subprovider - IPF	8,355	2.55	2,207	5,628	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	25,208				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	264,880		65,728	158,258	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			309,468		309,468	309,468	54
55	Radiology-Therapeutic			165,880		165,880	165,880	55
56	Radioisotope			156,249		156,249	156,249	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,608,641		1,608,641	1,608,641	73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)			29,623		29,623	29,623	92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			2,269,861		2,269,861	2,269,861	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	698,689,668			133,434,782		64,312,767		50
51	Recovery Room	49,189,943			5,874,546		6,715,588		51
52	Delivery Room & Labor Room	119,846,910			228,876		30,048		52
53	Anesthesiology	59,498,414			10,720,647		6,127,851		53
54	Radiology-Diagnostic	301,278,028	0.001027	0.001027	33,510,995	34,416	42,980,772	44,141	54
55	Radiology-Therapeutic	172,459,113	0.000962	0.000962	2,187,026	2,104	51,628,430	49,667	55
56	Radioisotope	59,842,827	0.002611	0.002611	3,124,511	8,158	18,026,060	47,066	56
57	CT Scan	319,606,726			31,384,974		69,547,655		57
58	MRI	273,957,030			16,557,647		57,089,290		58
59	Cardiac Catheterization	57,598,939			12,948,462		10,735,797		59
59.01	VASCULAR LAB	33,315,412			5,989,008		6,100,420		59.01
59.02	CARDIAC GRAPHICS	144,623,895			22,009,577		26,107,411		59.02
59.03	PULMONARY FUNCTION	13,875,767			847,924		4,096,774		59.03
59.04	EPS	30,442,492			3,846,733		7,712,735		59.04
59.05	GI	95,563,163			4,259,930		21,688,343		59.05
60	Laboratory	752,489,677			83,722,948		46,216,012		60
62	Whole Blood & Packed Red Blood	53,269,148			14,842,538		2,141,093		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	37,149,671			5,677,176		3,612,856		63
63.01	CELL THERAPY LAB								63.01
65	Respiratory Therapy	119,355,801			37,972,544		589,625		65
66	Physical Therapy	8,521,022			3,305,943		1,364		66
67	Occupational Therapy	4,871,480			1,816,589		838		67
69	Electrocardiology								69
70	Electroencephalography	45,747,151			8,019,475		5,198,438		70
71	Medical Supplies Charged to Pat	164,911,080			28,077,657		16,988,119		71
72	Impl. Dev. Charged to Patients	183,784,258			49,948,891		25,763,904		72
73	Drugs Charged to Patients	267,942,490	0.006004	0.006004	55,920,215	335,745	19,741,487	118,528	73
76.97	CARDIAC REHABILITATION	3,149,835			1,584		1,265,318		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,975,173			37,769		1,213,907		90
90.01	PSYCH CLINIC	9,042,159			42,393		1,583,884		90.01
90.02	TRANSPLANT CLINIC	6,528,234			95,813		2,558,991		90.02
90.03	OB CLINIC	1,560,475			398		30,811		90.03
91	Emergency	240,644,736			24,106,805		27,964,459		91
92	Observation Beds (Non-Distinct)	35,767,214	0.000828	0.000828			9,195,829	7,614	92
92.01	OBSERVATION BEDS-DISTINCT	7,329,236			188,740		828,706		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,376,827,167			600,703,116	380,423	557,795,582	267,016	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

**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/IID

(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	0.116416	64,312,767	37,294		7,487,035	4,342	50
51	Recovery Room	0.279200	6,715,588			1,874,992		51
52	Delivery Room & Labor Room	0.288069	30,048			8,656		52
53	Anesthesiology	0.076768	6,127,851	2		470,423		53
54	Radiology-Diagnostic	0.154410	42,980,772	35,748		6,636,661	5,520	54
55	Radiology-Therapeutic	0.110027	51,628,430	258		5,680,521	28	55
56	Radioisotope	0.148614	18,026,060	4		2,678,925	1	56
57	CT Scan	0.039345	69,547,655			2,736,352		57
58	MRI	0.071990	57,089,290			4,109,858		58
59	Cardiac Catheterization	0.039956	10,735,797	6		428,960		59
59.01	VASCULAR LAB	0.056726	6,100,420			346,052		59.01
59.02	CARDIAC GRAPHICS	0.053615	26,107,411	6		1,399,749		59.02
59.03	PULMONARY FUNCTION	0.125450	4,096,774	482		513,940	60	59.03
59.04	EPS	0.108644	7,712,735	1,631		837,942	177	59.04
59.05	GI	0.148826	21,688,343	2		3,227,789		59.05
60	Laboratory	0.138445	46,216,012	87,260		6,398,376	12,081	60
62	Whole Blood & Packed Red Blood	0.266941	2,141,093			571,546		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.267272	3,612,856	764		965,615	204	63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	0.141807	589,625			83,613		65
66	Physical Therapy	0.259433	1,364			354		66
67	Occupational Therapy	0.367719	838			308		67
69	Electrocardiology							69
70	Electroencephalography	0.107689	5,198,438			559,815		70
71	Medical Supplies Charged to Pat	0.382748	16,988,119	32,445		6,502,169	12,418	71
72	Impl. Dev. Charged to Patients	0.486722	25,763,904			12,539,859		72
73	Drugs Charged to Patients	0.373687	19,741,487	58,681		7,377,137	21,928	73
76.97	CARDIAC REHABILITATION	0.148899	1,265,318			188,405		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.964834	1,213,907	522		1,171,219	504	90
90.01	PSYCH CLINIC	0.748077	1,583,884			1,184,867		90.01
90.02	TRANSPLANT CLINIC	0.182648	2,558,991	620		467,395	113	90.02
90.03	OB CLINIC	1.052362	30,811	3		32,424	3	90.03
91	Emergency	0.114405	27,964,459	449		3,199,274	51	91
92	Observation Beds (Non-Distinct	0.414725	9,195,829			3,813,740		92
92.01	OBSERVATION BEDS-DISTINCT	0.382879	828,706			317,294		92.01
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		557,795,582	256,177		83,811,265	57,430	200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		557,795,582	256,177		83,811,265	57,430	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF 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	11,800,138	698,689,668	0.016889			50
51	Recovery Room	1,062,204	49,189,943	0.021594			51
52	Delivery Room & Labor Room	4,012,695	119,846,910	0.033482			52
53	Anesthesiology	774,489	59,498,414	0.013017			53
54	Radiology-Diagnostic	6,677,409	301,278,028	0.022164			54
55	Radiology-Therapeutic	3,476,341	172,459,113	0.020157			55
56	Radioisotope	1,097,730	59,842,827	0.018344			56
57	CT Scan	1,371,774	319,606,726	0.004292			57
58	MRI	3,291,449	273,957,030	0.012014	89,604	1,077	58
59	Cardiac Catheterization	465,679	57,598,939	0.008085			59
59.01	VASCULAR LAB	252,265	33,315,412	0.007572			59.01
59.02	CARDIAC GRAPHICS	610,866	144,623,895	0.004224	87,588	370	59.02
59.03	PULMONARY FUNCTION	309,846	13,875,767	0.022330			59.03
59.04	EPS	1,163,309	30,442,492	0.038213			59.04
59.05	GI	1,566,158	95,563,163	0.016389			59.05
60	Laboratory	5,895,197	752,489,677	0.007834	393,805	3,085	60
62	Whole Blood & Packed Red Blood	387,659	53,269,148	0.007277			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	1,128,884	37,149,671	0.030387			63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	938,871	119,355,801	0.007866			65
66	Physical Therapy	138,051	8,521,022	0.016201			66
67	Occupational Therapy	297,038	4,871,480	0.060975			67
69	Electrocardiology	1,253					69
70	Electroencephalography	297,957	45,747,151	0.006513			70
71	Medical Supplies Charged to Pat	1,700,098	164,911,080	0.010309	53,338	550	71
72	Impl. Dev. Charged to Patients	2,394,098	183,784,258	0.013027			72
73	Drugs Charged to Patients	2,692,082	267,942,490	0.010047	246,364	2,475	73
76.97	CARDIAC REHABILITATION	67,717	3,149,835	0.021499			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	535,439	4,975,173	0.107622			90
90.01	PSYCH CLINIC	1,355,733	9,042,159	0.149935	482,291	72,312	90.01
90.02	TRANSPLANT CLINIC	92,451	6,528,234	0.014162			90.02
90.03	OB CLINIC	191,546	1,560,475	0.122749			90.03
91	Emergency	2,517,882	240,644,736	0.010463	516,168	5,401	91
92	Observation Beds (Non-Distinct)		35,767,214				92
92.01	OBSERVATION BEDS-DISTINCT	138,471	7,329,236	0.018893			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	58,702,779	4,376,827,167		1,869,158	85,270	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			309,468		309,468	309,468	54
55	Radiology-Therapeutic			165,880		165,880	165,880	55
56	Radioisotope			156,249		156,249	156,249	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,608,641		1,608,641	1,608,641	73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			2,240,238		2,240,238	2,240,238	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	698,689,668						50
51	Recovery Room	49,189,943						51
52	Delivery Room & Labor Room	119,846,910						52
53	Anesthesiology	59,498,414						53
54	Radiology-Diagnostic	301,278,028	0.001027	0.001027				54
55	Radiology-Therapeutic	172,459,113	0.000962	0.000962				55
56	Radioisotope	59,842,827	0.002611	0.002611				56
57	CT Scan	319,606,726						57
58	MRI	273,957,030			89,604			58
59	Cardiac Catheterization	57,598,939						59
59.01	VASCULAR LAB	33,315,412						59.01
59.02	CARDIAC GRAPHICS	144,623,895			87,588			59.02
59.03	PULMONARY FUNCTION	13,875,767						59.03
59.04	EPS	30,442,492						59.04
59.05	GI	95,563,163						59.05
60	Laboratory	752,489,677			393,805			60
62	Whole Blood & Packed Red Blood	53,269,148						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	37,149,671						63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy	119,355,801						65
66	Physical Therapy	8,521,022						66
67	Occupational Therapy	4,871,480						67
69	Electrocardiology							69
70	Electroencephalography	45,747,151						70
71	Medical Supplies Charged to Pat	164,911,080			53,338			71
72	Impl. Dev. Charged to Patients	183,784,258						72
73	Drugs Charged to Patients	267,942,490	0.006004	0.006004	246,364	1,479		73
76.97	CARDIAC REHABILITATION	3,149,835						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,975,173						90
90.01	PSYCH CLINIC	9,042,159			482,291			90.01
90.02	TRANSPLANT CLINIC	6,528,234						90.02
90.03	OB CLINIC	1,560,475						90.03
91	Emergency	240,644,736			516,168			91
92	Observation Beds (Non-Distinct)	35,767,214						92
92.01	OBSERVATION BEDS-DISTINCT	7,329,236						92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	4,376,827,167			1,869,158	1,479		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

**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/IID

(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	0.116416						50	
51	Recovery Room	0.279200						51	
52	Delivery Room & Labor Room	0.288069						52	
53	Anesthesiology	0.076768						53	
54	Radiology-Diagnostic	0.154410						54	
55	Radiology-Therapeutic	0.110027						55	
56	Radioisotope	0.148614						56	
57	CT Scan	0.039345						57	
58	MRI	0.071990						58	
59	Cardiac Catheterization	0.039956						59	
59.01	VASCULAR LAB	0.056726						59.01	
59.02	CARDIAC GRAPHICS	0.053615						59.02	
59.03	PULMONARY FUNCTION	0.125450						59.03	
59.04	EPS	0.108644						59.04	
59.05	GI	0.148826						59.05	
60	Laboratory	0.138445						60	
62	Whole Blood & Packed Red Blood	0.266941						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.267272						63	
63.01	CELL THERAPY LAB							63.01	
65	Respiratory Therapy	0.141807						65	
66	Physical Therapy	0.259433						66	
67	Occupational Therapy	0.367719						67	
69	Electrocardiology							69	
70	Electroencephalography	0.107689						70	
71	Medical Supplies Charged to Pat	0.382748						71	
72	Impl. Dev. Charged to Patients	0.486722						72	
73	Drugs Charged to Patients	0.373687						73	
76.97	CARDIAC REHABILITATION	0.148899						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.964834						90	
90.01	PSYCH CLINIC	0.748077						90.01	
90.02	TRANSPLANT CLINIC	0.182648						90.02	
90.03	OB CLINIC	1.052362						90.03	
91	Emergency	0.114405						91	
92	Observation Beds (Non-Distinct)	0.414725						92	
92.01	OBSERVATION BEDS-DISTINCT	0.382879						92.01	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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 SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	31,353,439		31,353,439	181,366	172.87	20,489	3,541,933	30
31	Intensive Care Unit	6,610,206		6,610,206	28,943	228.39	3,098	707,552	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	SPECIAL CARE NURSERY	3,118,330		3,118,330	21,008	148.44	2,094	310,833	35
40	Subprovider - IPF	1,622,386		1,622,386	8,355	194.18	895	173,791	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	82,946		82,946	25,208	3.29	5,998	19,733	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	42,787,307		42,787,307	264,880		32,574	4,753,842	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

**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	11,800,138	698,689,668	0.016889			50
51	Recovery Room	1,062,204	49,189,943	0.021594			51
52	Delivery Room & Labor Room	4,012,695	119,846,910	0.033482			52
53	Anesthesiology	774,489	59,498,414	0.013017			53
54	Radiology-Diagnostic	6,677,409	301,278,028	0.022164			54
55	Radiology-Therapeutic	3,476,341	172,459,113	0.020157			55
56	Radioisotope	1,097,730	59,842,827	0.018344			56
57	CT Scan	1,371,774	319,606,726	0.004292			57
58	MRI	3,291,449	273,957,030	0.012014			58
59	Cardiac Catheterization	465,679	57,598,939	0.008085			59
59.01	VASCULAR LAB	252,265	33,315,412	0.007572			59.01
59.02	CARDIAC GRAPHICS	610,866	144,623,895	0.004224			59.02
59.03	PULMONARY FUNCTION	309,846	13,875,767	0.022330			59.03
59.04	EPS	1,163,309	30,442,492	0.038213			59.04
59.05	GI	1,566,158	95,563,163	0.016389			59.05
60	Laboratory	5,895,197	752,489,677	0.007834			60
62	Whole Blood & Packed Red Blood	387,659	53,269,148	0.007277			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	1,128,884	37,149,671	0.030387			63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	938,871	119,355,801	0.007866			65
66	Physical Therapy	138,051	8,521,022	0.016201			66
67	Occupational Therapy	297,038	4,871,480	0.060975			67
69	Electrocardiology	1,253					69
70	Electroencephalography	297,957	45,747,151	0.006513			70
71	Medical Supplies Charged to Pat	1,700,098	164,911,080	0.010309			71
72	Impl. Dev. Charged to Patients	2,394,098	183,784,258	0.013027			72
73	Drugs Charged to Patients	2,692,082	267,942,490	0.010047			73
76.97	CARDIAC REHABILITATION	67,717	3,149,835	0.021499			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	535,439	4,975,173	0.107622			90
90.01	PSYCH CLINIC	1,355,733	9,042,159	0.149935			90.01
90.02	TRANSPLANT CLINIC	92,451	6,528,234	0.014162			90.02
90.03	OB CLINIC	191,546	1,560,475	0.122749			90.03
91	Emergency	2,517,882	240,644,736	0.010463			91
92	Observation Beds (Non-Distinct)	2,159,366	35,767,214	0.060373			92
92.01	OBSERVATION BEDS-DISTINCT	138,471	7,329,236	0.018893			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	60,862,145	4,376,827,167				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title v PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Nursing School	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 SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		430,036			430,036	30
31	Intensive Care Unit		73,703			73,703	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF		21,276			21,276	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)		525,015			525,015	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title v PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	181,366	2.37	20,489	48,559	30
31	Intensive Care Unit	28,943	2.55	3,098	7,900	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	SPECIAL CARE NURSERY	21,008		2,094		35
40	Subprovider - IPF	8,355	2.55	895	2,282	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	25,208		5,998		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	264,880		32,574	58,741	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			309,468		309,468	309,468	54
55	Radiology-Therapeutic			165,880		165,880	165,880	55
56	Radioisotope			156,249		156,249	156,249	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,608,641		1,608,641	1,608,641	73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			2,240,238		2,240,238	2,240,238	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	698,689,668							50
51	Recovery Room	49,189,943							51
52	Delivery Room & Labor Room	119,846,910							52
53	Anesthesiology	59,498,414							53
54	Radiology-Diagnostic	301,278,028	0.001027	0.001027					54
55	Radiology-Therapeutic	172,459,113	0.000962	0.000962					55
56	Radioisotope	59,842,827	0.002611	0.002611					56
57	CT Scan	319,606,726							57
58	MRI	273,957,030							58
59	Cardiac Catheterization	57,598,939							59
59.01	VASCULAR LAB	33,315,412							59.01
59.02	CARDIAC GRAPHICS	144,623,895							59.02
59.03	PULMONARY FUNCTION	13,875,767							59.03
59.04	EPS	30,442,492							59.04
59.05	GI	95,563,163							59.05
60	Laboratory	752,489,677							60
62	Whole Blood & Packed Red Blood	53,269,148							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	37,149,671							63
63.01	CELL THERAPY LAB								63.01
65	Respiratory Therapy	119,355,801							65
66	Physical Therapy	8,521,022							66
67	Occupational Therapy	4,871,480							67
69	Electrocardiology								69
70	Electroencephalography	45,747,151							70
71	Medical Supplies Charged to Pat	164,911,080							71
72	Impl. Dev. Charged to Patients	183,784,258							72
73	Drugs Charged to Patients	267,942,490	0.006004	0.006004					73
76.97	CARDIAC REHABILITATION	3,149,835							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,975,173							90
90.01	PSYCH CLINIC	9,042,159							90.01
90.02	TRANSPLANT CLINIC	6,528,234							90.02
90.03	OB CLINIC	1,560,475							90.03
91	Emergency	240,644,736							91
92	Observation Beds (Non-Distinct)	35,767,214							92
92.01	OBSERVATION BEDS-DISTINCT	7,329,236							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,376,827,167							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

**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/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116416							50
51	Recovery Room	0.279200							51
52	Delivery Room & Labor Room	0.288069							52
53	Anesthesiology	0.076768							53
54	Radiology-Diagnostic	0.154410							54
55	Radiology-Therapeutic	0.110027							55
56	Radioisotope	0.148614							56
57	CT Scan	0.039345							57
58	MRI	0.071990							58
59	Cardiac Catheterization	0.039956							59
59.01	VASCULAR LAB	0.056726							59.01
59.02	CARDIAC GRAPHICS	0.053615							59.02
59.03	PULMONARY FUNCTION	0.125450							59.03
59.04	EPS	0.108644							59.04
59.05	GI	0.148826							59.05
60	Laboratory	0.138445							60
62	Whole Blood & Packed Red Blood	0.266941							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.267272							63
63.01	CELL THERAPY LAB								63.01
65	Respiratory Therapy	0.141807							65
66	Physical Therapy	0.259433							66
67	Occupational Therapy	0.367719							67
69	Electrocardiology								69
70	Electroencephalography	0.107689							70
71	Medical Supplies Charged to Pat	0.382748							71
72	Impl. Dev. Charged to Patients	0.486722							72
73	Drugs Charged to Patients	0.373687							73
76.97	CARDIAC REHABILITATION	0.148899							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.964834							90
90.01	PSYCH CLINIC	0.748077							90.01
90.02	TRANSPLANT CLINIC	0.182648							90.02
90.03	OB CLINIC	1.052362							90.03
91	Emergency	0.114405							91
92	Observation Beds (Non-Distinct)	0.414725							92
92.01	OBSERVATION BEDS-DISTINCT	0.382879							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

**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	11,800,138	698,689,668	0.016889			50
51	Recovery Room	1,062,204	49,189,943	0.021594			51
52	Delivery Room & Labor Room	4,012,695	119,846,910	0.033482			52
53	Anesthesiology	774,489	59,498,414	0.013017			53
54	Radiology-Diagnostic	6,677,409	301,278,028	0.022164			54
55	Radiology-Therapeutic	3,476,341	172,459,113	0.020157			55
56	Radioisotope	1,097,730	59,842,827	0.018344			56
57	CT Scan	1,371,774	319,606,726	0.004292			57
58	MRI	3,291,449	273,957,030	0.012014			58
59	Cardiac Catheterization	465,679	57,598,939	0.008085			59
59.01	VASCULAR LAB	252,265	33,315,412	0.007572			59.01
59.02	CARDIAC GRAPHICS	610,866	144,623,895	0.004224			59.02
59.03	PULMONARY FUNCTION	309,846	13,875,767	0.022330			59.03
59.04	EPS	1,163,309	30,442,492	0.038213			59.04
59.05	GI	1,566,158	95,563,163	0.016389			59.05
60	Laboratory	5,895,197	752,489,677	0.007834			60
62	Whole Blood & Packed Red Blood	387,659	53,269,148	0.007277			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	1,128,884	37,149,671	0.030387			63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy	938,871	119,355,801	0.007866			65
66	Physical Therapy	138,051	8,521,022	0.016201			66
67	Occupational Therapy	297,038	4,871,480	0.060975			67
69	Electrocardiology	1,253					69
70	Electroencephalography	297,957	45,747,151	0.006513			70
71	Medical Supplies Charged to Pat	1,700,098	164,911,080	0.010309			71
72	Impl. Dev. Charged to Patients	2,394,098	183,784,258	0.013027			72
73	Drugs Charged to Patients	2,692,082	267,942,490	0.010047			73
76.97	CARDIAC REHABILITATION	67,717	3,149,835	0.021499			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	535,439	4,975,173	0.107622			90
90.01	PSYCH CLINIC	1,355,733	9,042,159	0.149935			90.01
90.02	TRANSPLANT CLINIC	92,451	6,528,234	0.014162			90.02
90.03	OB CLINIC	191,546	1,560,475	0.122749			90.03
91	Emergency	2,517,882	240,644,736	0.010463			91
92	Observation Beds (Non-Distinct)		35,767,214				92
92.01	OBSERVATION BEDS-DISTINCT	138,471	7,329,236	0.018893			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	58,702,779	4,376,827,167				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			309,468		309,468	309,468	54
55	Radiology-Therapeutic			165,880		165,880	165,880	55
56	Radioisotope			156,249		156,249	156,249	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
63.01	CELL THERAPY LAB							63.01
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,608,641		1,608,641	1,608,641	73
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	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			2,240,238		2,240,238	2,240,238	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	698,689,668							50
51	Recovery Room	49,189,943							51
52	Delivery Room & Labor Room	119,846,910							52
53	Anesthesiology	59,498,414							53
54	Radiology-Diagnostic	301,278,028	0.001027	0.001027					54
55	Radiology-Therapeutic	172,459,113	0.000962	0.000962					55
56	Radioisotope	59,842,827	0.002611	0.002611					56
57	CT Scan	319,606,726							57
58	MRI	273,957,030							58
59	Cardiac Catheterization	57,598,939							59
59.01	VASCULAR LAB	33,315,412							59.01
59.02	CARDIAC GRAPHICS	144,623,895							59.02
59.03	PULMONARY FUNCTION	13,875,767							59.03
59.04	EPS	30,442,492							59.04
59.05	GI	95,563,163							59.05
60	Laboratory	752,489,677							60
62	Whole Blood & Packed Red Blood	53,269,148							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	37,149,671							63
63.01	CELL THERAPY LAB								63.01
65	Respiratory Therapy	119,355,801							65
66	Physical Therapy	8,521,022							66
67	Occupational Therapy	4,871,480							67
69	Electrocardiology								69
70	Electroencephalography	45,747,151							70
71	Medical Supplies Charged to Pat	164,911,080							71
72	Impl. Dev. Charged to Patients	183,784,258							72
73	Drugs Charged to Patients	267,942,490	0.006004	0.006004					73
76.97	CARDIAC REHABILITATION	3,149,835							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,975,173							90
90.01	PSYCH CLINIC	9,042,159							90.01
90.02	TRANSPLANT CLINIC	6,528,234							90.02
90.03	OB CLINIC	1,560,475							90.03
91	Emergency	240,644,736							91
92	Observation Beds (Non-Distinct)	35,767,214							92
92.01	OBSERVATION BEDS-DISTINCT	7,329,236							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,376,827,167							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

**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/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.116416							50
51	Recovery Room	0.279200							51
52	Delivery Room & Labor Room	0.288069							52
53	Anesthesiology	0.076768							53
54	Radiology-Diagnostic	0.154410							54
55	Radiology-Therapeutic	0.110027							55
56	Radioisotope	0.148614							56
57	CT Scan	0.039345							57
58	MRI	0.071990							58
59	Cardiac Catheterization	0.039956							59
59.01	VASCULAR LAB	0.056726							59.01
59.02	CARDIAC GRAPHICS	0.053615							59.02
59.03	PULMONARY FUNCTION	0.125450							59.03
59.04	EPS	0.108644							59.04
59.05	GI	0.148826							59.05
60	Laboratory	0.138445							60
62	Whole Blood & Packed Red Blood	0.266941							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.267272							63
63.01	CELL THERAPY LAB								63.01
65	Respiratory Therapy	0.141807							65
66	Physical Therapy	0.259433							66
67	Occupational Therapy	0.367719							67
69	Electrocardiology								69
70	Electroencephalography	0.107689							70
71	Medical Supplies Charged to Pat	0.382748							71
72	Impl. Dev. Charged to Patients	0.486722							72
73	Drugs Charged to Patients	0.373687							73
76.97	CARDIAC REHABILITATION	0.148899							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.964834							90
90.01	PSYCH CLINIC	0.748077							90.01
90.02	TRANSPLANT CLINIC	0.182648							90.02
90.03	OB CLINIC	1.052362							90.03
91	Emergency	0.114405							91
92	Observation Beds (Non-Distinct)	0.414725							92
92.01	OBSERVATION BEDS-DISTINCT	0.382879							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	181,366	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	181,366	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)	168,875	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	51,936	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	215,379,218	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	215,379,218	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	215,379,218	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**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)					1,187.54	38
39	Program general inpatient routine service cost (line 9 x line 38)					61,676.077	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)					61,676.077	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	57,318,015	28,943	1,980.38	11,585	22,942,702	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	SPECIAL CARE NURSERY	26,573,492	21,008	1,264.92			47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					113,466,836	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					198,085,615	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					11,776,704	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,785,869	51
52	Total Program excludable cost (sum of lines 50 and 51)					19,562,573	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					178,523,042	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					12,491	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,187.54	88
89	Observation bed cost (line 87 x line 88) (see instructions)					14,833,562	89
		Cost	Routine Cost (from line 27)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	31,353,439	215,379,218	0.145573	14,833,562	2,159,366	90
91	Nursing School						91
92	Allied Health	430,036	215,379,218	0.001997	14,833,562	29,623	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,355	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,355	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)	8,355	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,207	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	9,420,859	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,420,859	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,420,859	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**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)	1,127.57	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,488,547	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)	2,488,547	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	599,409	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,087,956	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	434,183	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	86,749	51
52	Total Program excludable cost (sum of lines 50 and 51)	520,932	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,567,024	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	181,366	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	181,366	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)	168,875	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	20,489	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	25,208	15
16	Nursery days (title V or XIX only)	5,998	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)	215,230,031	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	215,230,031	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	215,230,031	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**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)						1,186.72	38
39	Program general inpatient routine service cost (line 9 x line 38)						24,314,706	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)						24,314,706	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)	4,687,276	25,208	185.94	5,998	1,115,268		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	57,176,881	28,943	1,975.50	3,098	6,120,099		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	SPECIAL CARE NURSERY	26,492,386	21,008	1,261.06	2,094	2,640,660		47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						34,190,733	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						4,636,510	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						4,636,510	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					12,491	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)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,355	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,355	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)	8,355	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	895	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	9,420,859	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,420,859	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,420,859	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**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)	1,127.57	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,009,175	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)	1,009,175	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,009,175	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	176,073	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	176,073	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

**WORKSHEET D-2
PARTS I-III**

PART I - NOT IN APPROVED TEACHING PROGRAM

	Cost Centers	Percent of Assigned Time	Expense Allocation	Total Inpatient Days All Patients	
		1	2	3	
1	Total cost of services rendered	100.00	1,096,255		1
	Hospital Inpatient Routine Services:				
2	Adults & pediatrics (general routine care)	95.01	1,041,552	181,366	2
3	Intensive Care Unit			28,943	3
4	Coronary Care Unit				4
5	Burn Intensive Care Unit				5
6	Surgical Intensive Care Unit				6
7	SPECIAL CARE NURSERY			21,008	7
8	Nursery			25,208	8
9	Subtotal (sum of lines 2 through 8)	95.01	1,041,552		9
10	IPF - Inpatient routine service			8,355	10
11	IRF - Inpatient routine service				11
12	SUB (Other) - Inpatient routine service				12
13	Skilled Nursing Facility				13
14	Nursing Facility				14
15	Other Long Term Care				15
16	Home Health Agency				16
17	CMHC				17
17.10	CORF				17.10
18	Ambulatory Surgical Center				18
19	Hospice				19
20	Subtotal (sum of lines 9-19)	95.01	1,041,552		20
	Hospital Outpatient Services:			Total Charges (from Wkst. C, Part I, col. 8, lns 88 thru 93)	
21	Rural Health Clinic (RHC)				21
22	Federally Qualified Health Center (FQHC)				22
23	Clinic	4.99	54,703	4,975,173	23
23.01	PSYCH CLINIC			9,042,159	23.01
23.02	TRANSPLANT CLINIC			6,528,234	23.02
23.03	OB CLINIC			1,560,475	23.03
24	Emergency			240,644,736	24
25	Observation Beds (Non-Distinct Part)			35,767,214	25
25.01	OBSERVATION BEDS-DISTINCT			7,329,236	25.01
26	Other Outpatient Service (specify)				26
27	Subtotal (sum of lines 21-26)	4.99	54,703		27
28	Total (sum of lines 20 & 27)	100.00	1,096,255		28

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		Not In Approved Teaching Program		
		(from Part I:)	Amount	
		1	2	
	Hospital			
43	INPATIENT	col. 9, line 9		43
44	OUTPATIENT	col. 9, line 27		44
45	TOTAL HOSPITAL (sum of lines 43 and 44)			45
46	IPF - Inpatient routine service	col. 9, line 10		46
47	IRF - Inpatient routine service	col. 9, line 11		47
48	SUB (Other) - Inpatient routine service	col. 9, line 12		48
49	Skilled Nursing Facility	col. 9, line 13		49

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

**WORKSHEET D-2
PARTS I-III**

PART I - NOT IN APPROVED TEACHING PROGRAM

	Cost Centers	Average Cost Per Day	Health Care Program Inpatient Days			Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
			Title V	Title XVIII, Part B	Title XIX				
		4	5	6	7	8	9	10	
1	Total cost of services rendered								1
	Hospital Inpatient Routine Services:								1
2	Adults & pediatrics (general routine care)	5.74		55,511	20,489		318,633	117,607	2
3	Intensive Care Unit			11,585	3,098				3
4	Coronary Care Unit								4
5	Burn Intensive Care Unit								5
6	Surgical Intensive Care Unit								6
7	SPECIAL CARE NURSERY				2,094				7
8	Nursery				5,998				8
9	Subtotal (sum of lines 2-8)						318,633	117,607	9
10	IPF - Inpatient routine service			2,207	895				10
11	IRF - Inpatient routine service								11
12	SUB (Other) - Inpatient routine service								12
13	Skilled Nursing Facility								13
14	Nursing Facility								14
15	Other Long Term Care								15
16	Home Health Agency								16
17	CMHC								17
17.10	CORF								17.10
18	Ambulatory Surgical Center								18
19	Hospice								19
20	Subtotal (sum of lines 9-19)								20
			Titles V and XIX Outpatient and Title XVIII Part B Charges			Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Ratio of Cost to Charges (col. 2 ÷ col. 3)	Title V	Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
	Hospital Outpatient Services:								
21	Rural Health Clinic								21
22	Federally Qualified Health Center								22
23	Clinic	0.010995		1,252,198			13,768		23
23.01	PSYCH CLINIC			2,108,568					23.01
23.02	TRANSPLANT CLINIC			2,655,424					23.02
23.03	OB CLINIC			31,212					23.03
24	Emergency			52,587,881					24
25	Observation Beds (Non-Distinct Part)			9,195,829					25
25.01	OBSERVATION BEDS-DISTINCT			1,017,446					25.01
26	Other Outpatient Service (specify)								26
27	Subtotal (sum of lines 21-26)						13,768		27
28	Total (sum of lines 20 & 27)								28

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		In Approved Teaching Program		Total Title XVIII Costs					
		(from Part II, col. 7)	Amount	(to Wkst. E, Part B)	(col. 2 + col. 4)				
	Hospital	3	4	5	6				
43	Inpatient	line 37							43
44	Outpatient								44
45	Total Hospital (sum of lines 43 and 44)			line 2					45
46	IPF - Inpatient routine service	line 38		line 2					46
47	IRF - Inpatient routine service	line 39		line 2					47
48	SUB (Other) - Inpatient routine service	line 40		line 2					48
49	Skilled Nursing Facility	line 41		line 2					49

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

Check [] Title v [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/IID [] 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		100,994,202		30
31	Intensive Care Unit		40,630,425		31
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117241	133,434,782	15,644,027	50
51	Recovery Room	0.279225	5,874,546	1,640,320	51
52	Delivery Room & Labor Room	0.288599	228,876	66,053	52
53	Anesthesiology	0.076768	10,720,647	823,003	53
54	Radiology-Diagnostic	0.154633	33,510,995	5,181,906	54
55	Radiology-Therapeutic	0.110227	2,187,026	241,069	55
56	Radioisotope	0.148833	3,124,511	465,030	56
57	CT Scan	0.039437	31,384,974	1,237,729	57
58	MRI	0.071990	16,557,647	1,191,985	58
59	Cardiac Catheterization	0.040704	12,948,462	527,054	59
59.01	VASCULAR LAB	0.056726	5,989,008	339,732	59.01
59.02	CARDIAC GRAPHICS	0.054678	22,009,577	1,203,440	59.02
59.03	PULMONARY FUNCTION	0.126348	847,924	107,134	59.03
59.04	EPS	0.109718	3,846,733	422,056	59.04
59.05	GI	0.149518	4,259,930	636,936	59.05
60	Laboratory	0.138474	83,722,948	11,593,452	60
62	Whole Blood & Packed Red Blood Cells	0.266941	14,842,538	3,962,082	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.267272	5,677,176	1,517,350	63
63.01	CELL THERAPY LAB				63.01
65	Respiratory Therapy	0.141807	37,972,544	5,384,773	65
66	Physical Therapy	0.261128	3,305,943	863,274	66
67	Occupational Therapy	0.367719	1,816,589	667,994	67
69	Electrocardiology				69
70	Electroencephalography	0.109050	8,019,475	874,524	70
71	Medical Supplies Charged to Patients	0.382748	28,077,657	10,746,667	71
72	Impl. Dev. Charged to Patients	0.486722	49,948,891	24,311,224	72
73	Drugs Charged to Patients	0.373687	55,920,215	20,896,657	73
76.97	CARDIAC REHABILITATION	0.151246	1,584	240	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.964834	37,769	36,441	90
90.01	PSYCH CLINIC	0.750625	42,393	31,821	90.01
90.02	TRANSPLANT CLINIC	0.183369	95,813	17,569	90.02
90.03	OB CLINIC	1.055397	398	420	90.03
91	Emergency	0.114573	24,106,805	2,761,989	91
92	Observation Beds (Non-Distinct Part)	0.414725			92
92.01	OBSERVATION BEDS-DISTINCT	0.386168	188,740	72,885	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		600,703,116	113,466,836	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		600,703,116		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(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
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF		4,008,290		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.117241			50
51	Recovery Room	0.279225			51
52	Delivery Room & Labor Room	0.288599			52
53	Anesthesiology	0.076768			53
54	Radiology-Diagnostic	0.154633			54
55	Radiology-Therapeutic	0.110227			55
56	Radioisotope	0.148833			56
57	CT Scan	0.039437			57
58	MRI	0.071990	89,604	6,451	58
59	Cardiac Catheterization	0.040704			59
59.01	VASCULAR LAB	0.056726			59.01
59.02	CARDIAC GRAPHICS	0.054678	87,588	4,789	59.02
59.03	PULMONARY FUNCTION	0.126348			59.03
59.04	EPS	0.109718			59.04
59.05	GI	0.149518			59.05
60	Laboratory	0.138474	393,805	54,532	60
62	Whole Blood & Packed Red Blood Cells	0.266941			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.267272			63
63.01	CELL THERAPY LAB				63.01
65	Respiratory Therapy	0.141807			65
66	Physical Therapy	0.261128			66
67	Occupational Therapy	0.367719			67
69	Electrocardiology				69
70	Electroencephalography	0.109050			70
71	Medical Supplies Charged to Patients	0.382748	53,338	20,415	71
72	Impl. Dev. Charged to Patients	0.486722			72
73	Drugs Charged to Patients	0.373687	246,364	92,063	73
76.97	CARDIAC REHABILITATION	0.151246			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.964834			90
90.01	PSYCH CLINIC	0.750625	482,291	362,020	90.01
90.02	TRANSPLANT CLINIC	0.183369			90.02
90.03	OB CLINIC	1.055397			90.03
91	Emergency	0.114573	516,168	59,139	91
92	Observation Beds (Non-Distinct Part)	0.414725			92
92.01	OBSERVATION BEDS-DISTINCT	0.386168			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,869,158	599,409	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,869,158		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(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
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116416			50
51	Recovery Room	0.279200			51
52	Delivery Room & Labor Room	0.288069			52
53	Anesthesiology	0.076768			53
54	Radiology-Diagnostic	0.154410			54
55	Radiology-Therapeutic	0.110027			55
56	Radioisotope	0.148614			56
57	CT Scan	0.039345			57
58	MRI	0.071990			58
59	Cardiac Catheterization	0.039956			59
59.01	VASCULAR LAB	0.056726			59.01
59.02	CARDIAC GRAPHICS	0.053615			59.02
59.03	PULMONARY FUNCTION	0.125450			59.03
59.04	EPS	0.108644			59.04
59.05	GI	0.148826			59.05
60	Laboratory	0.138445			60
62	Whole Blood & Packed Red Blood Cells	0.266941			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.267272			63
63.01	CELL THERAPY LAB				63.01
65	Respiratory Therapy	0.141807			65
66	Physical Therapy	0.259433			66
67	Occupational Therapy	0.367719			67
69	Electrocardiology				69
70	Electroencephalography	0.107689			70
71	Medical Supplies Charged to Patients	0.382748			71
72	Impl. Dev. Charged to Patients	0.486722			72
73	Drugs Charged to Patients	0.373687			73
76.97	CARDIAC REHABILITATION	0.148899			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.964834			90
90.01	PSYCH CLINIC	0.748077			90.01
90.02	TRANSPLANT CLINIC	0.182648			90.02
90.03	OB CLINIC	1.052362			90.03
91	Emergency	0.114405			91
92	Observation Beds (Non-Distinct Part)	0.414725			92
92.01	OBSERVATION BEDS-DISTINCT	0.382879			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

Check [] Title v [] Hospital [] SUB (Other) [] Swing Bed SNF [] PPS
 Applicable [] Title XVIII, Part A [XX] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [XX] Title XIX [] IRF [] NF [] ICF/IID [XX] 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
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.116416			50
51	Recovery Room	0.279200			51
52	Delivery Room & Labor Room	0.288069			52
53	Anesthesiology	0.076768			53
54	Radiology-Diagnostic	0.154410			54
55	Radiology-Therapeutic	0.110027			55
56	Radioisotope	0.148614			56
57	CT Scan	0.039345			57
58	MRI	0.071990			58
59	Cardiac Catheterization	0.039956			59
59.01	VASCULAR LAB	0.056726			59.01
59.02	CARDIAC GRAPHICS	0.053615			59.02
59.03	PULMONARY FUNCTION	0.125450			59.03
59.04	EPS	0.108644			59.04
59.05	GI	0.148826			59.05
60	Laboratory	0.138445			60
62	Whole Blood & Packed Red Blood Cells	0.266941			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.267272			63
63.01	CELL THERAPY LAB				63.01
65	Respiratory Therapy	0.141807			65
66	Physical Therapy	0.259433			66
67	Occupational Therapy	0.367719			67
69	Electrocardiology				69
70	Electroencephalography	0.107689			70
71	Medical Supplies Charged to Patients	0.382748			71
72	Impl. Dev. Charged to Patients	0.486722			72
73	Drugs Charged to Patients	0.373687			73
76.97	CARDIAC REHABILITATION	0.148899			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.964834			90
90.01	PSYCH CLINIC	0.748077			90.01
90.02	TRANSPLANT CLINIC	0.182648			90.02
90.03	OB CLINIC	1.052362			90.03
91	Emergency	0.114405			91
92	Observation Beds (Non-Distinct Part)	0.414725			92
92.01	OBSERVATION BEDS-DISTINCT	0.382879			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	158,465	38	1,187.54	83	98,566	1	
2	Intensive Care Unit		43	1,980.38			2	
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	SPECIAL CARE NURSERY		47	1,264.92			6	
7	TOTAL (sum of lines 1-6)	158,465			83	98,566	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.116416	2,079,117	242,042	8
9	Recovery Room	51	0.279200	171,314	47,831	9
10	Delivery Room & Labor Room	52	0.288069			10
11	Anesthesiology	53	0.076768	169,846	13,039	11
12	Radiology-Diagnostic	54	0.154410	168,427	26,007	12
13	Radiology-Therapeutic	55	0.110027			13
14	Radioisotope	56	0.148614	402,540	59,823	14
15	CT Scan	57	0.039345	688,152	27,075	15
16	MRI	58	0.071990	4,770	343	16
17	Cardiac Catheterization	59	0.039956	28,362	1,133	17
17.01	VASCULAR LAB	59.0 1	0.056726	844	48	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.053615	107,742	5,777	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.125450			17.03
17.04	EPS	59.0 4	0.108644			17.04
17.05	GI	59.0 5	0.148826	5,735	854	17.05
18	Laboratory	60	0.138445	1,456,774	201,683	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.266941			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	Blood Storing, Processing & Trans.	63	0.267272	113,495	30,334	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.141807	10,243	1,453	23
24	Physical Therapy	66	0.259433	236	61	24
25	Occupational Therapy	67	0.367719			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.107689	4,361	470	28
29	Medical Supplies Charged to Patients	71	0.382748	587,529	224,876	29
30	Impl. Dev. Charged to Patients	72	0.486722	8,081	3,933	30
31	Drugs Charged to Patients	73	0.373687	116,392	43,494	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.148899			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
37	Clinic	90	0.964834	12,144	11,717	37
37.01	PSYCH CLINIC	90.0 1	0.748077			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.182648	212,564	38,824	37.02
37.03	OB CLINIC	90.0 3	1.052362			37.03
38	Emergency	91	0.114405	700	80	38
39	Observation Beds (Non-Distinct Part)	92	0.414725			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.382879			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			6,349,368	980,897	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
 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	5.74	83	476	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	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			83	476	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	12,144	23	0.010995	134	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	212,564	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency	700	24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	225,408			134	55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,079,463		6,507,833		56
57	Interns and Residents (inpatient)	476				57
58	Interns and Residents (outpatient)	134				58
59	Direct Organ Acquisition (see instructions)	11,372,296		11,444,182		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	12,452,369		17,952,015		61
62	Total Usable Organs (see instructions)		217			62
63	Medicare Usable Organs (see instructions)		123			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.566820			64
65	Medicare Cost/Charges (see instructions)	7,058,252		10,175,561		65
66	Revenue for Organs Sold	538,810				66
67	Subtotal (line 65 minus line 66)	6,519,442		10,175,561		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	6,519,442		10,175,561		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	116			70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		101		73
74	Total (sum of lines 70 thru 73)	116	101		74
75	Organs Transplanted	96	101		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		20		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)	96	121		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	1,187.54			1
2	Intensive Care Unit		43	1,980.38			2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	SPECIAL CARE NURSERY		47	1,264.92			6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		C	1		
8	Operating Room	50	0.116416	24,436	2,845
9	Recovery Room	51	0.279200		
10	Delivery Room & Labor Room	52	0.288069		
11	Anesthesiology	53	0.076768	1,581	121
12	Radiology-Diagnostic	54	0.154410	1,476	228
13	Radiology-Therapeutic	55	0.110027		
14	Radioisotope	56	0.148614		
15	CT Scan	57	0.039345	1,343	53
16	MRI	58	0.071990		
17	Cardiac Catheterization	59	0.039956	5,672	227
17.01	VASCULAR LAB	59.0 1	0.056726		
17.02	CARDIAC GRAPHICS	59.0 2	0.053615	1,693	91
17.03	PULMONARY FUNCTION	59.0 3	0.125450		
17.04	EPS	59.0 4	0.108644		
17.05	GI	59.0 5	0.148826		
18	Laboratory	60	0.138445	6,743	934
19	PBP Clinical Lab Services-Prgm Only	61			
20	Whole Blood & Packed Red Blood Cells	62	0.266941	247	66
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0			
21	Blood Storing, Processing & Trans.	63	0.267272	298	80
21.01	CELL THERAPY LAB	63.0 1			
22	Intravenous Therapy	64			
23	Respiratory Therapy	65	0.141807	1,604	227
24	Physical Therapy	66	0.259433		
25	Occupational Therapy	67	0.367719		
26	Speech Pathology	68			
27	Electrocardiology	69			
28	Electroencephalography	70	0.107689		
29	Medical Supplies Charged to Patients	71	0.382748	1,681	643
30	Impl. Dev. Charged to Patients	72	0.486722		
31	Drugs Charged to Patients	73	0.373687	1,330	497
32	Renal Dialysis	74			
33	ASC (Non-Distinct Part)	75			
34	Other Ancillary (specify)	76			
34.97	CARDIAC REHABILITATION	76.9 7	0.148899		
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8			
34.99	LITHOTRIPSY	76.9 9			
35	Rural Health Clinic	88			
36	Federally Qualified Health Center	89			

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check HEART LIVER PANCREAS ISLET
Applicable KIDNEY LUNG INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
37	Clinic	90	0.964834	2	3	37
37.01	PSYCH CLINIC	90.0 1	0.748077			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.182648			37.02
37.03	OB CLINIC	90.0 3	1.052362			37.03
38	Emergency	91	0.114405			38
39	Observation Beds (Non-Distinct Part)	92	0.414725			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.382879			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			48,104	6,012	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

Check HEART LIVER PANCREAS ISLET
Applicable KIDNEY LUNG INTESTINE
Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.74	2	3	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	SPECIAL CARE NURSERY	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	0.010995		51
51.0	PSYCH CLINIC		23.0			51.0
1			1			1
51.0	TRANSPLANT CLINIC		23.0			51.0
2			2			2
51.0	OB CLINIC		23.0			51.0
3			3			3
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0	OBSERVATION BEDS-DISTINCT		25.0			53.0
1			1			1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PARTS III & IV**

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	6,012		48,104		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,919,311		2,937,854		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,925,323		2,985,958		61
62	Total Usable Organs (see instructions)		31			62
63	Medicare Usable Organs (see instructions)		11			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.354839			64
65	Medicare Cost/Charges (see instructions)	1,038,019		1,059,534		65
66	Revenue for Organs Sold	8,408				66
67	Subtotal (line 65 minus line 66)	1,029,611		1,059,534		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,029,611		1,059,534		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		27		73
74	Total (sum of lines 70 thru 73)		31		74
75	Organs Transplanted		27		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4		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)		31		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	66,586	38	1,187.54	27	32,064	1	
2	Intensive Care Unit	68,338	43	1,980.38	16	31,686	2	
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	SPECIAL CARE NURSERY		47	1,264.92			6	
7	TOTAL (sum of lines 1-6)	134,924			43	63,750	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.116416	824,187	95,949	8
9	Recovery Room	51	0.279200	9,393	2,623	9
10	Delivery Room & Labor Room	52	0.288069			10
11	Anesthesiology	53	0.076768	65,543	5,032	11
12	Radiology-Diagnostic	54	0.154410	100,557	15,527	12
13	Radiology-Therapeutic	55	0.110027			13
14	Radioisotope	56	0.148614			14
15	CT Scan	57	0.039345	64,053	2,520	15
16	MRI	58	0.071990	819,258	58,978	16
17	Cardiac Catheterization	59	0.039956	12,763	510	17
17.01	VASCULAR LAB	59.0 1	0.056726			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.053615	17,804	955	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.125450			17.03
17.04	EPS	59.0 4	0.108644			17.04
17.05	GI	59.0 5	0.148826	2,583	384	17.05
18	Laboratory	60	0.138445	1,005,395	139,192	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.266941			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0				20.30
21	Blood Storing, Processing & Trans.	63	0.267272	28,454	7,605	21
21.01	CELL THERAPY LAB	63.0 1				21.01
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.141807	35,891	5,090	23
24	Physical Therapy	66	0.259433			24
25	Occupational Therapy	67	0.367719			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.107689			28
29	Medical Supplies Charged to Patients	71	0.382748	210,188	80,449	29
30	Impl. Dev. Charged to Patients	72	0.486722			30
31	Drugs Charged to Patients	73	0.373687	110,362	41,241	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.148899			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36

KPMG LLP Compu-Max 2552-10

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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
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
37	Clinic	90	0.964834	159	153	37
37.01	PSYCH CLINIC	90.0 1	0.748077			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.182648	48,646	8,885	37.02
37.03	OB CLINIC	90.0 3	1.052362			37.03
38	Emergency	91	0.114405	2,400	275	38
39	Observation Beds (Non-Distinct Part)	92	0.414725			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.382879			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			3,357,636	465,368	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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
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	5.74	27	155	42
43	Intensive Care Unit	3		16		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			43	155	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	159	23	0.010995	2	51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		48,646 23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency	2,400	24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	51,205			2	55

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

KPMG LLP Compu-Max 2552-10

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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
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	529,118		3,492,560		56
57	Interns and Residents (inpatient)	155				57
58	Interns and Residents (outpatient)	2				58
59	Direct Organ Acquisition (see instructions)	7,243,815		7,289,430		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	7,773,090		10,781,990		61
62	Total Usable Organs (see instructions)		112			62
63	Medicare Usable Organs (see instructions)		39			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.348214			64
65	Medicare Cost/Charges (see instructions)	2,706,699		3,754,440		65
66	Revenue for Organs Sold	122,373				66
67	Subtotal (line 65 minus line 66)	2,584,326		3,754,440		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	2,584,326		3,754,440		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	20			70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		92		73
74	Total (sum of lines 70 thru 73)	20	92		74
75	Organs Transplanted	11	92		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		9		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)	11	101		84

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

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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 [XX] PANCREAS [] ISLET
 Applicable [] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	1,187.54			1
2	Intensive Care Unit		43	1,980.38			2
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	SPECIAL CARE NURSERY		47	1,264.92			6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		C	1		
8	Operating Room	50	0.116416	30,545	3,556
9	Recovery Room	51	0.279200		
10	Delivery Room & Labor Room	52	0.288069		
11	Anesthesiology	53	0.076768	1,976	152
12	Radiology-Diagnostic	54	0.154410	1,845	285
13	Radiology-Therapeutic	55	0.110027		
14	Radioisotope	56	0.148614		
15	CT Scan	57	0.039345	1,679	66
16	MRI	58	0.071990		
17	Cardiac Catheterization	59	0.039956	7,090	283
17.01	VASCULAR LAB	59.0 1	0.056726		
17.02	CARDIAC GRAPHICS	59.0 2	0.053615	2,116	113
17.03	PULMONARY FUNCTION	59.0 3	0.125450		
17.04	EPS	59.0 4	0.108644		
17.05	GI	59.0 5	0.148826		
18	Laboratory	60	0.138445	8,428	1,167
19	PBP Clinical Lab Services-Prgm Only	61			
20	Whole Blood & Packed Red Blood Cells	62	0.266941	309	82
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3 0			
21	Blood Storing, Processing & Trans.	63	0.267272	373	100
21.01	CELL THERAPY LAB	63.0 1			
22	Intravenous Therapy	64			
23	Respiratory Therapy	65	0.141807	2,005	284
24	Physical Therapy	66	0.259433		
25	Occupational Therapy	67	0.367719		
26	Speech Pathology	68			
27	Electrocardiology	69			
28	Electroencephalography	70	0.107689		
29	Medical Supplies Charged to Patients	71	0.382748	2,102	805
30	Impl. Dev. Charged to Patients	72	0.486722		
31	Drugs Charged to Patients	73	0.373687	1,662	621
32	Renal Dialysis	74			
33	ASC (Non-Distinct Part)	75			
34	Other Ancillary (specify)	76			
34.97	CARDIAC REHABILITATION	76.9 7	0.148899		
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8			
34.99	LITHOTRIPSY	76.9 9			
35	Rural Health Clinic	88			
36	Federally Qualified Health Center	89			

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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 [XX] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
37	Clinic	90	0.964834			37
37.01	PSYCH CLINIC	90.0 1	0.748077			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.182648			37.02
37.03	OB CLINIC	90.0 3	1.052362			37.03
38	Emergency	91	0.114405			38
39	Observation Beds (Non-Distinct Part)	92	0.414725			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.382879			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			60,130	7,514	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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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 [XX] PANCREAS [] ISLET
 Applicable [] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.74	2	3	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	SPECIAL CARE NURSERY	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	0.010995		51
51.0	PSYCH CLINIC		23.0			51.0
1			1			1
51.0	TRANSPLANT CLINIC		23.0			51.0
2			2			2
51.0	OB CLINIC		23.0			51.0
3			3			3
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0	OBSERVATION BEDS-DISTINCT		25.0			53.0
1			1			1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PARTS III & IV**

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	7,514		60,130		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,131,617		2,145,156		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,139,131		2,205,286		61
62	Total Usable Organs (see instructions)		33			62
63	Medicare Usable Organs (see instructions)		19			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.575758			64
65	Medicare Cost/Charges (see instructions)	1,231,622		1,269,711		65
66	Revenue for Organs Sold	152,282				66
67	Subtotal (line 65 minus line 66)	1,079,340		1,269,711		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,079,340		1,269,711		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		5		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		28		73
74	Total (sum of lines 70 thru 73)		33		74
75	Organs Transplanted		28		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		5		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)		33		84

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	10,482,440			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	115,306,848			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	7,035,178			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	12,964,362			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	848.90			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	296.56			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.11			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	32.55			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	330.22			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	523.16			10
11	FTE count for residents in dental and podiatric programs	3.06			11
12	Current year allowable FTE (see instructions)	333.28			12
13	Total allowable FTE count for the prior year	332.45			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	332.29			14
15	Sum of lines 12 through 14 divided by 3	332.67			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	332.67			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.391884			19
20	Prior year resident to bed ratio (see instructions)	0.385897			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.385897			21
22	IME payment adjustment (see instructions)	26,468,508			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	192.94			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	26,468,508			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0669			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1718			31
32	Sum of lines 30 and 31	0.2387			32
33	Allowable disproportionate share percentage (see instructions)	0.0891			33
34	Disproportionate share adjustment (see instructions)	2,801,956			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.001351478			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	12,225,984	10,091,181		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,004,878	9,261,767		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,266,645			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	172,361,575			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	172,361,575			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	13,099,209			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	7,076,783			52
53	Nursing and allied health managed care payment	48,094			53
54	Special add-on payments for new technologies	118,826			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	11,212,719			55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	152,630			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	380,423			58
59	Total (sum of amounts on lines 49 through 58)	204,450,259			59
60	Primary payer payments	82,926			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	204,367,333			61
62	Deductibles billed to program beneficiaries	8,747,516			62
63	Coinsurance billed to program beneficiaries	1,132,271			63
64	Allowable bad debts (see instructions)	2,219,607			64
65	Adjusted reimbursable bad debts (see instructions)	1,442,745			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,416,109			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	195,930,291			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (RECONCILIATION)	543			70
70.01	OTHER ADJUSTMENTS	13,697			70.01
70.93	HVBP payment adjustment amount (see instructions)	-349,524			70.93
70.94	HRR adjustment amount (see instructions)	-2,332,455			70.94
70.99	HAC adjustment amount (see instructions)	1,777,980			70.99
71	Amount due provider (see instructions)	191,484,572			71
71.01	Sequestration adjustment (see instructions)	3,829,691			71.01
72	Interim payments	187,203,631			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	451,250			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	2,686,182			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

HVBP Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

HRR Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	(2.01)	On or after 10/1	(3.01)	Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	10,482,440	10,482,440			10,482,440	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	115,306,848		115,306,848		115,306,848	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	7,035,178	586,264	6,448,914		7,035,178	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	12,964,362	1,080,364	11,883,998		12,964,362	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.385897	0.385897	0.385897			5
6	IME payment adjustment	26,468,508	2,205,709	24,262,799		26,468,508	6
6.01	IME payment adjustment for managed care						6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	26,468,508	2,205,709	24,262,799		26,468,508	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.0891	0.0891	0.0891	0.0891	0.0891	10
11	Disproportionate share adjustment	2,801,956	233,496	2,568,460		2,801,956	11
11.01	Uncompensated care payments	10,266,645	1,004,878	9,261,767		10,266,645	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	172,361,575	14,512,787	157,848,788		172,361,575	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	172,361,575	14,512,787	157,848,788		172,361,575	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	13,099,209	1,091,600	12,007,609		13,099,209	16
17	Special add-on payments for new technologies	118,826	9,902	108,924		118,826	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	11,212,719	921,596	10,291,123		11,212,719	17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		16,535,885	180,256,444		196,792,329	19
20	Capital DRG other than outlier	10,056,447	838,037	9,218,410		10,056,447	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	911,801	75,983	835,818		911,801	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	16.2400	16.2400	16.2400			22
23	Indirect medical education adjustment	1,633,167	136,097	1,497,070		1,633,167	23
24	Allowable disproportionate share percentage	0.0495	0.0495	0.0495			24
25	Disproportionate share adjustment	497,794	41,483	456,311		497,794	25
26	Total prospective capital payments	13,099,209	1,091,600	12,007,609		13,099,209	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-349,524	-29,127	-320,397		-349,524	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-2,332,455	-194,371	-2,138,084		-2,332,455	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			1,777,980		1,777,980	32

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

**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)	57,430			1
2	Medical and other services reimbursed under OPPS (see instructions)	83,544,249			2
3	PPS payments	73,700,811			3
4	Outlier payment (see instructions)	436,784			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.820			5
6	Line 2 times line 5	68,506,284			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	267,016			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	57,430			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	256,177			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	256,177			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)	256,177			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	198,747			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)	57,430			21
22	Interns and residents (see instructions)	332,401			22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	74,404,611			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	14,826,298			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	243,618			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	59,724,526			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	2,806,606			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	62,531,132			30
31	Primary payer payments	3,054			31
32	Subtotal (line 30 minus line 31)	62,528,078			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)	2,454,512			34
35	Adjusted reimbursable bad debts (see instructions)	1,595,433			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,341,829			36
37	Subtotal (see instructions)	64,123,511			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	64,123,511			40
40.01	Sequestration adjustment (see instructions)	1,282,470			40.01
41	Interim payments	62,433,653			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	407,388			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**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 OPPS (see instructions)				2
3	PPS payments	201,424			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	201,424			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	40,142			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	161,282			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	161,282			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	161,282			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)	161,282			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	161,282			40
40.01	Sequestration adjustment (see instructions)	3,226			40.01
41	Interim payments	156,996			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	1,060			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0281

**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 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		20,168,008		4,253,743	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		165,504,210		57,906,431	2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04	04/02/2015	04/02/2015	273,479	3.04
	Provider	.05	1,531,413			3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	1,531,413		273,479	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)		187,203,631		62,433,653	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	451,250		407,388	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		187,654,881		62,841,041	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.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 16:15 Version: 2015.10 (12/23/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S281

**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 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider					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		1,653,570		156,996	2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,653,570		156,996	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	17,792		1,060	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		1,671,362		158,056	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.

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	45,015	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	63,521	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	7,314	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	218,826	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	4,930,961,014	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	76,591,127	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	523,631	8
9	Sequestration adjustment amount (see instructions)	10,473	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	513,158	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	530,637	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-17,479	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**WORKSHEET E-3
PART II**

Check Hospital
Applicable 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)	1,821,541	1
2	Net IPF PPS Outlier payment	47,963	2
3	Net IPF PPS ECT payment	32,263	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	2.29	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 42 CFR §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)	22,890,411	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)	1,901,767	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,901,767	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,901,767	18
19	Deductibles	76,423	19
20	Subtotal (line 18 minus line 19)	1,825,344	20
21	Coinsurance	138,012	21
22	Subtotal (line 20 minus line 21)	1,687,332	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	16,973	23
24	Adjusted reimbursable bad debts (see instructions)	11,032	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,698,364	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	7,107	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,705,471	31
31.01	Sequestration adjustment (see instructions)	34,109	31.01
32	Interim payments	1,653,570	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	17,792	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	34,190,733		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	34,190,733		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	34,190,733		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			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)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			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)	34,190,733		18
19	Interns and residents (see instructions)	117,607		19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)	34,190,733		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	117,607		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)	117,607		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	117,607		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	117,607		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	117,607		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IPF ICF/IID TEFRA
 Boxes: SNF Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	1,009,175		1
2			2
3			3
4	1,009,175		4
5			5
6			6
7	1,009,175		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	1,009,175		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	1,009,175		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

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

WORKSHEET E-4

Check [] Title V
 Applicable [XX] Title XVIII
 Box: [] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			318.27	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			1.11	2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			36.76	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)			356.14	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			526.28	6
7	Enter the lesser of line 5 or line 6			356.14	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	132.37	348.59	480.96	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	89.58	235.90	325.48	9
10	Weighted dental and podiatric resident FTE count for the current year		3.06		10
11	Total weighted FTE count	89.58	238.96		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	95.33	236.56		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	97.46	236.27		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	94.12	237.26		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	94.12	237.26		17
18	Per resident amount	98,975.12	94,465.23		18
19	Approved amount for resident costs	9,315,538	22,412,820	31,728,358	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			2.61	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			170.14	21
22	Allowable additional direct GME FTE resident count (see instructions)			2.39	22
23	Enter the locality adjustment national average per resident amount (see instructions)			101,646.06	23
24	Multiply line 22 times line 23			242,934	24
25	Total direct GME amount (sum of lines 19 and 24)			31,971,292	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	65,728	7,535		26
27	Total inpatient days (see instructions)	233,551	233,551		27
28	Ratio of inpatient days to total inpatient days	0.281429	0.032263		28
29	Program direct GME amount	8,997,649	1,031,490		29
30	Reduction for direct GME payments for Medicare Advantage		145,750		30
31	Net Program direct GME amount			9,883,389	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			201,173,571	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			11,212,719	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			82,926	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			212,303,364	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			84,201,096	42
43	Primary payer payments (see instructions)			3,054	43
44	Total Part B reasonable cost (line 42 minus line 43)			84,198,042	44
45	Total reasonable cost (sum of lines 41 and 44)			296,501,406	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.716028	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.283972	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			9,883,389	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,076,783	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			2,806,606	50

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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 1	Other 2	Total 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) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh 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	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	30,113	7,332		26
27	Total inpatient days (see instructions)	233,551	233,551		27
28	Ratio of inpatient days to total inpatient days	0.128935	0.031394		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks		149,202,393	128,796,817		1
2	Temporary investments	120,784,966				2
3	Notes receivable					3
4	Accounts receivable	253,499,750				4
5	Other receivables	29,103,468				5
6	Allowances for uncollectible notes and accounts receivable	-47,992,134				6
7	Inventory	31,592,760				7
8	Prepaid expenses	12,367,048				8
9	Other current assets	7,487,308				9
10	Due from other funds	2,372,648				10
11	Total current assets (sum of lines 1-10)	409,215,814	149,202,393	128,796,817		11
FIXED ASSETS						
12	Land	208,945,354				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	1,839,307,671				15
16	Accumulated depreciation	-924,396,268				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	324,603,570				23
24	Accumulated depreciation	-245,599,714				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	1,202,860,613				30
OTHER ASSETS						
31	Investments	2,052,211,698	2,799,352	50,471		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	557,587,125				34
35	Total other assets (sum of lines 31-34)	2,609,798,823	2,799,352	50,471		35
36	Total assets (sum of lines 11, 30 and 35)	4,221,875,250	152,001,745	128,847,288		36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	90,468,992				37
38	Salaries, wages and fees payable	40,699,304				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	108,337,930				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	160,083,468				43
44	Other current liabilities	153,262,600				44
45	Total current liabilities (sum of lines 37 thru 44)	552,852,294				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	758,244,871				47
48	Unsecured loans					48
49	Other long term liabilities	542,913,261				49
50	Total long term liabilities (sum of lines 46 thru 49)	1,301,158,132				50
51	Total liabilities (sum of lines 45 and 50)	1,854,010,426				51
CAPITAL ACCOUNTS						
52	General fund balance	2,367,864,824				52
53	Specific purpose fund		152,001,745			53
54	Donor created - endowment fund balance - restricted			128,847,288		54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	2,367,864,824	152,001,745	128,847,288		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	4,221,875,250	152,001,745	128,847,288		60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		2,179,263,298		149,202,393
2	Net income (loss) (from Worksheet G-3, line 29)		198,468,767		
3	Total (sum of line 1 and line 2)		2,377,732,065		149,202,393
4	Additions (credit adjustments) (specify)				
5	RECLASSIFICATIONS	222,948			
6	GIFTS, GRANTS AND OTHER REVENUE			23,792,766	
7	INVESTMENT INCOME-REALIZED GAINS			7,525,484	
8	NET INCOME FROM SUBSIDIARIES	3,362,793			
9	CHANGE IN VAL OF SPLT INT AGREMTS				
10	Total additions (sum of lines 4-9)		3,585,741		31,318,250
11	Subtotal (line 3 plus line 10)		2,381,317,806		180,520,643
12	Deductions (debit adjustments) (specify)	13,447,332			
13	CHANGE IN VALUE OF SPLIT INT AGREEM			584,905	
14	NET TRANSFERS TO AFFILIATES			141,148	
15	FOR OPERATING EXPENSES			26,675,607	
16	FOR PROPERTY AND EQUI ADDITIONS			222,948	
17	RECLASSIFICATIONS	5,650		894,290	
18	Total deductions (sum of lines 12-17)		13,452,982		28,518,898
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,367,864,824		152,001,745

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period		128,796,817		
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)		128,796,817		
4	Additions (credit adjustments) (specify)				
5	RECLASSIFICATIONS				
6	GIFTS, GRANTS AND OTHER REVENUE	1,436,783			
7	INVESTMENT INCOME-REALIZED GAINS				
8	NET INCOME FROM SUBSIDIARIES				
9	CHANGE IN VAL OF SPLT INT AGREMTS				
10	Total additions (sum of lines 4-9)		1,436,783		
11	Subtotal (line 3 plus line 10)		130,233,600		
12	Deductions (debit adjustments) (specify)				
13	CHANGE IN VALUE OF SPLIT INT AGREEM	286,247			
14	NET TRANSFERS TO AFFILIATES				
15	FOR OPERATING EXPENSES				
16	FOR PROPERTY AND EQUI ADDITIONS				
17	RECLASSIFICATIONS	1,100,065			
18	Total deductions (sum of lines 12-17)		1,386,312		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		128,847,288		

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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	485,329,234		485,329,234	1
2	Subprovider IPF	15,395,647		15,395,647	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)	500,724,881		500,724,881	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	SPECIAL CARE NURSERY				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	500,724,881		500,724,881	17
18	Ancillary services	1,949,746,062		1,949,746,062	18
19	Outpatient services		2,277,211,454	2,277,211,454	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	2,450,470,943	2,277,211,454	4,727,682,397	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,365,548,739	29
30	Add (specify)			30
31				31
32	BAD DEBT			32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	**DEDUCT (SPECIFY)** NON OPERATING			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,365,548,739	43

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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)	4,727,682,397	1
2	Less contractual allowances and discounts on patients' accounts	3,390,457,185	2
3	Net patient revenues (line 1 minus line 2)	1,337,225,212	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,365,548,739	4
5	Net income from service to patients (line 3 minus line 4)	-28,323,527	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	17,164,627	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		11
12	Parking lot receipts	8,368,799	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	712,778	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	3,160	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	44,036,133	22
23	Governmental appropriations	1,560,944	23
24	Other (OTHER REVENUE, SHARED, NET ASSETS,)	158,817,065	24
24.1	Other (SHARED, TELECOM, OTHER)		24.1
1			1
25	Total other income (sum of lines 6-24)	230,663,506	25
26	Total (line 5 plus line 25)	202,339,979	26
27	Other expenses (OTHER EXPENSES)	3,871,212	27
28	Total other expenses (sum of line 27 and subscripts)	3,871,212	28
29	Net income (or loss) for the period (line 26 minus line 28)	198,468,767	29

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0281

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	10,056,447	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	911,801	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	623.84	3
4	Number of interns & residents (see instructions)	332.67	4
5	Indirect medical education percentage (see instructions)	16.24	5
6	Indirect medical education adjustment (see instructions)	1,633,167	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0669	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1718	8
9	Sum of lines 7 and 8	0.2387	9
10	Allowable disproportionate share percentage (see instructions)	0.0495	10
11	Disproportionate share adjustment (see instructions)	497,794	11
12	Total prospective capital payments (see instructions)	13,099,209	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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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
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING & STORES						5.03
5.04	ADMITTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
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
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-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF						40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
63.01	CELL THERAPY LAB						63.01
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98

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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	
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	OB CLINIC						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm						100
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
108	Lung Acquisition						108
109	Pancreas Acquisition						109
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
191.01	SPONSERED PROJECT						191.01
194	REAL ESTATE						194
194.01	MARKETING, OTHER NON-REIMB						194.01
194.02	OTHER COMPANY WIDE ACTIVITY						194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202