

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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: 01/26/2016 Time: 11:43		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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	
		PART A	PART B			
	1	2	3	4	5	
1 HOSPITAL		86,903	-28,424		23,383,296	1
2 SUBPROVIDER - IPF					966,788	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		86,903	-28,424		24,350,084	200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 225 EAST CHICAGO AVENUE	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60611-2605	County: COOK COUNTY						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	ANN & ROBERT H. LURIE CHILDREN'S HOS	14-3300	16974	7	07 / 01 / 1973	N	T	O	3
4	Subprovider - IPF	LCH PSYCH	14-S300	16974	4	07 / 01 / 1973	N	N	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 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.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
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	N	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	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
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.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in 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)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
65	1	2	3	4	5

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
67	1	2	3	4	5

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)	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

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

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.		N	N	N
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

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.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.		Y		121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01 / 01 / 1980			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 23 / 2009			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10 / 26 / 2000			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	N		140

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

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on 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		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		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.	N				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170
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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	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
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

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

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

		Y/N
Bad Debts		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
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	

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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 COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost		
22	Have assets been relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's 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: PREM	Last name: TUTEJA	Title: DIRECTOR OF THIRD PARTY	41
42	Employer: ANN & ROBERT H. LURIE CHILDREN'S HOS			42
43	Phone number: 312-227-7134	E-mail Address: PTUTEJA@LURIECHILDRENS.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	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	156	56,940			284	15,110	34,971	1
2	HMO and other (see instructions)							8,261		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		156	56,940			284	15,110	34,971	7
8	Intensive Care Unit	31	40	14,600			52	4,929	11,211	8
9	Coronary Care Unit	32	36	13,140			22	1,204	8,303	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	44	16,060				4,009	13,959	12
13	Nursery	43								13
14	Total (see instructions)		276	100,740			358	25,252	68,444	14
15	CAH Visits									15
16	Subprovider - IPF	40	12	4,380				1,305	3,475	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		288							27
28	Observation Bed Days								6,136	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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)					58	3,886	11,638	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATOLOGY								12
13	Nursery								13
14	Total (see instructions)	253.78	3,543.27			58	3,886	11,638	14
15	CAH Visits								15
16	Subprovider - IPF						166	495	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)	253.78	3,543.27						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		40,922,516	40,922,516		40,922,516	594,212	41,516,728	1
1.01	00101	CAP REL COSTS-INT EXP		22,434,060	22,434,060		22,434,060		22,434,060	1.01
2	00200	Cap Rel Costs-Mvble Equip		23,186,146	23,186,146		23,186,146		23,186,146	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	91,222	34,697,444	34,788,666	-30,732,985	4,055,681		4,055,681	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	4,317,543	2,390,263	6,707,806	36,499,387	43,207,193	-945	43,206,248	4.01
5.01	00590	ADMINISTRATION & GENERAL	33,762,217	53,398,607	87,160,824	-619,505	86,541,319	-5,904,762	80,636,557	5.01
5.02	00591	ADMIN & GENERAL CHCRC	3,111,090	1,025,041	4,136,131	317,369	4,453,500		4,453,500	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	10,343,586	31,944,017	42,287,603	-801,620	41,485,983	-8,618,021	32,867,962	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	8,034,354	18,386,431	26,420,785	-128	26,420,657	-61,545	26,359,112	7
8	00800	Laundry & Linen Service		1,361,479	1,361,479		1,361,479		1,361,479	8
9	00900	Housekeeping	3,537,619	3,802,733	7,340,352		7,340,352	-120,148	7,220,204	9
10	01000	Dietary	1,551,876	3,649,333	5,201,209	-4,402,323	798,886		798,886	10
11	01100	Cafeteria				4,402,323	4,402,323	-2,136,082	2,266,241	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	150,522	31,957	182,479		182,479		182,479	12.01
13	01300	Nursing Administration	6,017,273	1,442,500	7,459,773	201,017	7,660,790	-8,907	7,651,883	13
14	01400	Central Services & Supply				143,776	143,776		143,776	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,256,442	1,058,294	3,314,736	1,708	3,316,444	-213,877	3,102,567	16
17	01700	Social Service	1,658,088	1,150,600	2,808,688	3,773,465	6,582,153	-29,383	6,552,770	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,430,878	1,098,582	5,529,460		5,529,460		5,529,460	21
22	02200	I&R Services-Other Prgm Costs Apprvd	7,714,555	2,534,237	10,248,792	3,186,708	13,435,500	-6,411	13,429,089	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	27,721,432	4,711,030	32,432,462	-209,876	32,222,586	-176,174	32,046,412	30
31	03100	Intensive Care Unit	11,341,086	3,349,249	14,690,335	-1,023,136	13,667,199		13,667,199	31
32	03200	Coronary Care Unit	7,862,455	1,987,249	9,849,704	-216,759	9,632,945		9,632,945	32
35	02060	NEONATOLOGY	12,732,986	2,585,294	15,318,280	17,947	15,336,227	-370,306	14,965,921	35
40	04000	Subprovider - IPF	2,241,731	176,038	2,417,769	75,928	2,493,697	-9,143	2,484,554	40
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	14,288,547	20,662,840	34,951,387	-14,670,036	20,281,351	-1,174,187	19,107,164	50
51	05100	Recovery Room	2,168,120	261,853	2,429,973	-35,468	2,394,505		2,394,505	51
53	05300	Anesthesiology	1,122,624	4,009,927	5,132,551	-1,481,476	3,651,075	-1,452,514	2,198,561	53
54	05400	Radiology-Diagnostic	3,816,082	1,302,835	5,118,917	-421,110	4,697,807	-5,066	4,692,741	54
57	05700	CT Scan	360,393	71,857	432,250	-6,723	425,527		425,527	57
58	05800	MRI	1,020,630	389,731	1,410,361	-27,251	1,383,110		1,383,110	58
59	05900	Cardiac Catheterization	2,742,895	2,803,785	5,546,680	-2,184,266	3,362,414	-26,433	3,335,981	59
60	06000	Laboratory	12,136,958	18,675,093	30,812,051	1,056,409	31,868,460	-1,992,288	29,876,172	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	5,931,811	4,257,964	10,189,775	13,013	10,202,788	-74,844	10,127,944	65
66	06600	Physical Therapy	3,188,764	823,284	4,012,048	-119,087	3,892,961	-57,804	3,835,157	66
67	06700	Occupational Therapy	872,576	71,331	943,907	134,488	1,078,395	-1,350	1,077,045	67
68	06800	Speech Pathology	2,350,655	1,147,515	3,498,170	72,424	3,570,594	-16,531	3,554,063	68
69	06900	Electrocardiology	1,043,582	338,573	1,382,155	204,844	1,586,999		1,586,999	69
70	07000	Electroencephalography	2,623,271	359,443	2,982,714	863,938	3,846,652	-210,950	3,635,702	70
71	07100	Medical Supplies Charged to Patients	751,737	475,396	1,227,133	19,685,537	20,912,670		20,912,670	71
72	07200	Impl. Dev. Charged to Patients				2,852,047	2,852,047		2,852,047	72
73	07300	Drugs Charged to Patients	7,837,714	23,072,001	30,909,715	-4,939	30,904,776	-104,216	30,800,560	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		503,893	503,893		503,893		503,893	74
76	03550	PSYCHIATRY	3,901,877	1,291,585	5,193,462	-261,050	4,932,412	-161,321	4,771,091	76
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	11,187,858	2,326,087	13,513,945	469,620	13,983,565	-623,116	13,360,449	90
90.01	09001	OFFSITE CLINICS	12,376,078	5,644,209	18,020,287	-10,416	18,009,871	-1,930,136	16,079,735	90.01
91	09100	Emergency	6,846,053	3,173,145	10,019,198	-207,417	9,811,781	-1,084,091	8,727,690	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	955,243	172,375	1,127,618		1,127,618		1,127,618	92.01
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services	2,863,688	322,831	3,186,519	-3,310	3,183,209	-186,500	2,996,709	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	228,170	685,293	913,463	-128,174	785,289		785,289	105
106	10600	Heart Acquisition	397,699	831,503	1,229,202	-319,928	909,274		909,274	106
107	10700	Liver Acquisition	424,559	756,522	1,181,081	-384,104	796,977		796,977	107

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
110	11000	Intestinal Acquisition	155,663	16,924	172,587	-120,329	52,258		52,258	110
118		SUBTOTALS (sum of lines 1-117)	250,470,202	351,770,895	602,241,097	15,580,532	617,821,629	-26,162,839	591,658,790	118
		NONREIMBURSABLE COST CENTERS								
191	19100	Research	4,407,573	3,029,669	7,437,242	17,287,640	24,724,882	-607,768	24,117,114	191
191.01	19101	OSA				8,843,925	8,843,925		8,843,925	191.01
192	19200	Physicians' Private Offices	1,549,090	1,114,463	2,663,553	51,511	2,715,064	-428,291	2,286,773	192
192.01	19201	OFFSITE FACILITIES								192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES								193.01
193.02	19302	NON-REIMBURSABLE CLINICS								193.02
194	07950	ENDOWMENTS & OTHER SERVICES	31,058,306	32,718,863	63,777,169	-41,956,030	21,821,139		21,821,139	194
194.01	07951	NON-REIMBURSABLE CLINICS	3,092,984	588,253	3,681,237	192,422	3,873,659	-318,174	3,555,485	194.01
194.02	07952	KOHL HOUSE	67,091	180,584	247,675		247,675	-246,795	880	194.02
200		TOTAL (sum of lines 118-199)	290,645,246	389,402,727	680,047,973		680,047,973	-27,763,867	652,284,106	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	APPORTION PHYSICIAN TO IP PSYCH	A	Subprovider - IPF	40	75,928		1
500	Total reclassifications				75,928		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	216,323	26,094	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	383,337	40,527	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	576,649	79,156	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	490,779	89,057	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					5
6							6
500	Total reclassifications				1,667,088	234,834	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	8,356	625	2
3	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	104	8	3
4	APPORTION REHAB ADMIN	C	Speech Pathology	68	136,700	10,229	4
5	APPORTION REHAB ADMIN	C	Speech Pathology	68	83,293	6,232	5
6	APPORTION REHAB ADMIN	C	Physical Therapy	66	129,639	9,700	6
7	APPORTION REHAB ADMIN	C					7
8	APPORTION REHAB ADMIN	C	Occupational Therapy	67	80,126	5,995	8
9	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	104	8	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	38	3	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	44,069	3,297	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	67,347	5,039	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	44,185	3,306	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	22,254	1,665	14
15	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	8,938	669	15
16	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	16,525	1,236	16
17	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	15,980	1,196	17
18	APPORTION REHAB ADMIN	C	Speech Pathology	68	71,791	5,372	18
19	APPORTION REHAB ADMIN	C	Physical Therapy	66	90,688	6,786	19
20	APPORTION REHAB ADMIN	C	Occupational Therapy	67	45,324	3,391	20
21	APPORTION REHAB ADMIN	C	Speech Pathology	68	19,839	1,484	21
22	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	5,223	391	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	11,635	871	23
24	APPORTION RENAB ADMIN	C	Physicians' Private Offices	192	11,197	838	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,646	797	25
26	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	2,125	159	26
27	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	2,196	164	27
28	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,079	754	28
29	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	5,892	441	29
30	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	1,507	113	30
500	Total reclassifications				945,800	70,769	500
	Code Letter - C						
1	RECLASSRENTAL-104007 RES & FELLOW	D					1
2	RECLASS RENTAL-107017 SPEC ID	D					2
500	Total reclassifications						500
	Code Letter - D						
1	RECLASS DIETARY TO CAFETERIA	E	Cafeteria	11	1,313,514	3,088,809	1
500	Total reclassifications				1,313,514	3,088,809	500
	Code Letter - E						
1	RECALSS SPEC NUTR	F					1
500	Total reclassifications						500
	Code Letter - F						
1	RECLASS SPEC PURP FNDS	G	Laboratory	60		8,634	1
2	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	15,132	30,266	2
3	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30		125,670	3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	124,110	13,729	4
5	RECLASS SPEC PURP FNDS	G	Operating Room	50	2,214	11,146	5
6			Operating Room	50	60,324	14,983	6
7	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	190,111	88,822	7
8	RECLASS SPEC PURP FNDS	G	Social Service	17	3,049,411	874,051	8
9	RECLASS SPEC PURP FNDS	G	Emergency	91	101,982	141,551	9
10	RECLASS SPEC PURP FNDS	G	Laboratory	60	119,730	111,796	10
11	RECLASS SPEC PURP FNDS	G	Operating Room	50		36,906	11
12	RECLASS SPEC PURP FNDS	G	Operating Room	50	33,829	135,640	12
13	RECALSS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	373,423	122,529	13
14			OFFSITE CLINICS	90.01	70,000	4,615	14
15	RECLASS SPEC PURP FNDS	G	Laboratory	60	7,904	18	15
16	RECLASS SPEC PURP FNDS	G	Laboratory	60	111,827	119,410	16
17	RECALSS SPEC PURP FNDS	G	Laboratory	60	3,824	17,450	17

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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	
18	RECLASS SPEC PURP FNDS	G	Medical Records & Library	16		1,708	18
19	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	127,046	213,047	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	649,014	485,776	20
21	RECLASS SPEC PURP FNDS	G	Electroencephalography	70		2,012	21
22	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	90,752	106,270	22
23	RECLASS SPEC PURP FNDS	G	Nursing Administration	13	10,152	102,500	23
24	RECLASS SPEC PURP FNDS	G	Nursing Administration	13		90,667	24
25	RECLASS SPEC PURP FNDS	G	Operating Room	50		166	25
26			Operating Room	50	276,015	196,815	26
27	RECLASS SPEC PURP FNDS	G	Physical Therapy	66		12,419	27
28	RECLASS SPEC PURP FNDS	G	Ambulance Services	95		21,791	28
29	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		5,766,404	29
30	RECLASS SPEC PURP FNDS	G	Research	191	10,538,140	6,749,500	30
31	RECLASS SPEC PURP FNDS	G	Laboratory	60	96,993	101,768	31
32	RECLASS SPEC PURP FNDS	G	ADMIN & GENERAL CHCRC	5.02	49,312		32
33	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	12,768	34,530	33
34	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	651,260	254,369	34
35	RECLASS SPEC PURP FNDS	G	OSA	191.01	4,475,465	4,368,460	35
36			Clinic	90	258,262	13,626	36
37			Respiratory Therapy	65		75,177	37
38			Respiratory Therapy	65		2,809	38
500	Total reclassifications				21,499,000	20,457,030	500
	Code Letter - G						
1	SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		397,400	1
2	SPACE RECOV	H					2
3	SPACE RECOV	H					3
4	SPACE RECOV	H					4
5	SPACE RECOV	H					5
6	SPACE RECOV	H					6
7	SPACE RECOV	H					7
8	SPACE RECOV	H					8
9	SPACE RECOV	H					9
10	SPACE RECOV	H					10
11	SPACE RECOV	H					11
12	SPACE RECOV	H					12
13	SPACE RECOV	H					13
14	SPACE RECOV	H					14
15	SPACE RECOV	H					15
16	SPACE RECOV	H					16
17	SPACE RECOV	H					17
18	SPACE RECOV	H					18
19	SPACE RECOV	H					19
20	SPACE RECOV	H					20
21	SPACE RECOV	H					21
22	SPACE RECOV	H					22
500	Total reclassifications					397,400	500
	Code Letter - H						
1	FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		30,732,985	1
500	Total reclassifications					30,732,985	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	63,762		1
500	Total reclassifications				63,762		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		204,295	1
500	Total reclassifications					204,295	500
	Code Letter - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		3,186,708	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15

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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	16
500	Total reclassifications					3,186,708	500
	Code Letter - L						
1	CENTRAL SUPPLY CHARGED TO PATIENT	M					1
2							2
3							3
4							4
5							5
6			Central Services & Supply	14		143,776	6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33			Medical Supplies Charged to P	71		19,685,537	33
500	Total reclassifications					19,829,313	500
	Code Letter - M						
1	IMPLANTS CHARGED TO PATIENTS	N	Impl. Dev. Charged to Patient	72		2,852,047	1
500	Total reclassifications					2,852,047	500
	Code Letter - N						
	GRAND TOTAL (Increases)					25,565,092	81,054,190

(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.	
		1	6	7	8	9	10	
1	APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	75,928		1	
500	Total reclassifications				75,928		500	
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	660,996	139,698	1	
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	262,416	57,512	2	
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	125,451	2,723	3	
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	353,751	29,049	4	
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	114,477	5,852	5	
6			Social Service	17	149,997		6	
500	Total reclassifications				1,667,088	234,834	500	
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMINISTRATION & GENERAL	5.01	945,800	70,769	1	
2	APPORTION REHAB ADMIN	C					2	
3	APPORTION REHAB ADMIN	C					3	
4	APPORTION REHAB ADMIN	C					4	
5	APPORTION REHAB ADMIN	C					5	
6	APPORTION REHAB ADMIN	C					6	
7	APPORTION REHAB ADMIN	C					7	
8	APPORTION REHAB ADMIN	C					8	
9	APPORTION REHAB ADMIN	C					9	
10	APPORTION REHAB ADMIN	C					10	
11	APPORTION REHAB ADMIN	C					11	
12	APPORTION REHAB ADMIN	C					12	
13	APPORTION REHAB ADMIN	C					13	
14	APPORTION REHAB ADMIN	C					14	
15	APPORTION REHAB ADMIN	C					15	
16	APPORTION REHAB ADMIN	C					16	
17	APPORTION REHAB ADMIN	C					17	
18	APPORTION REHAB ADMIN	C					18	
19	APPORTION REHAB ADMIN	C					19	
20	APPORTION REHAB ADMIN	C					20	
21	APPORTION REHAB ADMIN	C					21	
22	APPORTION REHAB ADMIN	C					22	
23	APPORTION REHAB ADMIN	C					23	
24	APPORTION RENAB ADMIN	C					24	
25	APPORTION REHAB ADMIN	C					25	
26	APPORTION REHAB ADMIN	C					26	
27	APPORTION REHAB ADMIN	C					27	
28	APPORTION REHAB ADMIN	C					28	
29	APPORTION REHAB ADMIN	C					29	
30	APPORTION REHAB ADMIN	C					30	
500	Total reclassifications				945,800	70,769	500	
	Code letter - C							
1	RECLASSRENTAL-104007 RES & FELLOW	D					10	
2	RECLASS RENTAL-107017 SPEC ID	D					2	
500	Total reclassifications						500	
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	1,313,514	3,088,809	1	
500	Total reclassifications				1,313,514	3,088,809	500	
	Code letter - E							
1	RECALSS SPEC NUTR	F					1	
500	Total reclassifications						500	
	Code letter - F							
1	RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	21,499,000	20,457,030	1	
2	RECLASS SPEC PURP FNDS	G					2	
3	RECLASS SPEC PURP FNDS	G					3	
4	RECLASS SPEC PURP FNDS	G					4	
5	RECLASS SPEC PURP FNDS	G					5	
6							6	
7	RECLASS SPEC PURP FNDS	G					7	
8	RECLASS SPEC PURP FNDS	G					8	
9	RECLASS SPEC PURP FNDS	G					9	
10	RECLASS SPEC PURP FNDS	G					10	
11	RECLASS SPEC PURP FNDS	G					11	
12	RECLASS SPEC PURP FNDS	G					12	
13	RECALSS SPEC PURP FNDS	G					13	
14							14	
15	RECLASS SPEC PURP FNDS	G					15	
16	RECLASS SPEC PURP FNDS	G					16	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
17	RECALSS SPEC PURP FNDS	G					17	
18	RECLASS SPEC PURP FNDS	G					18	
19	RECLASS SPEC PURP FNDS	G					19	
20	RECLASS SPEC PURP FNDS	G					20	
21	RECLASS SPEC PURP FNDS	G					21	
22	RECLASS SPEC PURP FNDS	G					22	
23	RECLASS SPEC PURP FNDS	G					23	
24	RECLASS SPEC PURP FNDS	G					24	
25	RECLASS SPEC PURP FNDS	G					25	
26							26	
27	RECLASS SPEC PURP FNDS	G					27	
28	RECLASS SPEC PURP FNDS	G					28	
29	RECLASS SPEC PURP FNDS	G					29	
30	RECALSS SPEC PURP FNDS	G					30	
31	RECLASS SPEC PURP FNDS	G					31	
32	RECLASS SPEC PURP FNDS	G					32	
33	RECLASS SPEC PURP FNDS	G					33	
34	RECLASS SPEC PURP FNDS	G					34	
35	RECLASS SPEC PURP FNDS	G					35	
36							36	
37							37	
38							38	
500	Total reclassifications				21,499,000	20,457,030	500	
	Code letter - G							
1	SPACE RECOV	H					1	
2	SPACE RECOV	H	Laboratory	60		17,632	2	
3	SPACE RECOV	H	Intensive Care Unit	31		2,205	3	
4	SPACE RECOV	H	NEONATOLOGY	35		11,658	4	
5	SPACE RECOV	H	Electrocardiology	69		46,980	5	
6	SPACE RECOV	H	OFFSITE CLINICS	90.01		13,572	6	
7	SPACE RECOV	H	Laboratory	60		13,386	7	
8	SPACE RECOV	H	Operating Room	50		16,704	8	
9	SPACE RECOV	H	Laboratory	60		18,444	9	
10	SPACE RECOV	H	Laboratory	60		19,024	10	
11	SPACE RECOV	H	Laboratory	60		65,656	11	
12	SPACE RECOV	H	OFFSITE CLINICS	90.01		38,745	12	
13	SPACE RECOV	H	Laboratory	60		17,516	13	
14	SPACE RECOV	H	Operating Room	50		7,959	14	
15	SPACE RECOV	H	Operating Room	50		21,338	15	
16	SPACE RECOV	H	Electroencephalography	70		26,332	16	
17	SPACE RECOV	H	Operating Room	50		6,207	17	
18	SPACE RECOV	H	Operating Room	50		14,113	18	
19	SPACE RECOV	H	Operating Room	50		7,390	19	
20	SPACE RECOV	H	Operating Room	50		7,671	20	
21	SPACE RECOV	H	Operating Room	50		7,248	21	
22	SPACE RECOV	H	Operating Room	50		17,620	22	
500	Total reclassifications					397,400	500	
	Code letter - H							
1	FRINGE BENEFITS FOR FTE ALLOC	I	Employee Benefits Department	4		30,732,985	1	
500	Total reclassifications					30,732,985	500	
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	63,762		1	
500	Total reclassifications				63,762		500	
	Code letter - J							
1	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		204,295	1	
500	Total reclassifications					204,295	500	
	Code letter - K							
1	TEACHING PORTION-PRACTICE PLAN ADMN	L					1	
2			Intensive Care Unit	31		130,169	2	
3			NEONATOLOGY	35		179,758	3	
4			Operating Room	50		597,709	4	
5			Anesthesiology	53		948,645	5	
6			Radiology-Diagnostic	54		406,533	6	
7			Laboratory	60		558,155	7	
8			Respiratory Therapy	65		5,868	8	
9			Electrocardiology	69		16,314	9	
10			Electroencephalography	70		4,666	10	
11			PSYCHIATRY	76		232,413	11	
12			Clinic	90		4,676	12	
13			OFFSITE CLINICS	90.01		17,946	13	

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES			Wkst A-7 Ref. 10	
			COST CENTER	LINE #	SALARY		
		1	6	7	8	9	
14			Emergency	91		58,669	14
15			Ambulance Services	95		23,883	15
16			Liver Acquisition	107		1,304	16
500	Total reclassifications					3,186,708	500
	Code letter - L						
1	CENTRAL SUPPLY CHARGED TO PATIENT	M	EMPLOYEE BENEFITS FTE BASED	4.01		2	1
2			ADMINISTRATION & GENERAL	5.01		336	2
3			ADMIN & GEN PATIENT RELATED	5.03		926	3
4			Operation of Plant	7		128	4
5			Nursing Administration	13		2,302	5
6							6
7			Adults & Pediatrics	30		715,802	7
8			Intensive Care Unit	31		890,762	8
9			Coronary Care Unit	32		796,595	9
10			NEONATOLOGY	35		327,752	10
11			Operating Room	50		11,882,068	11
12			Recovery Room	51		35,468	12
13			Anesthesiology	53		578,229	13
14			Radiology-Diagnostic	54		14,577	14
15			CT Scan	57		6,723	15
16			MRI	58		27,251	16
17			Cardiac Catheterization	59		2,184,266	17
18			Laboratory	60		4,160	18
19			Respiratory Therapy	65		59,105	19
20			Physical Therapy	66		377,300	20
21			Occupational Therapy	67		348	21
22			Speech Pathology	68		262,516	22
23			Electrocardiology	69		10,795	23
24			Electroencephalography	70		12,705	24
25			Drugs Charged to Patients	73		4,939	25
26			PSYCHIATRY	76		7	26
27			Clinic	90		453,397	27
28			OFFSITE CLINICS	90.01		750,483	28
29			Emergency	91		392,281	29
30			Ambulance Services	95		1,218	30
31			Physicians' Private Offices	192		9,725	31
32			NON-REIMBURSABLE CLINICS	194.01		27,147	32
33							33
500	Total reclassifications					19,829,313	500
	Code letter - M						
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		2,852,047	1
500	Total reclassifications					2,852,047	500
	Code letter - N						
	GRAND TOTAL (Decreases)					25,565,092	81,054,190

(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	38,092,506					38,092,506		1
2	Land Improvements	449,470					449,470		2
3	Buildings and Fixtures	1,055,732,174	4,860,007		4,860,007		1,060,592,181		3
4	Building Improvements	20,703,982					20,703,982		4
5	Fixed Equipment	24,680,837	1,086,970		1,086,970	12,417	25,755,390		5
6	Movable Equipment	248,806,101	13,471,975		13,471,975	380,761	261,897,315		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,388,465,070	19,418,952		19,418,952	393,178	1,407,490,844		8
9	Reconciling Items	-6,281,274	-1,990,576		-1,990,576		-8,271,850		9
10	Total (line 7 minus line 9)	1,394,746,344	21,409,528		21,409,528	393,178	1,415,762,694		10

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

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	40,600,535	-397,401		719,382			40,922,516	1
1.01	CAP REL COSTS-INT EXP			22,434,060				22,434,060	1.01
2	Cap Rel Costs-Mvble Equip	23,186,146						23,186,146	2
3	Total (sum of lines 1-2)	63,786,681	-397,401	22,434,060	719,382			86,542,722	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

COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL				
	Description	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				0.000000				
1.01	CAP REL COSTS-INT EXP				0.000000				1.01
2	Cap Rel Costs-Mvble Equip				0.000000				2
3	Total (sum of lines 1-2)				0.000000				3

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	40,600,535	-397,401	419,189	719,382		175,023	41,516,728	1
1.01	CAP REL COSTS-INT EXP			22,434,060				22,434,060	1.01
2	Cap Rel Costs-Mvble Equip	23,186,146						23,186,146	2
3	Total (sum of lines 1-2)	63,786,681	-397,401	22,853,249	719,382		175,023	87,136,934	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

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				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)	B	-3,786,545	ADMIN & GEN PATIENT RELATED	5.03	3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)	B	-1,650,614	ADMINISTRATION & GENERAL	5.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-5,067,850			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-2,117,996	Cafeteria	11	14
15	Rental of quarters to employees & others	B	-1,360,949	OFFSITE CLINICS	90.01	15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-18,086	Cafeteria	11	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	MISCELLANEOUS INCOME	B	-90,524	ADMINISTRATION & GENERAL	5.01	33.01
33.02	MISCELLANEOUS INCOME	B	-25	EMPLOYEE BENEFITS FTE BASED	4.01	33.02
33.03	MISCELLANEOUS INCOME	B	-740,968	ADMINISTRATION & GENERAL	5.01	33.03
33.04	MISCELLANEOUS INCOME	B	-1,060,128	ADMIN & GEN PATIENT RELATED	5.03	33.04
33.05	MISCELLANEOUS INCOME	B	-2,005	Operation of Plant	7	33.05
33.06	MISCELLANEOUS INCOME	B	-120,148	Housekeeping	9	33.06
33.07	MISCELLANEOUS INCOME	B	-8,907	Nursing Administration	13	33.07
33.09	MISCELLANEOUS INCOME	B	-213,877	Medical Records & Library	16	33.09
33.11	MISCELLANEOUS INCOME	B	-6,411	I&R Services-Other Prgm Costs Apprvd	22	33.11
33.12	MISCELLANEOUS INCOME	B	-3,689	Adults & Pediatrics	30	33.12
33.14	MISCELLANEOUS INCOME	B	-427,693	Operating Room	50	33.14
33.15	MISCELLANEOUS INCOME	B	-5,066	Radiology-Diagnostic	54	33.15
33.16	MISCELLANEOUS INCOME	B	-26,433	Cardiac Catheterization	59	33.16
33.17	MISCELLANEOUS INCOME	B	-122,927	Laboratory	60	33.17
33.18	MISCELLANEOUS INCOME	B	-57,804	Physical Therapy	66	33.18
33.19	MISCELLANEOUS INCOME	B	-1,350	Occupational Therapy	67	33.19
33.20	MISCELLANEOUS INCOME	B	-16,531	Speech Pathology	68	33.20
33.23	MISCELLANEOUS INCOME	B	-51,499	Drugs Charged to Patients	73	33.23
33.24	MISCELLANEOUS INCOME	B	-2,158	PSYCHIATRY	76	33.24
33.25	MISCELLANEOUS INCOME	B	-9,816	Clinic	90	33.25
33.26	MISCELLANEOUS INCOME	B	-15,195	OFFSITE CLINICS	90.01	33.26
33.27	MISCELLANEOUS INCOME	B	-4,258	ADMIN & GEN PATIENT RELATED	5.03	33.27
33.28	MISCELLANEOUS INCOME	B	-29,383	Social Service	17	33.28
33.29	MISCELLANEOUS INCOME	B	-3,247	Physicians' Private Offices	192	33.29
33.30	MISCELLANEOUS INCOME	B	-4,091	Emergency	91	33.30
33.31	MISCELLANEOUS INCOME	B	-920	EMPLOYEE BENEFITS FTE BASED	4.01	33.31
33.33	MISCELLANEOUS INCOME	B	-23,900	Ambulance Services	95	33.33
33.34	MISCELLANEOUS INCOME	B	-1,900	Operation of Plant	7	33.34
33.35	MISCELLANEOUS INCOME	B	-131,157	ADMIN & GEN PATIENT RELATED	5.03	33.35
33.40	VENDOR REBATES	B	-2,995	ADMIN & GEN PATIENT RELATED	5.03	33.40
33.41	VENDOR REBATES	B	-1,289,460	ADMINISTRATION & GENERAL	5.01	33.41
33.42	VENDOR REBATES	B	-52,717	Drugs Charged to Patients	73	33.42

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
34						34
35	ADVERTISING	A	-945,429	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT SERVICES	B	-162,600	Ambulance Services	95	36
37	NON-PATIENT SERVICES LABORATORY	B	-635,067	Laboratory	60	37
37.01	NON-PATIENT SERVICES LABORATORY	B	-9,143	Subprovider - IPF	40	37.01
38	LOSS ON FIXED ASSET	A	175,023	Cap Rel Costs-Bldg & Fixt	1	14 38
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	Cap Rel Costs-Bldg & Fixt	1	11 38.01
39						39
40						40
41	NON-PATIENT CARE COSTS	A	-665,747	ADMINISTRATION & GENERAL	5.01	41
42	RENTAL INCOME PROPERTIES	B	-1,791,978	ADMIN & GEN PATIENT RELATED	5.03	42
42.01	RENTAL INCOME PROPERTIES	B	-522,020	ADMINISTRATION & GENERAL	5.01	42.01
42.02	RENTAL INCOME PROPERTIES	B	-57,640	Operation of Plant	7	42.02
42.03	RENTAL INCOME PROPERTIES	B	-425,044	Physicians' Private Offices	192	42.03
43						43
44						44
45						45
46	NEW HOSPITAL TRANSITION	B	-1,840,960	ADMIN & GEN PATIENT RELATED	5.03	46
47	RECHARGE CENTER OFFSET	B	-607,768	Research	191	47
48						48
49						49
49.03	RENTAL INCOME OFFSITE	B	-246,795	KOHL HOUSE	194.02	49.03
49.04	CLINIC SPACE RECOVERY	B	-206,500	Operating Room	50	49.04
49.05	CLINIC SPACE RECOVERY	B	-15,750	Anesthesiology	53	49.05
49.06	CLINIC SPACE RECOVERY	B	-210,950	Electroencephalography	70	49.06
49.07	CLINIC SPACE RECOVERY	B	-613,300	Clinic	90	49.07
49.08	CLINIC SPACE RECOVERY	B	-553,992	OFFSITE CLINICS	90.01	49.08
49.09	CLINIC SPACE RECOVERY	B	-318,174	NON-REIMBURSABLE CLINICS	194.01	49.09
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-27,763,867			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								1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12							5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6							6
7							7
8							8
9							9
10							10

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

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

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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	31	Intensive Care Unit PEDIATRICIAN	261,403		261,403	140,600	4,675	316,012	15,801	1
2	35	NEONATOLOGY AGGREGATE	540,986	180,000	360,986	140,600	2,525	170,680	8,534	2
3	50	Operating Room SURGEON	1,360,794		1,360,794	208,000	8,208	820,800	41,040	3
4	53	Anesthesiology ANESTHESIOLOGIS	1,767,355		1,767,355	200,300	3,433	330,591	16,530	4
5	54	Radiology-Diagnostic RADIOLOGIST	143,463		143,463	225,300	2,562	277,509	13,875	5
6	60	Laboratory PATHOLOGIST	1,868,017		1,868,017	215,700	6,111	633,723	31,686	6
7	65	Respiratory Therapy PEDIATRICIAN	139,128		139,128	140,600	951	64,284	3,214	7
8	69	Electrocardiology PEDIATRICIAN	93,690		93,690	140,600	2,223	150,266	7,513	8
9	70	Electroencephalogram PEDIATRICIAN	10,334		10,334	140,600	501	33,866	1,693	9
10	76	PSYCHIATRY PSYCHIATRIST	640,726	113,864	526,862	154,100	6,500	481,563	24,078	10
11	90	Clinic PEDIATRICIAN	3,328		3,328	140,600	563	38,057	1,903	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	12,054		12,054	140,600	484	32,716	1,636	12
13	91	Emergency PEDIATRICIAN	1,156,331	1,080,000	76,331	140,600	9,358	632,565	31,628	13
14	95	Ambulance Services PEDIATRICIAN	26,121		26,121	140,600	505	34,136	1,707	14
15	107	Liver Acquisition	8,896		8,896	208,000	559	55,900	2,795	15
16	30	Adults & Pediatrics AGGREGATE	172,485	172,485						16
17	106	Heart Acquisition								17
18										18
19										19
20										20
200		TOTAL	8,205,111	1,546,349	6,658,762		49,158	4,072,668	203,633	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 Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	31	Intensive Care Unit PEDIATRICIAN					316,012			1
2	35	NEONATOLOGY AGGREGATE					170,680	190,306	370,306	2
3	50	Operating Room SURGEON					820,800	539,994	539,994	3
4	53	Anesthesiology ANESTHESIOLOGIS					330,591	1,436,764	1,436,764	4
5	54	Radiology-Diagnostic RADIOLOGIST					277,509			5
6	60	Laboratory PATHOLOGIST					633,723	1,234,294	1,234,294	6
7	65	Respiratory Therapy PEDIATRICIAN					64,284	74,844	74,844	7
8	69	Electrocardiology PEDIATRICIAN					150,266			8
9	70	Electroencephalogram PEDIATRICIAN					33,866			9
10	76	PSYCHIATRY PSYCHIATRIST					481,563	45,299	159,163	10
11	90	Clinic PEDIATRICIAN					38,057			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN					32,716			12
13	91	Emergency PEDIATRICIAN					632,565		1,080,000	13
14	95	Ambulance Services PEDIATRICIAN					34,136			14
15	107	Liver Acquisition					55,900			15
16	30	Adults & Pediatrics AGGREGATE							172,485	16
17	106	Heart Acquisition								17
18										18
19										19
20										20
200		TOTAL					4,072,668	3,521,501	5,067,850	200

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	41,516,728	41,516,728					1
1.01	CAP REL COSTS-INT EXP	22,434,060		22,434,060				1.01
2	Cap Rel Costs-Mvble Equip	23,186,146			23,186,146			2
4	Employee Benefits Department	4,055,681				4,055,681		4
4.01	EMPLOYEE BENEFITS FTE BASED	43,206,248	377,046	248,306	65,386	60,264	43,957,250	4.01
5.01	ADMINISTRATION & GENERAL	80,636,557	1,943,924	1,179,493	9,043,717	458,180	3,982,111	5.01
5.02	ADMIN & GENERAL CHCRC	4,453,500	535,783		211,490	45,003	390,131	5.02
5.03	ADMIN & GEN PATIENT RELATED	32,867,962	27,723	18,257	60,842	135,150	1,628,701	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	26,359,112	979,542	627,589	1,939,061	112,144	1,569,992	7
8	Laundry & Linen Service	1,361,479	115,112	70,801				8
9	Housekeeping	7,220,204	440,050	277,646	20,009	49,378	1,477,194	9
10	Dietary	798,886	108,853	51,750	18,019	3,327	79,794	10
11	Cafeteria	2,266,241	599,806	395,006	99,294	18,334	509,569	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	182,479	60,685	33,706	1,618	2,101	36,740	12.01
13	Nursing Administration	7,651,883	62,354	41,064	252,684	84,131	596,938	13
14	Central Services & Supply	143,776						14
15	Pharmacy							15
16	Medical Records & Library	3,102,567	159,386	104,965	19,628	31,495	503,382	16
17	Social Service	6,552,770	902,213	560,025	24,997	63,614	746,425	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,529,460			873	61,846	1,515	21
22	I&R Services-Other Prgm Costs Apprvd	13,429,089	73,991	48,727		107,680	37,498	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	32,046,412	6,272,054	4,130,501	940,737	391,688	4,766,032	30
31	Intensive Care Unit	13,667,199	1,858,157	1,223,702	297,201	158,299	1,875,910	31
32	Coronary Care Unit	9,632,945	1,361,502	896,626	485,864	116,594	1,399,420	32
35	NEONATOLOGY	14,965,921	1,635,490	1,077,063	593,193	180,767	1,869,976	35
40	Subprovider - IPF	2,484,554	516,312	340,021		32,350	445,431	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	19,107,164	4,317,419	2,805,070	2,141,635	204,637	2,270,207	50
51	Recovery Room	2,394,505	459,938	302,895	80,239	30,263	320,816	51
53	Anesthesiology	2,198,561	365,085	240,429	165,024	15,881	228,523	53
54	Radiology-Diagnostic	4,692,741	1,173,048	674,729	1,706,010	53,265	700,468	54
57	CT Scan	425,527	122,808	80,876	385,127	5,030	64,138	57
58	MRI	1,383,110	388,497	233,438	1,030,416	14,246	159,335	58
59	Cardiac Catheterization	3,335,981	680,334	405,692	1,030,094	38,285	396,317	59
60	Laboratory	29,876,172	2,355,786	1,048,455	656,743	182,326	2,551,884	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	10,127,944	251,225	150,425	151,030	82,796	1,058,908	65
66	Physical Therapy	3,835,157	576,812	125,512	16,607	47,701	630,522	66
67	Occupational Therapy	1,077,045	31,849	1,496	3,312	13,930	155,674	67
68	Speech Pathology	3,554,063	280,664	126,611	60,884	37,160	479,267	68
69	Electrocardiology	1,586,999	334,488	209,624	90,166	17,220	281,046	69
70	Electroencephalography	3,635,702	710,700	347,165	116,027	45,706	541,638	70
71	Medical Supplies Charged to Patients	20,912,670	279,829	184,283	306,459	10,493	249,229	71
72	Impl. Dev. Charged to Patients	2,852,047						72
73	Drugs Charged to Patients	30,800,560	544,592	354,858	85,329	109,399	1,175,695	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	503,893	14,047	9,251	1,534			74
76	PSYCHIATRY	4,771,091	1,041,942	465,593	46,917	53,581	730,264	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,360,449	2,932,644	1,658,581	182,292	167,814	1,831,847	90
90.01	OFFSITE CLINICS	16,079,735	1,307,493	145,051	285,160	182,048	2,450,879	90.01
91	Emergency	8,727,690	1,109,952	730,966	388,037	96,981	1,097,037	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,127,618	261,471	172,193		13,333	160,092	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,996,709	355,118	233,865	45,994	39,971	353,011	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	785,289	4,729	3,114	211	1,434	15,277	105
106	Heart Acquisition	909,274	13,352	8,793	183	1,888	22,221	106
107	Liver Acquisition	796,977	2,503	1,649	197	988	11,111	107
110	Intestinal Acquisition	52,258	2,133	1,404	69	575	5,303	110
118	SUBTOTALS (sum of lines 1-117)	591,658,790	37,948,441	22,047,266	23,050,309	3,579,296	39,857,468	118

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	NONREIMBURSABLE COST CENTERS							
191	Research	24,117,114	2,890,225	151,585	46,312	208,612	2,004,944	191
191.01	OSA	8,843,925	95,084		2,652	62,469	678,752	191.01
192	Physicians' Private Offices	2,286,773	1,020	672	33,633	22,417	271,576	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	21,821,139				133,429	584,691	194
194.01	NON-REIMBURSABLE CLINICS	3,555,485	570,229	226,813	53,240	48,522	526,866	194.01
194.02	KOHL HOUSE	880	11,729	7,724		936	32,953	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	652,284,106	41,516,728	22,434,060	23,186,146	4,055,681	43,957,250	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	97,243,982	97,243,982					5.01
5.02	ADMIN & GENERAL CHCRC	5,635,907	987,422	6,623,329				5.02
5.03	ADMIN & GEN PATIENT RELATED	34,738,635	6,086,278		40,824,913			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	31,587,440	5,534,183		2,711,629	39,833,252		7
8	Laundry & Linen Service	1,547,392	271,106		132,836	109,572	2,060,906	8
9	Housekeeping	9,484,481	1,661,700		814,197	418,871	158,243	9
10	Dietary	1,060,629	185,824		91,050	103,614		10
11	Cafeteria	3,888,250	681,229		333,787	570,938		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	317,329	55,597		27,241	57,765		12.01
13	Nursing Administration	8,689,054	1,522,340		745,913	64,605		13
14	Central Services & Supply	143,776	25,190		12,343			14
15	Pharmacy							15
16	Medical Records & Library	3,921,423	687,041		336,635	211,200		16
17	Social Service	8,850,044	1,550,545		759,734	858,790		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,593,694	980,026		480,192			21
22	I&R Services-Other Prgm Costs Apprvd	13,696,985	2,399,739		1,175,820	70,430		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	48,547,424	8,505,451		4,167,606	5,970,185	629,980	30
31	Intensive Care Unit	19,080,468	3,342,936		1,637,966	1,768,726	211,040	31
32	Coronary Care Unit	13,892,951	2,434,073		1,192,643	1,295,974	124,439	32
35	NEONATOLOGY	20,322,410	3,560,527		1,744,581	1,556,776	209,267	35
40	Subprovider - IPF	3,818,668	669,038		327,814	491,462	52,654	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	30,846,132	5,404,304		2,647,992	4,650,116	218,631	50
51	Recovery Room	3,588,656	628,740		308,069	437,802	38,457	51
53	Anesthesiology	3,213,503	563,012		275,864	347,514		53
54	Radiology-Diagnostic	9,000,261	1,576,864		772,629	1,116,591	40,436	54
57	CT Scan	1,083,506	189,832		93,014	116,897	983	57
58	MRI	3,209,042	562,231		275,481	369,799	24,280	58
59	Cardiac Catheterization	5,886,703	1,031,362		505,345	647,590	3,098	59
60	Laboratory	36,671,366	6,424,897		3,148,060	2,600,642		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,822,328	2,071,296		1,014,890	393,320		65
66	Physical Therapy	5,232,311	916,711		449,169	549,050	13,667	66
67	Occupational Therapy	1,283,306	224,838		110,166	30,316	8,447	67
68	Speech Pathology	4,538,649	795,180		389,621	267,156		68
69	Electrocardiology	2,519,543	441,429		216,291	318,389		69
70	Electroencephalography	5,396,938	945,554		463,301	676,494	18,585	70
71	Medical Supplies Charged to Patients	21,942,963	3,844,451		1,883,697	266,361		71
72	Impl. Dev. Charged to Patients	2,852,047	499,684		244,835			72
73	Drugs Charged to Patients	33,070,433	5,794,006		2,838,937	518,381		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	528,725	92,634		45,388	13,371		74
76	PSYCHIATRY	7,109,388	1,245,579		610,307	991,795		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,133,627	3,527,452		1,728,375	2,791,499		90
90.01	OFFSITE CLINICS	20,450,366	3,582,945		1,755,565	2,826,229	53,750	90.01
91	Emergency	12,150,663	2,128,820		1,043,076	1,302,505	236,143	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,734,707	303,924		148,916	248,886	824	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,024,668	705,130		345,498	338,027	1,545	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	810,054	141,923		69,539	4,501		105
106	Heart Acquisition	955,711	167,442		82,043	12,709		106
107	Liver Acquisition	813,425	142,514		69,829	2,383		107
110	Intestinal Acquisition	61,742	10,817		5,300	2,030		110
118	SUBTOTALS (sum of lines 1-117)	582,991,705	85,103,816		38,233,184	35,389,261	2,044,469	118
	NONREIMBURSABLE COST CENTERS							
191	Research	29,418,792	5,154,231	4,846,195		2,751,077		191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
191.01	OSA	9,682,882	1,696,460	1,777,134		359,959		191.01
192	Physicians' Private Offices	2,616,091	458,344		224,579	384,450	16,437	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	22,539,259	3,948,923		1,934,887			194
194.01	NON-REIMBURSABLE CLINICS	4,981,155	872,708		427,608	937,340		194.01
194.02	KOHL HOUSE	54,222	9,500		4,655	11,165		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	652,284,106	97,243,982	6,623,329	40,824,913	39,833,252	2,060,906	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	12,537,492						9
10	Dietary	40,349	1,481,466					10
11	Cafeteria	222,332		5,696,536				11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	22,494		6,098	486,524			12.01
13	Nursing Administration	23,113		99,082	526	11,144,633		13
14	Central Services & Supply						181,309	14
15	Pharmacy							15
16	Medical Records & Library	59,080		83,553	1,260			16
17	Social Service	334,426		123,895	278,170	34,776		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			251				21
22	I&R Services-Other Prgm Costs Apprvd	27,426		6,224				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,324,883	930,952	791,090	101,740	2,950,571		30
31	Intensive Care Unit	688,769	74,685	311,371	14,371	1,294,282		31
32	Coronary Care Unit	504,673	93,076	232,282	9,489	952,800		32
35	NEONATOLOGY	606,233		310,386	30,578	1,283,620		35
40	Subprovider - IPF	191,383	152,452	73,934	12,243	103,132		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,600,352	47,703	376,818	2,387	897,099		50
51	Recovery Room	170,487		53,250	7,327	206,762		51
53	Anesthesiology	135,327		37,931		47,929		53
54	Radiology-Diagnostic	434,818		116,267		299		54
57	CT Scan	45,522		10,646		26,904		57
58	MRI	144,006		26,447				58
59	Cardiac Catheterization	252,182		65,782		140,299		59
60	Laboratory	891,958		423,572		25,310		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	93,122		175,762				65
66	Physical Therapy	213,809		104,657	8,329			66
67	Occupational Therapy	11,806		25,839				67
68	Speech Pathology	104,035		79,551	1,502			68
69	Electrocardiology	123,986		46,649		2,192		69
70	Electroencephalography	263,437		89,903	1,452	174,477		70
71	Medical Supplies Charged to Patients	103,725		41,368			158,364	71
72	Impl. Dev. Charged to Patients						22,945	72
73	Drugs Charged to Patients	201,866		195,147		199		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	5,207						74
76	PSYCHIATRY	386,220	31,519	121,212	1,344	9,865		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,096,161	75,398	304,058	6,893	1,052,245		90
90.01	OFFSITE CLINICS	264,486		406,807	3,981	471,119		90.01
91	Emergency	411,430	16,507	182,091	4,298	540,671		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	96,920	59,174	26,573	267	116,385		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	131,633		58,594		154,449		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,753		2,536		1,196		105
106	Heart Acquisition	4,949		3,688		897		106
107	Liver Acquisition	928		1,844		399		107
110	Intestinal Acquisition	790		880				110
118	SUBTOTALS (sum of lines 1-117)	12,236,076	1,481,466	5,016,038	486,157	10,487,877	181,309	118
	NONREIMBURSABLE COST CENTERS							
191	Research	85,321		332,789		120,271		191

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
191.01	OSA			112,662		51,018		191.01
192	Physicians' Private Offices	378		45,077	367	77,822		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES			97,049		43,943		194
194.01	NON-REIMBURSABLE CLINICS	211,369		87,451		363,702		194.01
194.02	KOHL HOUSE	4,348		5,470				194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,537,492	1,481,466	5,696,536	486,524	11,144,633	181,309	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		16	17	21	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	5,300,192						16
17	Social Service		12,790,380					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			7,054,163				21
22	I&R Services-Other Prgm Costs Apprvd				17,376,624			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,405,611	5,308,008	1,363,132	3,357,830	86,354,463	-4,720,962	30
31	Intensive Care Unit	399,634	409,292	518,124	1,276,303	31,027,967	-1,794,427	31
32	Coronary Care Unit	296,281				21,028,681		32
35	NEONATOLOGY	497,688	498,825	338,560	833,979	31,793,430	-1,172,539	35
40	Subprovider - IPF					5,892,780		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	237,449		1,002,893	2,470,441	50,402,317	-3,473,334	50
51	Recovery Room					5,439,550		51
53	Anesthesiology			621,527	1,531,016	6,773,623	-2,152,543	53
54	Radiology-Diagnostic			386,648	952,435	14,397,248	-1,339,083	54
57	CT Scan					1,567,304		57
58	MRI					4,611,286		58
59	Cardiac Catheterization			107,016	263,614	8,902,991	-370,630	59
60	Laboratory			599,290	1,476,239	52,261,334	-2,075,529	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			94,786	233,487	15,898,991	-328,273	65
66	Physical Therapy					7,487,703		66
67	Occupational Therapy					1,694,718		67
68	Speech Pathology					6,175,694		68
69	Electrocardiology			155,382	382,754	4,206,615	-538,136	69
70	Electroencephalography			215,144	529,967	8,775,252	-745,111	70
71	Medical Supplies Charged to Patients					28,240,929		71
72	Impl. Dev. Charged to Patients					3,619,511		72
73	Drugs Charged to Patients					42,618,969		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			83,667	206,098	975,090	-289,765	74
76	PSYCHIATRY			235,157	579,266	11,321,652	-814,423	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,066,545	5,448,702	179,287	441,639	38,851,881	-620,926	90
90.01	OFFSITE CLINICS			312,153	768,932	30,896,333	-1,081,085	90.01
91	Emergency	338,152	1,125,553	715,479	1,762,449	21,957,837	-2,477,928	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					2,736,576		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					5,759,544		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					1,031,502		105
106	Heart Acquisition					1,227,439		106
107	Liver Acquisition					1,031,322		107
110	Intestinal Acquisition					81,559		110
118	SUBTOTALS (sum of lines 1-117)	5,241,360	12,790,380	6,928,245	17,066,449	555,042,091	-23,994,694	118
	NONREIMBURSABLE COST CENTERS							
191	Research					42,708,676		191

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		16	17	21	22	24	25	
191.01	OSA					13,680,115		191.01
192	Physicians' Private Offices					3,823,545		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	58,832				28,622,893		194
194.01	NON-REIMBURSABLE CLINICS			125,918	310,175	8,317,426	-436,093	194.01
194.02	KOHL HOUSE					89,360		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,300,192	12,790,380	7,054,163	17,376,624	652,284,106	-24,430,787	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	VOLUNTEERS						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	81,633,501					30
31	Intensive Care Unit	29,233,540					31
32	Coronary Care Unit	21,028,681					32
35	NEONATOLOGY	30,620,891					35
40	Subprovider - IPF	5,892,780					40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	46,928,983					50
51	Recovery Room	5,439,550					51
53	Anesthesiology	4,621,080					53
54	Radiology-Diagnostic	13,058,165					54
57	CT Scan	1,567,304					57
58	MRI	4,611,286					58
59	Cardiac Catheterization	8,532,361					59
60	Laboratory	50,185,805					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	15,570,718					65
66	Physical Therapy	7,487,703					66
67	Occupational Therapy	1,694,718					67
68	Speech Pathology	6,175,694					68
69	Electrocardiology	3,668,479					69
70	Electroencephalography	8,030,141					70
71	Medical Supplies Charged to Patients	28,240,929					71
72	Impl. Dev. Charged to Patients	3,619,511					72
73	Drugs Charged to Patients	42,618,969					73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	685,325					74
76	PSYCHIATRY	10,507,229					76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	38,230,955					90
90.01	OFFSITE CLINICS	29,815,248					90.01
91	Emergency	19,479,909					91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	2,736,576					92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	5,759,544					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	1,031,502					105
106	Heart Acquisition	1,227,439					106
107	Liver Acquisition	1,031,322					107
110	Intestinal Acquisition	81,559					110
118	SUBTOTALS (sum of lines 1-117)	531,047,397					118
	NONREIMBURSABLE COST CENTERS						
191	Research	42,708,676					191

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

COST CENTER DESCRIPTIONS		TOTAL					
		26					
191.01	OSA	13,680,115					191.01
192	Physicians' Private Offices	3,823,545					192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES	28,622,893					194
194.01	NON-REIMBURSABLE CLINICS	7,881,333					194.01
194.02	KOHL HOUSE	89,360					194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	627,853,319					202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED		377,046	248,306	65,386	690,738	690,738	4.01
5.01	ADMINISTRATION & GENERAL		1,943,924	1,179,493	9,043,717	12,167,134	62,574	5.01
5.02	ADMIN & GENERAL CHCRC		535,783		211,490	747,273	6,130	5.02
5.03	ADMIN & GEN PATIENT RELATED		27,723	18,257	60,842	106,822	25,593	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		979,542	627,589	1,939,061	3,546,192	24,671	7
8	Laundry & Linen Service		115,112	70,801		185,913		8
9	Housekeeping		440,050	277,646	20,009	737,705	23,212	9
10	Dietary		108,853	51,750	18,019	178,622	1,254	10
11	Cafeteria		599,806	395,006	99,294	1,094,106	8,007	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		60,685	33,706	1,618	96,009	577	12.01
13	Nursing Administration		62,354	41,064	252,684	356,102	9,380	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		159,386	104,965	19,628	283,979	7,910	16
17	Social Service		902,213	560,025	24,997	1,487,235	11,729	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				873	873	24	21
22	I&R Services-Other Prgm Costs Apprvd		73,991	48,727		122,718	589	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		6,272,054	4,130,501	940,737	11,343,292	74,894	30
31	Intensive Care Unit		1,858,157	1,223,702	297,201	3,379,060	29,478	31
32	Coronary Care Unit		1,361,502	896,626	485,864	2,743,992	21,990	32
35	NEONATOLOGY		1,635,490	1,077,063	593,193	3,305,746	29,385	35
40	Subprovider - IPF		516,312	340,021		856,333	6,999	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,317,419	2,805,070	2,141,635	9,264,124	35,674	50
51	Recovery Room		459,938	302,895	80,239	843,072	5,041	51
53	Anesthesiology		365,085	240,429	165,024	770,538	3,591	53
54	Radiology-Diagnostic		1,173,048	674,729	1,706,010	3,553,787	11,007	54
57	CT Scan		122,808	80,876	385,127	588,811	1,008	57
58	MRI		388,497	233,438	1,030,416	1,652,351	2,504	58
59	Cardiac Catheterization		680,334	405,692	1,030,094	2,116,120	6,228	59
60	Laboratory		2,355,786	1,048,455	656,743	4,060,984	40,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		251,225	150,425	151,030	552,680	16,640	65
66	Physical Therapy		576,812	125,512	16,607	718,931	9,908	66
67	Occupational Therapy		31,849	1,496	3,312	36,657	2,446	67
68	Speech Pathology		280,664	126,611	60,884	468,159	7,531	68
69	Electrocardiology		334,488	209,624	90,166	634,278	4,416	69
70	Electroencephalography		710,700	347,165	116,027	1,173,892	8,511	70
71	Medical Supplies Charged to Patients		279,829	184,283	306,459	770,571	3,916	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		544,592	354,858	85,329	984,779	18,475	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		14,047	9,251	1,534	24,832		74
76	PSYCHIATRY		1,041,942	465,593	46,917	1,554,452	11,475	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,932,644	1,658,581	182,292	4,773,517	28,785	90
90.01	OFFSITE CLINICS		1,307,493	145,051	285,160	1,737,704	38,513	90.01
91	Emergency		1,109,952	730,966	388,037	2,228,955	17,239	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		261,471	172,193		433,664	2,516	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		355,118	233,865	45,994	634,977	5,547	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		4,729	3,114	211	8,054	240	105
106	Heart Acquisition		13,352	8,793	183	22,328	349	106
107	Liver Acquisition		2,503	1,649	197	4,349	175	107
110	Intestinal Acquisition		2,133	1,404	69	3,606	83	110
118	SUBTOTALS (sum of lines 1-117)		37,948,441	22,047,266	23,050,309	83,046,016	626,314	118
	NONREIMBURSABLE COST CENTERS							
191	Research		2,890,225	151,585	46,312	3,088,122	31,505	191

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
191.01	OSA		95,084		2,652	97,736	10,666	191.01
192	Physicians' Private Offices		1,020	672	33,633	35,325	4,268	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES						9,188	194
194.01	NON-REIMBURSABLE CLINICS		570,229	226,813	53,240	850,282	8,279	194.01
194.02	KOHL HOUSE		11,729	7,724		19,453	518	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		41,516,728	22,434,060	23,186,146	87,136,934	690,738	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	12,229,708						5.01
5.02	ADMIN & GENERAL CHCRC	124,182	877,585					5.02
5.03	ADMIN & GEN PATIENT RELATED	765,431		897,846				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	695,998		59,642	4,326,503			7
8	Laundry & Linen Service	34,095		2,922	11,901	234,831		8
9	Housekeeping	208,981		17,908	45,496	18,031	1,051,333	9
10	Dietary	23,370		2,003	11,254		3,383	10
11	Cafeteria	85,674		7,342	62,013		18,644	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	6,992		599	6,274		1,886	12.01
13	Nursing Administration	191,455		16,406	7,017		1,938	13
14	Central Services & Supply	3,168		271				14
15	Pharmacy							15
16	Medical Records & Library	86,405		7,404	22,940		4,954	16
17	Social Service	195,002		16,710	93,278		28,043	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	123,251		10,562				21
22	I&R Services-Other Prgm Costs Apprvd	301,799		25,862	7,650		2,300	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,069,645		91,575	648,453	71,784	194,953	30
31	Intensive Care Unit	420,419		36,027	192,111	24,047	57,757	31
32	Coronary Care Unit	306,117		26,232	140,763	14,179	42,319	32
35	NEONATOLOGY	447,784		38,372	169,090	23,845	50,836	35
40	Subprovider - IPF	84,141		7,210	53,380	6,000	16,048	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	679,664		58,242	505,074	24,912	134,198	50
51	Recovery Room	79,072		6,776	47,552	4,382	14,296	51
53	Anesthesiology	70,806		6,068	37,745		11,348	53
54	Radiology-Diagnostic	198,312		16,994	121,279	4,607	36,462	54
57	CT Scan	23,874		2,046	12,697	112	3,817	57
58	MRI	70,708		6,059	40,166	2,767	12,076	58
59	Cardiac Catheterization	129,708		11,115	70,338	353	21,147	59
60	Laboratory	808,017		69,241	282,470		74,795	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	260,493		22,322	42,721		7,809	65
66	Physical Therapy	115,289		9,879	59,635	1,557	17,929	66
67	Occupational Therapy	28,276		2,423	3,293	962	990	67
68	Speech Pathology	100,005		8,570	29,017		8,724	68
69	Electrocardiology	55,516		4,757	34,582		10,397	69
70	Electroencephalography	118,916		10,190	73,478	2,118	22,091	70
71	Medical Supplies Charged to Patients	483,491		41,432	28,931		8,698	71
72	Impl. Dev. Charged to Patients	62,842		5,385				72
73	Drugs Charged to Patients	728,674		62,442	56,304		16,927	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	11,650		998	1,452		437	74
76	PSYCHIATRY	156,648		13,424	107,724		32,387	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	443,624		38,015	303,200		91,919	90
90.01	OFFSITE CLINICS	450,603		38,613	306,972	6,125	22,178	90.01
91	Emergency	267,728		22,942	141,472	26,907	34,500	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	38,223		3,275	27,033	94	8,127	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	88,680		7,599	36,715	176	11,038	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	17,849		1,530	489		147	105
106	Heart Acquisition	21,058		1,805	1,380		415	106
107	Liver Acquisition	17,923		1,536	259		78	107
110	Intestinal Acquisition	1,360		117	220		66	110
118	SUBTOTALS (sum of lines 1-117)	10,702,918		840,842	3,843,818	232,958	1,026,057	118
	NONREIMBURSABLE COST CENTERS							
191	Research	648,214	642,115		298,809		7,155	191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.01	5.02	5.03	7	8	9	
191.01	OSA	213,353	235,470		39,097			191.01
192	Physicians' Private Offices	57,643		4,940	41,757	1,873	32	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	496,630		42,557				194
194.01	NON-REIMBURSABLE CLINICS	109,755		9,405	101,809		17,724	194.01
194.02	KOHL HOUSE	1,195		102	1,213		365	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,229,708	877,585	897,846	4,326,503	234,831	1,051,333	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	219,886						10
11	Cafeteria		1,275,786					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		1,366	113,703				12.01
13	Nursing Administration		22,190	123	604,611			13
14	Central Services & Supply					3,439		14
15	Pharmacy							15
16	Medical Records & Library		18,712	295			432,599	16
17	Social Service		27,747	65,011	1,887			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		56					21
22	I&R Services-Other Prgm Costs Apprvd		1,394					22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	138,176	177,171	23,777	160,071		114,725	30
31	Intensive Care Unit	11,085	69,734	3,359	70,216		32,618	31
32	Coronary Care Unit	13,815	52,021	2,218	51,691		24,182	32
35	NEONATOLOGY		69,514	7,146	69,638		40,621	35
40	Subprovider - IPF	22,628	16,558	2,861	5,595			40
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	7,080	84,392	558	48,669		19,380	50
51	Recovery Room		11,926	1,712	11,217			51
53	Anesthesiology		8,495		2,600			53
54	Radiology-Diagnostic		26,039		16			54
57	CT Scan		2,384		1,460			57
58	MRI		5,923					58
59	Cardiac Catheterization		14,733		7,611			59
60	Laboratory		94,862		1,373			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		39,363					65
66	Physical Therapy		23,439	1,946				66
67	Occupational Therapy		5,787					67
68	Speech Pathology		17,816	351				68
69	Electrocardiology		10,447		119			69
70	Electroencephalography		20,135	339	9,466			70
71	Medical Supplies Charged to Patients		9,265			3,003		71
72	Impl. Dev. Charged to Patients					436		72
73	Drugs Charged to Patients		43,705		11			73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	4,678	27,146	314	535			76
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,191	68,096	1,611	57,086		168,671	90
90.01	OFFSITE CLINICS		91,108	930	25,559			90.01
91	Emergency	2,450	40,781	1,004	29,332		27,600	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	8,783	5,951	62	6,314			92.01
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services		13,123		8,379			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition		568		65			105
106	Heart Acquisition		826		49			106
107	Liver Acquisition		413		22			107
110	Intestinal Acquisition		197					110
118	SUBTOTALS (sum of lines 1-117)	219,886	1,123,383	113,617	568,981	3,439	427,797	118
NONREIMBURSABLE COST CENTERS								
191	Research		74,531		6,525			191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
191.01	OSA		25,232		2,768			191.01
192	Physicians' Private Offices		10,095	86	4,222			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		21,735		2,384		4,802	194
194.01	NON-REIMBURSABLE CLINICS		19,585		19,731			194.01
194.02	KOHL HOUSE		1,225					194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	219,886	1,275,786	113,703	604,611	3,439	432,599	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	1,926,642						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		134,766					21
22	I&R Services-Other Prgm Costs Apprvd			462,312				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	799,556			14,908,072		14,908,072	30
31	Intensive Care Unit	61,653			4,387,564		4,387,564	31
32	Coronary Care Unit				3,439,519		3,439,519	32
35	NEONATOLOGY	75,139			4,327,116		4,327,116	35
40	Subprovider - IPF				1,077,753		1,077,753	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				10,861,967		10,861,967	50
51	Recovery Room				1,025,046		1,025,046	51
53	Anesthesiology				911,191		911,191	53
54	Radiology-Diagnostic				3,968,503		3,968,503	54
57	CT Scan				636,209		636,209	57
58	MRI				1,792,554		1,792,554	58
59	Cardiac Catheterization				2,377,353		2,377,353	59
60	Laboratory				5,431,842		5,431,842	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy				942,028		942,028	65
66	Physical Therapy				958,513		958,513	66
67	Occupational Therapy				80,834		80,834	67
68	Speech Pathology				640,173		640,173	68
69	Electrocardiology				754,512		754,512	69
70	Electroencephalography				1,439,136		1,439,136	70
71	Medical Supplies Charged to Patients				1,349,307		1,349,307	71
72	Impl. Dev. Charged to Patients				68,663		68,663	72
73	Drugs Charged to Patients				1,911,317		1,911,317	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis				39,369		39,369	74
76	PSYCHIATRY				1,908,783		1,908,783	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	820,750			6,806,465		6,806,465	90
90.01	OFFSITE CLINICS				2,718,305		2,718,305	90.01
91	Emergency	169,544			3,010,454		3,010,454	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				534,042		534,042	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				806,234		806,234	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				28,942		28,942	105
106	Heart Acquisition				48,210		48,210	106
107	Liver Acquisition				24,755		24,755	107
110	Intestinal Acquisition				5,649		5,649	110
118	SUBTOTALS (sum of lines 1-117)	1,926,642			79,220,380		79,220,380	118
	NONREIMBURSABLE COST CENTERS							
191	Research				4,796,976		4,796,976	191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
191.01	OSA				624,322		624,322	191.01
192	Physicians' Private Offices				160,241		160,241	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				577,296		577,296	194
194.01	NON-REIMBURSABLE CLINICS				1,136,570		1,136,570	194.01
194.02	KOHL HOUSE				24,071		24,071	194.02
200	Cross Foot Adjustments		134,766	462,312	597,078		597,078	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,926,642	134,766	462,312	87,136,934		87,136,934	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
		1	1.01	2	4	4.01	5A.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	895,528						1
1.01	CAP REL COSTS-INT EXP		734,803					1.01
2	Cap Rel Costs-Mvble Equip			26,520,541				2
4	Employee Benefits Department				290,554,024			4
4.01	EMPLOYEE BENEFITS FTE BASED	8,133	8,133	74,789	4,317,543	348,160		4.01
5.01	ADMINISTRATION & GENERAL	41,931	38,633	10,344,288	32,816,417	31,540	-97,243,982	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		241,904	3,224,164	3,090		5.02
5.03	ADMIN & GEN PATIENT RELATED	598	598	69,592	9,682,590	12,900		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	21,129	20,556	2,217,917	8,034,354	12,435		7
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	9,492	9,094	22,887	3,537,619	11,700		9
10	Dietary	2,348	1,695	20,610	238,362	632		10
11	Cafeteria	12,938	12,938	113,574	1,313,514	4,036		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,309	1,104	1,851	150,522	291		12.01
13	Nursing Administration	1,345	1,345	289,022	6,027,425	4,728		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,438	3,438	22,451	2,256,442	3,987		16
17	Social Service	19,461	18,343	28,592	4,557,502	5,912		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			999	4,430,878	12		21
22	I&R Services-Other Prgm Costs Apprvd	1,596	1,596		7,714,555	297		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	135,290	135,290	1,076,024	28,061,865	37,749		30
31	Intensive Care Unit	40,081	40,081	339,942	11,341,086	14,858		31
32	Coronary Care Unit	29,368	29,368	555,736	8,353,234	11,084		32
35	NEONATOLOGY	35,278	35,278	678,500	12,950,784	14,811		35
40	Subprovider - IPF	11,137	11,137		2,317,659	3,528		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	93,128	91,877	2,449,624	14,660,929	17,981		50
51	Recovery Room	9,921	9,921	91,778	2,168,120	2,541		51
53	Anesthesiology	7,875	7,875	188,756	1,137,756	1,810		53
54	Radiology-Diagnostic	25,303	22,100	1,951,352	3,816,082	5,548		54
57	CT Scan	2,649	2,649	440,512	360,393	508		57
58	MRI	8,380	7,646	1,178,600	1,020,630	1,262		58
59	Cardiac Catheterization	14,675	13,288	1,178,232	2,742,895	3,139		59
60	Laboratory	50,815	34,341	751,189	13,062,488	20,212		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,419	4,927	172,750	5,931,811	8,387		65
66	Physical Therapy	12,442	4,111	18,995	3,417,447	4,994		66
67	Occupational Therapy	687	49	3,788	998,026	1,233		67
68	Speech Pathology	6,054	4,147	69,640	2,662,278	3,796		68
69	Electrocardiology	7,215	6,866	103,133	1,233,693	2,226		69
70	Electroencephalography	15,330	11,371	132,713	3,274,531	4,290		70
71	Medical Supplies Charged to Patients	6,036	6,036	350,531	751,737	1,974		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623	97,600	7,837,714	9,312		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303	1,755				74
76	PSYCHIATRY	22,475	15,250	53,664	3,838,717	5,784		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	63,258	54,325	208,507	12,022,769	14,509		90
90.01	OFFSITE CLINICS	28,203	4,751	326,169	13,042,573	19,412		90.01
91	Emergency	23,942	23,942	443,841	6,948,035	8,689		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640		955,243	1,268		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	7,660	7,660	52,608	2,863,688	2,796		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	102	102	241	102,719	121		105
106	Heart Acquisition	288	288	209	135,283	176		106
107	Liver Acquisition	54	54	225	70,808	88		107
110	Intestinal Acquisition	46	46	79	41,186	42		110
118	SUBTOTALS (sum of lines 1-117)	818,559	722,134	26,365,169	256,424,066	315,688	-97,243,982	118
	NONREIMBURSABLE COST CENTERS							

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION	
		1	1.01	2	4	4.01	5A.01	
191	Research	62,343	4,965	52,972	14,945,713	15,880		191
191.01	OSA	2,051		3,033	4,475,465	5,376		191.01
192	Physicians' Private Offices	22	22	38,470	1,606,062	2,151		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				9,559,306	4,631		194
194.01	NON-REIMBURSABLE CLINICS	12,300	7,429	60,897	3,476,321	4,173		194.01
194.02	KOHL HOUSE	253	253		67,091	261		194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	41,516,728	22,434,060	23,186,146	4,055,681	43,957,250		202
203	Unit Cost Multiplier (Wkst. B, Part I)	46.360056	30.530714	0.874271	0.013958	126.255888		203
204	Cost to be allocated (Per Wkst. B, Part II)					690,738		204
205	Unit Cost Multiplier (Wkst. B, Part II)					1.983967		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	555,040,124						5.01
5.02	ADMIN & GENERAL CHCRC	5,635,907	32,961,039					5.02
5.03	ADMIN & GEN PATIENT RELATED	34,738,635		407,967,168				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	31,587,440		27,097,596	902,659			7
8	Laundry & Linen Service	1,547,392		1,327,445	2,483	1,825,547		8
9	Housekeeping	9,484,481		8,136,355	9,492	140,171	729,584	9
10	Dietary	1,060,629		909,871	2,348		2,348	10
11	Cafeteria	3,888,250		3,335,573	12,938		12,938	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	317,329		272,224	1,309		1,309	12.01
13	Nursing Administration	8,689,054		7,453,990	1,464		1,345	13
14	Central Services & Supply	143,776		123,340				14
15	Pharmacy							15
16	Medical Records & Library	3,921,423		3,364,031	4,786		3,438	16
17	Social Service	8,850,044		7,592,097	19,461		19,461	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,593,694		4,798,605				21
22	I&R Services-Other Prgm Costs Apprvd	13,696,985		11,750,093	1,596		1,596	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	48,547,424		41,646,883	135,290	558,035	135,290	30
31	Intensive Care Unit	19,080,468		16,368,367	40,081	186,939	40,081	31
32	Coronary Care Unit	13,892,951		11,918,205	29,368	110,228	29,368	32
35	NEONATOLOGY	20,322,410		17,433,779	35,278	185,368	35,278	35
40	Subprovider - IPF	3,818,668		3,275,882	11,137	46,641	11,137	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	30,846,132		26,461,657	105,376	193,663	93,128	50
51	Recovery Room	3,588,656		3,078,564	9,921	34,065	9,921	51
53	Anesthesiology	3,213,503		2,756,735	7,875		7,875	53
54	Radiology-Diagnostic	9,000,261		7,720,962	25,303	35,818	25,303	54
57	CT Scan	1,083,506		929,496	2,649	871	2,649	57
58	MRI	3,209,042		2,752,908	8,380	21,507	8,380	58
59	Cardiac Catheterization	5,886,703		5,049,966	14,675	2,744	14,675	59
60	Laboratory	36,671,366		31,458,892	58,933		51,905	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,822,328		10,141,900	8,913		5,419	65
66	Physical Therapy	5,232,311		4,488,589	12,442	12,106	12,442	66
67	Occupational Therapy	1,283,306		1,100,897	687	7,482	687	67
68	Speech Pathology	4,538,649		3,893,525	6,054		6,054	68
69	Electrocardiology	2,519,543		2,161,415	7,215		7,215	69
70	Electroencephalography	5,396,938		4,629,816	15,330	16,463	15,330	70
71	Medical Supplies Charged to Patients	21,942,963		18,823,986	6,036		6,036	71
72	Impl. Dev. Charged to Patients	2,852,047		2,446,657				72
73	Drugs Charged to Patients	33,070,433		28,369,796	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	528,725		453,572	303		303	74
76	PSYCHIATRY	7,109,388		6,098,858	22,475		22,475	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,133,627		17,271,830	63,258		63,788	90
90.01	OFFSITE CLINICS	20,450,366		17,543,547	64,045	47,612	15,391	90.01
91	Emergency	12,150,663		10,423,566	29,516	209,175	23,942	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,734,707		1,488,135	5,640	730	5,640	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,024,668		3,452,601	7,660	1,369	7,660	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	810,054		694,913	102		102	105
106	Heart Acquisition	955,711		819,866	288		288	106
107	Liver Acquisition	813,425		697,805	54		54	107
110	Intestinal Acquisition	61,742		52,966	46		46	110
118	SUBTOTALS (sum of lines 1-117)	485,747,723		382,067,756	801,954	1,810,987	712,044	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
191	Research	29,418,792	24,117,114		62,342		4,965	191
191.01	OSA	9,682,882	8,843,925		8,157			191.01
192	Physicians' Private Offices	2,616,091		2,244,239	8,712	14,560	22	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	22,539,259		19,335,525				194
194.01	NON-REIMBURSABLE CLINICS	4,981,155		4,273,133	21,241		12,300	194.01
194.02	KOHL HOUSE	54,222		46,515	253		253	194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	97,243,982	6,623,329	40,824,913	39,833,252	2,060,906	12,537,492	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.175202	0.200944	0.100069	44.128793	1.128925	17.184439	203
204	Cost to be allocated (Per Wkst. B, Part II)	12,229,708	877,585	897,846	4,326,503	234,831	1,051,333	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.022034	0.026625	0.002201	4.793065	0.128636	1.441003	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED	FTEs	HOURS OF SERVICE				
		10	11	12.01	13	14	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	110,032						10
11	Cafeteria		271,827					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		291	58,298				12.01
13	Nursing Administration		4,728	63	111,844			13
14	Central Services & Supply					22,537,584		14
15	Pharmacy							15
16	Medical Records & Library		3,987	151			10,000	16
17	Social Service		5,912	33,332	349			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		12					21
22	I&R Services-Other Prgm Costs Apprvd		297					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	69,144	37,749	12,191	29,611		2,652	30
31	Intensive Care Unit	5,547	14,858	1,722	12,989		754	31
32	Coronary Care Unit	6,913	11,084	1,137	9,562		559	32
35	NEONATOLOGY		14,811	3,664	12,882		939	35
40	Subprovider - IPF	11,323	3,528	1,467	1,035			40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,543	17,981	286	9,003		448	50
51	Recovery Room		2,541	878	2,075			51
53	Anesthesiology		1,810		481			53
54	Radiology-Diagnostic		5,548		3			54
57	CT Scan		508		270			57
58	MRI		1,262					58
59	Cardiac Catheterization		3,139		1,408			59
60	Laboratory		20,212		254			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,387					65
66	Physical Therapy		4,994	998				66
67	Occupational Therapy		1,233					67
68	Speech Pathology		3,796	180				68
69	Electrocardiology		2,226		22			69
70	Electroencephalography		4,290	174	1,751			70
71	Medical Supplies Charged to Patients		1,974			19,685,537		71
72	Impl. Dev. Charged to Patients					2,852,047		72
73	Drugs Charged to Patients		9,312		2			73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	2,341	5,784	161	99			76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,600	14,509	826	10,560		3,899	90
90.01	OFFSITE CLINICS		19,412	477	4,728			90.01
91	Emergency	1,226	8,689	515	5,426		638	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,395	1,268	32	1,168			92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		2,796		1,550			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		121		12			105
106	Heart Acquisition		176		9			106
107	Liver Acquisition		88		4			107
110	Intestinal Acquisition		42					110
118	SUBTOTALS (sum of lines 1-117)	110,032	239,355	58,254	105,253	22,537,584	9,889	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY MEALS SERVED	CAFETERIA FTEs	VOLUNTEERS HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		10	11	12.01	13	14	16	
191	Research		15,880		1,207			191
191.01	OSA		5,376		512			191.01
192	Physicians' Private Offices		2,151	44	781			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		4,631		441		111	194
194.01	NON-REIMBURSABLE CLINICS		4,173		3,650			194.01
194.02	KOHL HOUSE		261					194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,481,466	5,696,536	486,524	11,144,633	181,309	5,300,192	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.463956	20.956476	8.345466	99.644442	0.008045	530.019200	203
204	Cost to be allocated (Per Wkst. B, Part II)	219,886	1,275,786	113,703	604,611	3,439	432,599	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.998382	4.693375	1.950376	5.405842	0.000153	43.259900	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	VOLUNTEERS						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	10,000					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		25,378				21
22	I&R Services-Other Prgm Costs Apprvd			25,378			22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,150	4,904	4,904			30
31	Intensive Care Unit	320	1,864	1,864			31
32	Coronary Care Unit						32
35	NEONATOLOGY	390	1,218	1,218			35
40	Subprovider - IPF						40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,608	3,608			50
51	Recovery Room						51
53	Anesthesiology		2,236	2,236			53
54	Radiology-Diagnostic		1,391	1,391			54
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization		385	385			59
60	Laboratory		2,156	2,156			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		341	341			65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology		559	559			69
70	Electroencephalography		774	774			70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis		301	301			74
76	PSYCHIATRY		846	846			76
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,260	645	645			90
90.01	OFFSITE CLINICS		1,123	1,123			90.01
91	Emergency	880	2,574	2,574			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
110	Intestinal Acquisition						110

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		17	21	22			
118	SUBTOTALS (sum of lines 1-117)	10,000	24,925	24,925			118
	NONREIMBURSABLE COST CENTERS						
191	Research						191
191.01	OSA						191.01
192	Physicians' Private Offices						192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES						194
194.01	NON-REIMBURSABLE CLINICS		453	453			194.01
194.02	KOHL HOUSE						194.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	12,790,380	7,054,163	17,376,624			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,279.038000	277.963709	684.712113			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,926,642	134,766	462,312			204
205	Unit Cost Multiplier (Wkst. B, Part II)	192.664200	5.310348	18.217038			205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
	1	2	3	4	

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	81,633,501		81,633,501		30
31	Intensive Care Unit	29,233,540		29,233,540		31
32	Coronary Care Unit	21,028,681		21,028,681		32
35	NEONATOLOGY	30,620,891		30,620,891		35
40	Subprovider - IPF	5,892,780		5,892,780		40
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	46,928,983		46,928,983		50
51	Recovery Room	5,439,550		5,439,550		51
53	Anesthesiology	4,621,080		4,621,080		53
54	Radiology-Diagnostic	13,058,165		13,058,165		54
57	CT Scan	1,567,304		1,567,304		57
58	MRI	4,611,286		4,611,286		58
59	Cardiac Catheterization	8,532,361		8,532,361		59
60	Laboratory	50,185,805		50,185,805		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	15,570,718		15,570,718		65
66	Physical Therapy	7,487,703		7,487,703		66
67	Occupational Therapy	1,694,718		1,694,718		67
68	Speech Pathology	6,175,694		6,175,694		68
69	Electrocardiology	3,668,479		3,668,479		69
70	Electroencephalography	8,030,141		8,030,141		70
71	Medical Supplies Charged to Patients	28,240,929		28,240,929		71
72	Impl. Dev. Charged to Patients	3,619,511		3,619,511		72
73	Drugs Charged to Patients	42,618,969		42,618,969		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	685,325		685,325		74
76	PSYCHIATRY	10,507,229		10,507,229		76
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	38,230,955		38,230,955		90
90.01	OFFSITE CLINICS	29,815,248		29,815,248		90.01
91	Emergency	19,479,909		19,479,909		91
92	Observation Beds (Non-Distinct Part)	12,185,360		12,185,360		92
92.01	OBSERVATION BEDS-DISTINCT	2,736,576		2,736,576		92.01
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	5,759,544		5,759,544		95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
105	Kidney Acquisition	1,031,502		1,031,502		105
106	Heart Acquisition	1,227,439		1,227,439		106
107	Liver Acquisition	1,031,322		1,031,322		107
110	Intestinal Acquisition	81,559		81,559		110
200	Subtotal (sum of lines 30 thru 199)	543,232,757		543,232,757		12,185,360
201	Less Observation Beds	12,185,360		12,185,360		12,185,360
202	Total (line 200 minus line 201)	531,047,397		531,047,397		202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	135,708,328		135,708,328				30
31	Intensive Care Unit	72,746,214		72,746,214				31
32	Coronary Care Unit	43,866,910		43,866,910				32
35	NEONATOLOGY	82,525,592		82,525,592				35
40	Subprovider - IPF	10,565,376		10,565,376				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	65,454,341	91,460,386	156,914,727	0.299073	0.299073		50
51	Recovery Room	5,032,884	14,386,387	19,419,271	0.280111	0.280111		51
53	Anesthesiology	12,925,135	21,080,069	34,005,204	0.135893	0.135893		53
54	Radiology-Diagnostic	16,494,030	37,332,627	53,826,657	0.242597	0.242597		54
57	CT Scan	7,158,341	10,739,569	17,897,910	0.087569	0.087569		57
58	MRI	11,990,980	46,706,855	58,697,835	0.078560	0.078560		58
59	Cardiac Catheterization	21,586,676	34,762,307	56,348,983	0.151420	0.151420		59
60	Laboratory	90,017,260	114,210,410	204,227,670	0.245735	0.245735		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Therapy	79,796,708	2,968,924	82,765,632	0.188130	0.188130		65
66	Physical Therapy	2,554,162	5,011,778	7,565,940	0.989659	0.989659		66
67	Occupational Therapy	1,405,431	2,745,051	4,150,482	0.408318	0.408318		67
68	Speech Pathology	1,345,363	8,964,658	10,310,021	0.598999	0.598999		68
69	Electrocardiology	1,995,940	5,086,382	7,082,322	0.517977	0.517977		69
70	Electroencephalography	1,361,275	10,388,044	11,749,319	0.683456	0.683456		70
71	Medical Supplies Charged to Patients	118,674,511	35,827,190	154,501,701	0.182787	0.182787		71
72	Impl. Dev. Charged to Patients	18,464,673	9,529,632	27,994,305	0.129295	0.129295		72
73	Drugs Charged to Patients	186,696,469	62,306,994	249,003,463	0.171158	0.171158		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,946,112	245,217	2,191,329	0.312744	0.312744		74
76	PSYCHIATRY	254,994	9,677,593	9,932,587	1.057854	1.057854		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	549,381	15,842,984	16,392,365	2.332242	2.332242		90
90.01	OFFSITE CLINICS							90.01
91	Emergency	8,218,568	33,823,442	42,042,010	0.463344	0.463344		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	5,127,497	1,244,664	6,372,161	0.903860	0.903860		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	1,283,280		1,283,280				105
106	Heart Acquisition	1,042,665		1,042,665				106
107	Liver Acquisition	1,203,075		1,203,075				107
110	Intestinal Acquisition	100		100				110
200	Subtotal (sum of lines 30 thru 199)	1,008,708,715	642,619,764	1,651,328,479				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,008,708,715	642,619,764	1,651,328,479				202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,908,072		14,908,072	41,107	362.67	284	102,998	30
31	Intensive Care Unit	4,387,564		4,387,564	11,211	391.36	52	20,351	31
32	Coronary Care Unit	3,439,519		3,439,519	8,303	414.25	22	9,114	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,327,116		4,327,116	13,959	309.99			35
40	Subprovider - IPF	1,077,753		1,077,753	3,475	310.14			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)	28,140,024		28,140,024	78,055		358	132,463	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

**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	10,861,967	156,914,727	0.069222	295,537	20,458	50
51	Recovery Room	1,025,046	19,419,271	0.052785	37,628	1,986	51
53	Anesthesiology	911,191	34,005,204	0.026796	83,290	2,232	53
54	Radiology-Diagnostic	3,968,503	53,826,657	0.073727	95,731	7,058	54
57	CT Scan	636,209	17,897,910	0.035547	56,600	2,012	57
58	MRI	1,792,554	58,697,835	0.030539	39,877	1,218	58
59	Cardiac Catheterization	2,377,353	56,348,983	0.042190	89,466	3,775	59
60	Laboratory	5,431,842	204,227,670	0.026597	635,394	16,900	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,028	82,765,632	0.011382	96,737	1,101	65
66	Physical Therapy	958,513	7,565,940	0.126688	1,947	247	66
67	Occupational Therapy	80,834	4,150,482	0.019476	410	8	67
68	Speech Pathology	640,173	10,310,021	0.062092	540	34	68
69	Electrocardiology	754,512	7,082,322	0.106535	10,592	1,128	69
70	Electroencephalography	1,439,136	11,749,319	0.122487	2,357	289	70
71	Medical Supplies Charged to Pat	1,349,307	154,501,701	0.008733	491,383	4,291	71
72	Impl. Dev. Charged to Patients	68,663	27,994,305	0.002453	80,629	198	72
73	Drugs Charged to Patients	1,911,317	249,003,463	0.007676	947,806	7,275	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	39,369	2,191,329	0.017966	133,133	2,392	74
76	PSYCHIATRY	1,908,783	9,932,587	0.192174	595	114	76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,806,465	16,392,365	0.415222	914	380	90
90.01	OFFSITE CLINICS						90.01
		2,718,305	45,444,079	0.059816			
91	Emergency	3,010,454	42,042,010	0.071606	35,434	2,537	91
92	Observation Beds (Non-Distinct	2,225,315					92
92.01	OBSERVATION BEDS-DISTINCT						92.01
		534,042	23,550,966	0.022676	6,960	158	
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	52,391,881	1,296,014,778		3,142,960	75,791	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [] PPS
Applicable [XX] Title XVIII, Part A [XX] TEFRA
Boxes: [] Title XIX [] Other

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NEONATOLOGY						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [] PPS
Applicable [XX] Title XVIII, Part A [XX] TEFRA
Boxes: [] Title XIX [] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	41,107		284		30
31	Intensive Care Unit	11,211		52		31
32	Coronary Care Unit	8,303		22		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	13,959				35
40	Subprovider - IPF	3,475				40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	78,055		358		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/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)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	156,914,727			295,537		103,177		50
51	Recovery Room	19,419,271			37,628		23,282		51
53	Anesthesiology	34,005,204			83,290		28,141		53
54	Radiology-Diagnostic	53,826,657			95,731		65,043		54
57	CT Scan	17,897,910			56,600		31,281		57
58	MRI	58,697,835			39,877		207,410		58
59	Cardiac Catheterization	56,348,983			89,466		181,676		59
60	Laboratory	204,227,670			635,394		600,090		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	82,765,632			96,737		19,976		65
66	Physical Therapy	7,565,940			1,947		880		66
67	Occupational Therapy	4,150,482			410				67
68	Speech Pathology	10,310,021			540		3,615		68
69	Electrocardiology	7,082,322			10,592		26,547		69
70	Electroencephalography	11,749,319			2,357		1,449		70
71	Medical Supplies Charged to Pat	154,501,701			491,383		50,607		71
72	Impl. Dev. Charged to Patients	27,994,305			80,629		1,184		72
73	Drugs Charged to Patients	249,003,463			947,806		3,160,362		73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,191,329			133,133		3,795		74
76	PSYCHIATRY	9,932,587			595		6,529		76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	16,392,365			914		84,085		90
90.01	OFFSITE CLINICS	45,444,079					28,281		90.01
91	Emergency	42,042,010			35,434		25,965		91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	23,550,966			6,960		33,412		92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,296,014,778			3,142,960		4,686,787		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

Check Title V - O/P 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	0.299073	103,177			30,857			50
51	Recovery Room	0.280111	23,282			6,522			51
53	Anesthesiology	0.135893	28,141			3,824			53
54	Radiology-Diagnostic	0.242597	65,043			15,779			54
57	CT Scan	0.087569	31,281			2,739			57
58	MRI	0.078560	207,410			16,294			58
59	Cardiac Catheterization	0.151420	181,676			27,509			59
60	Laboratory	0.245735	600,090			147,463			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.188130	19,976			3,758			65
66	Physical Therapy	0.989659	880			871			66
67	Occupational Therapy	0.408318							67
68	Speech Pathology	0.598999	3,615			2,165			68
69	Electrocardiology	0.517977	26,547			13,751			69
70	Electroencephalography	0.683456	1,449			990			70
71	Medical Supplies Charged to Pat	0.182787	50,607			9,250			71
72	Impl. Dev. Charged to Patients	0.129295	1,184			153			72
73	Drugs Charged to Patients	0.171158	3,160,362			540,921			73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.312744	3,795			1,187			74
76	PSYCHIATRY	1.057854	6,529			6,907			76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.332242	84,085			196,107			90
90.01	OFFSITE CLINICS	0.656087	28,281			18,555			90.01
91	Emergency	0.463344	25,965			12,031			91
92	Observation Beds (Non-Distinct)								92
92.01	OBSERVATION BEDS-DISTINCT	0.116198	33,412			3,882			92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.903860							95
200	Subtotal (see instructions)		4,686,787			1,061,515			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		4,686,787			1,061,515			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,908,072		14,908,072	41,107	362.67	15,110	5,479,944	30
31	Intensive Care Unit	4,387,564		4,387,564	11,211	391.36	4,929	1,929,013	31
32	Coronary Care Unit	3,439,519		3,439,519	8,303	414.25	1,204	498,757	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,327,116		4,327,116	13,959	309.99	4,009	1,242,750	35
40	Subprovider - IPF	1,077,753		1,077,753	3,475	310.14	1,305	404,733	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)	28,140,024		28,140,024	78,055		26,557	9,555,197	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,861,967	156,914,727	0.069222	19,980,532	1,383,092	50
51	Recovery Room	1,025,046	19,419,271	0.052785	1,674,324	88,379	51
53	Anesthesiology	911,191	34,005,204	0.026796	4,168,743	111,706	53
54	Radiology-Diagnostic	3,968,503	53,826,657	0.073727	5,977,197	440,681	54
57	CT Scan	636,209	17,897,910	0.035547	2,452,968	87,196	57
58	MRI	1,792,554	58,697,835	0.030539	3,884,659	118,634	58
59	Cardiac Catheterization	2,377,353	56,348,983	0.042190	7,127,102	300,692	59
60	Laboratory	5,431,842	204,227,670	0.026597	30,249,844	804,555	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,028	82,765,632	0.011382	32,150,842	365,941	65
66	Physical Therapy	958,513	7,565,940	0.126688	844,827	107,029	66
67	Occupational Therapy	80,834	4,150,482	0.019476	558,330	10,874	67
68	Speech Pathology	640,173	10,310,021	0.062092	552,646	34,315	68
69	Electrocardiology	754,512	7,082,322	0.106535	621,925	66,257	69
70	Electroencephalography	1,439,136	11,749,319	0.122487	584,016	71,534	70
71	Medical Supplies Charged to Pat	1,349,307	154,501,701	0.008733	45,457,397	396,979	71
72	Impl. Dev. Charged to Patients	68,663	27,994,305	0.002453	4,903,440	12,028	72
73	Drugs Charged to Patients	1,911,317	249,003,463	0.007676	67,649,169	519,275	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	39,369	2,191,329	0.017966	367,198	6,597	74
76	PSYCHIATRY	1,908,783	9,932,587	0.192174			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,806,465	16,392,365	0.415222	163,178	67,755	90
90.01	OFFSITE CLINICS						90.01
		2,718,305	45,444,079	0.059816			
91	Emergency	3,010,454	42,042,010	0.071606	3,283,332	235,106	91
92	Observation Beds (Non-Distinct	2,225,315					92
92.01	OBSERVATION BEDS-DISTINCT						92.01
		534,042	23,550,966	0.022676	709,484	16,088	
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	52,391,881	1,296,014,778		233,361,153	5,244,713	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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)	41,107		15,110		30
31	Intensive Care Unit	11,211		4,929		31
32	Coronary Care Unit	8,303		1,204		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	13,959		4,009		35
40	Subprovider - IPF	3,475		1,305		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	78,055		26,557		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/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)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	156,914,727			19,980,532				50
51	Recovery Room	19,419,271			1,674,324				51
53	Anesthesiology	34,005,204			4,168,743				53
54	Radiology-Diagnostic	53,826,657			5,977,197				54
57	CT Scan	17,897,910			2,452,968				57
58	MRI	58,697,835			3,884,659				58
59	Cardiac Catheterization	56,348,983			7,127,102				59
60	Laboratory	204,227,670			30,249,844				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	82,765,632			32,150,842				65
66	Physical Therapy	7,565,940			844,827				66
67	Occupational Therapy	4,150,482			558,330				67
68	Speech Pathology	10,310,021			552,646				68
69	Electrocardiology	7,082,322			621,925				69
70	Electroencephalography	11,749,319			584,016				70
71	Medical Supplies Charged to Pat	154,501,701			45,457,397				71
72	Impl. Dev. Charged to Patients	27,994,305			4,903,440				72
73	Drugs Charged to Patients	249,003,463			67,649,169				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,191,329			367,198				74
76	PSYCHIATRY	9,932,587							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	16,392,365			163,178				90
90.01	OFFSITE CLINICS	45,444,079							90.01
91	Emergency	42,042,010			3,283,332				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	23,550,966			709,484				92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,296,014,778			233,361,153				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/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	0.299073							50
51	Recovery Room	0.280111							51
53	Anesthesiology	0.135893							53
54	Radiology-Diagnostic	0.242597							54
57	CT Scan	0.087569							57
58	MRI	0.078560							58
59	Cardiac Catheterization	0.151420							59
60	Laboratory	0.245735							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.188130							65
66	Physical Therapy	0.989659							66
67	Occupational Therapy	0.408318							67
68	Speech Pathology	0.598999							68
69	Electrocardiology	0.517977							69
70	Electroencephalography	0.683456							70
71	Medical Supplies Charged to Pat	0.182787							71
72	Impl. Dev. Charged to Patients	0.129295							72
73	Drugs Charged to Patients	0.171158							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.312744							74
76	PSYCHIATRY	1.057854							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.332242							90
90.01	OFFSITE CLINICS	0.656087							90.01
91	Emergency	0.463344							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.116198							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.903860							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S300

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,861,967	156,914,727	0.069222	38,944	2,696	50
51	Recovery Room	1,025,046	19,419,271	0.052785	10,199	538	51
53	Anesthesiology	911,191	34,005,204	0.026796	12,541	336	53
54	Radiology-Diagnostic	3,968,503	53,826,657	0.073727			54
57	CT Scan	636,209	17,897,910	0.035547	30,124	1,071	57
58	MRI	1,792,554	58,697,835	0.030539	32,745	1,000	58
59	Cardiac Catheterization	2,377,353	56,348,983	0.042190	37,336	1,575	59
60	Laboratory	5,431,842	204,227,670	0.026597	240,769	6,404	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,028	82,765,632	0.011382	53,295	607	65
66	Physical Therapy	958,513	7,565,940	0.126688	7,033	891	66
67	Occupational Therapy	80,834	4,150,482	0.019476	1,630	32	67
68	Speech Pathology	640,173	10,310,021	0.062092	1,523	95	68
69	Electrocardiology	754,512	7,082,322	0.106535	44,507	4,742	69
70	Electroencephalography	1,439,136	11,749,319	0.122487	8,889	1,089	70
71	Medical Supplies Charged to Pat	1,349,307	154,501,701	0.008733	104,572	913	71
72	Impl. Dev. Charged to Patients	68,663	27,994,305	0.002453			72
73	Drugs Charged to Patients	1,911,317	249,003,463	0.007676	464,196	3,563	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	39,369	2,191,329	0.017966			74
76	PSYCHIATRY	1,908,783	9,932,587	0.192174	99,590	19,139	76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,806,465	16,392,365	0.415222			90
90.01	OFFSITE CLINICS	2,718,305	45,444,079	0.059816			90.01
91	Emergency	3,010,454	42,042,010	0.071606	134,793	9,652	91
92	Observation Beds (Non-Distinct						92
92.01	OBSERVATION BEDS-DISTINCT	534,042	23,550,966	0.022676			92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	50,166,566	1,296,014,778		1,322,686	54,343	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S300

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/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)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	156,914,727			38,944				50
51	Recovery Room	19,419,271			10,199				51
53	Anesthesiology	34,005,204			12,541				53
54	Radiology-Diagnostic	53,826,657							54
57	CT Scan	17,897,910			30,124				57
58	MRI	58,697,835			32,745				58
59	Cardiac Catheterization	56,348,983			37,336				59
60	Laboratory	204,227,670			240,769				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	82,765,632			53,295				65
66	Physical Therapy	7,565,940			7,033				66
67	Occupational Therapy	4,150,482			1,630				67
68	Speech Pathology	10,310,021			1,523				68
69	Electrocardiology	7,082,322			44,507				69
70	Electroencephalography	11,749,319			8,889				70
71	Medical Supplies Charged to Pat	154,501,701			104,572				71
72	Impl. Dev. Charged to Patients	27,994,305							72
73	Drugs Charged to Patients	249,003,463			464,196				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,191,329							74
76	PSYCHIATRY	9,932,587			99,590				76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	16,392,365							90
90.01	OFFSITE CLINICS	45,444,079							90.01
91	Emergency	42,042,010			134,793				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	23,550,966							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,296,014,778			1,322,686				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] 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	0.299073							50
51	Recovery Room	0.280111							51
53	Anesthesiology	0.135893							53
54	Radiology-Diagnostic	0.242597							54
57	CT Scan	0.087569							57
58	MRI	0.078560							58
59	Cardiac Catheterization	0.151420							59
60	Laboratory	0.245735							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.188130							65
66	Physical Therapy	0.989659							66
67	Occupational Therapy	0.408318							67
68	Speech Pathology	0.598999							68
69	Electrocardiology	0.517977							69
70	Electroencephalography	0.683456							70
71	Medical Supplies Charged to Pat	0.182787							71
72	Impl. Dev. Charged to Patients	0.129295							72
73	Drugs Charged to Patients	0.171158							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.312744							74
76	PSYCHIATRY	1.057854							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.332242							90
90.01	OFFSITE CLINICS	0.656087							90.01
91	Emergency	0.463344							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.116198							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.903860							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [XX] 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)	41,107	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	41,107	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)	34,971	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)	284	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)	81,633,501	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)	81,633,501	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)	81,633,501	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,985.88	38	
39	Program general inpatient routine service cost (line 9 x line 38)					563,990	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)					563,990	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	29,233,540	11,211	2,607.58	52	135,594	43	
44	Coronary Care Unit	21,028,681	8,303	2,532.66	22	55,719	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATOLOGY	30,620,891	13,959	2,193.63			47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					663,051	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,418,354	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					132,463	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					75,791	51
52	Total Program excludable cost (sum of lines 50 and 51)					208,254	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,210,100	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges					58	54
55	Target amount per discharge					19,034	55
56	Target amount (line 54 x line 55)					1,103,962	56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-106,138	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)					1,312,216	63

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/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)					6,136	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,985.88	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,185,360	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	14,908,072	81,633,501	0.182622	12,185,360	2,225,315	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	41,107	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	41,107	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)	34,971	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)	15,110	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)	81,633,501	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)	81,633,501	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)	81,633,501	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,985.88	38	
39	Program general inpatient routine service cost (line 9 x line 38)					30,006,647	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					30,006,647	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	29,233,540	11,211	2,607.58	4,929	12,852,762	43	
44	Coronary Care Unit	21,028,681	8,303	2,532.66	1,204	3,049,323	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATOLOGY	30,620,891	13,959	2,193.63	4,009	8,794,263	47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,279,603	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					102,982,598	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					9,150,464	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,244,713	51
52	Total Program excludable cost (sum of lines 50 and 51)					14,395,177	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/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)					6,136	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,475	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,475	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,475	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)	1,305	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)	5,892,780	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)	5,892,780	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)	5,892,780	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,695.76	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,212,967	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)	2,212,967	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	400,302	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,613,269	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	404,733	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	54,343	51
52	Total Program excludable cost (sum of lines 50 and 51)	459,076	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,085,839		30
31	Intensive Care Unit		244,951		31
32	Coronary Care Unit		67,242		32
35	NEONATOLOGY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.299073	295,537	88,387	50
51	Recovery Room	0.280111	37,628	10,540	51
53	Anesthesiology	0.135893	83,290	11,319	53
54	Radiology-Diagnostic	0.242597	95,731	23,224	54
57	CT Scan	0.087569	56,600	4,956	57
58	MRI	0.078560	39,877	3,133	58
59	Cardiac Catheterization	0.151420	89,466	13,547	59
60	Laboratory	0.245735	635,394	156,139	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.188130	96,737	18,199	65
66	Physical Therapy	0.989659	1,947	1,927	66
67	Occupational Therapy	0.408318	410	167	67
68	Speech Pathology	0.598999	540	323	68
69	Electrocardiology	0.517977	10,592	5,486	69
70	Electroencephalography	0.683456	2,357	1,611	70
71	Medical Supplies Charged to Patients	0.182787	491,383	89,818	71
72	Impl. Dev. Charged to Patients	0.129295	80,629	10,425	72
73	Drugs Charged to Patients	0.171158	947,806	162,225	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.312744	133,133	41,637	74
76	PSYCHIATRY	1.057854	595	629	76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.332242	914	2,132	90
90.01	OFFSITE CLINICS	0.656087			90.01
91	Emergency	0.463344	35,434	16,418	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116198	6,960	809	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		3,142,960	663,051	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,142,960		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		36,921,345		30
31	Intensive Care Unit		21,111,065		31
32	Coronary Care Unit		11,657,990		32
35	NEONATOLOGY		28,332,686		35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.299073	19,980,532	5,975,638	50
51	Recovery Room	0.280111	1,674,324	468,997	51
53	Anesthesiology	0.135893	4,168,743	566,503	53
54	Radiology-Diagnostic	0.242597	5,977,197	1,450,050	54
57	CT Scan	0.087569	2,452,968	214,804	57
58	MRI	0.078560	3,884,659	305,179	58
59	Cardiac Catheterization	0.151420	7,127,102	1,079,186	59
60	Laboratory	0.245735	30,249,844	7,433,445	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.188130	32,150,842	6,048,538	65
66	Physical Therapy	0.989659	844,827	836,091	66
67	Occupational Therapy	0.408318	558,330	227,976	67
68	Speech Pathology	0.598999	552,646	331,034	68
69	Electrocardiology	0.517977	621,925	322,143	69
70	Electroencephalography	0.683456	584,016	399,149	70
71	Medical Supplies Charged to Patients	0.182787	45,457,397	8,309,021	71
72	Impl. Dev. Charged to Patients	0.129295	4,903,440	633,990	72
73	Drugs Charged to Patients	0.171158	67,649,169	11,578,696	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.312744	367,198	114,839	74
76	PSYCHIATRY	1.057854			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.332242	163,178	380,571	90
90.01	OFFSITE CLINICS	0.656087			90.01
91	Emergency	0.463344	3,283,332	1,521,312	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116198	709,484	82,441	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		233,361,153	48,279,603	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		233,361,153		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S300

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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
32	Coronary Care Unit				32
35	NEONATOLOGY				35
40	Subprovider - IPF		3,032,272		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.299073	38,944	11,647	50
51	Recovery Room	0.280111	10,199	2,857	51
53	Anesthesiology	0.135893	12,541	1,704	53
54	Radiology-Diagnostic	0.242597			54
57	CT Scan	0.087569	30,124	2,638	57
58	MRI	0.078560	32,745	2,572	58
59	Cardiac Catheterization	0.151420	37,336	5,653	59
60	Laboratory	0.245735	240,769	59,165	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.188130	53,295	10,026	65
66	Physical Therapy	0.989659	7,033	6,960	66
67	Occupational Therapy	0.408318	1,630	666	67
68	Speech Pathology	0.598999	1,523	912	68
69	Electrocardiology	0.517977	44,507	23,054	69
70	Electroencephalography	0.683456	8,889	6,075	70
71	Medical Supplies Charged to Patients	0.182787	104,572	19,114	71
72	Impl. Dev. Charged to Patients	0.129295			72
73	Drugs Charged to Patients	0.171158	464,196	79,451	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.312744			74
76	PSYCHIATRY	1.057854	99,590	105,352	76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.332242			90
90.01	OFFSITE CLINICS	0.656087			90.01
91	Emergency	0.463344	134,793	62,456	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116198			92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		1,322,686	400,302	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,322,686		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	2,579	38	1,985.88	1	1,986	1
2	Intensive Care Unit		43	2,607.58			2
3	Coronary Care Unit		44	2,532.66			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,193.63			6
7	TOTAL (sum of lines 1-6)	2,579			1	1,986	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
				2	3	
8	Operating Room	50	0.299073			8
9	Recovery Room	51	0.280111			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135893			11
12	Radiology-Diagnostic	54	0.242597	393	95	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.087569			15
16	MRI	58	0.078560			16
17	Cardiac Catheterization	59	0.151420			17
18	Laboratory	60	0.245735	15,040	3,696	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.188130	7,889	1,484	23
24	Physical Therapy	66	0.989659			24
25	Occupational Therapy	67	0.408318			25
26	Speech Pathology	68	0.598999			26
27	Electrocardiology	69	0.517977	1,745	904	27
28	Electroencephalography	70	0.683456			28
29	Medical Supplies Charged to Patients	71	0.182787	1,411	258	29
30	Impl. Dev. Charged to Patients	72	0.129295			30
31	Drugs Charged to Patients	73	0.171158	5,466	936	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312744			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.057854			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.332242			37
37.01	OFFSITE CLINICS	90.01	0.656087			37.01
38	Emergency	91	0.463344			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116198			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			31,944	7,373	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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		1		42
43	Intensive Care Unit	3				43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			1		48

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

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	9,359		34,523		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,031,502		1,031,502		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,040,861		1,066,025		61
62	Total Usable Organs (see instructions)		17			62
63	Medicare Usable Organs (see instructions)		3			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.176471			64
65	Medicare Cost/Charges (see instructions)	183,682		188,122		65
66	Revenue for Organs Sold	5,000				66
67	Subtotal (line 65 minus line 66)	178,682		188,122		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	178,682		188,122		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	7			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		9		73
74	Total (sum of lines 70 thru 73)	7	10		74
75	Organs Transplanted	7	9		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	5,000	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	7	10		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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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 Applicable Box: HEART LIVER PANCREAS ISLET
 KIDNEY LUNG INTESTINE

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics		38	1,985.88			1
2	Intensive Care Unit		43	2,607.58			2
3	Coronary Care Unit		44	2,532.66			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,193.63			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			
				2	3	
8	Operating Room	50	0.299073			8
9	Recovery Room	51	0.280111			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135893			11
12	Radiology-Diagnostic	54	0.242597			12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.087569			15
16	MRI	58	0.078560			16
17	Cardiac Catheterization	59	0.151420			17
18	Laboratory	60	0.245735			18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.188130			23
24	Physical Therapy	66	0.989659			24
25	Occupational Therapy	67	0.408318			25
26	Speech Pathology	68	0.598999			26
27	Electrocardiology	69	0.517977			27
28	Electroencephalography	70	0.683456			28
29	Medical Supplies Charged to Patients	71	0.182787			29
30	Impl. Dev. Charged to Patients	72	0.129295			30
31	Drugs Charged to Patients	73	0.171158			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312744			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.057854			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.332242			37
37.01	OFFSITE CLINICS	90.01	0.656087			37.01
38	Emergency	91	0.463344			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116198			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)					41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	I			
42	Adults & Pediatrics	2		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	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)					48

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

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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 [XX] 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					56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,227,439		1,227,439		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,227,439		1,227,439		61
62	Total Usable Organs (see instructions)		13			62
63	Medicare Usable Organs (see instructions)					63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					64
65	Medicare Cost/Charges (see instructions)					65
66	Revenue for Organs Sold					66
67	Subtotal (line 65 minus line 66)					67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)					69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		13		73
74	Total (sum of lines 70 thru 73)		13		74
75	Organs Transplanted		13		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs				77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		13		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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	2,579	38	1,985.88	1	1,986	1
2	Intensive Care Unit		43	2,607.58			2
3	Coronary Care Unit		44	2,532.66			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,193.63			6
7	TOTAL (sum of lines 1-6)	2,579			1	1,986	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
				2	3	
8	Operating Room	50	0.299073			8
9	Recovery Room	51	0.280111			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135893			11
12	Radiology-Diagnostic	54	0.242597	393	95	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.087569			15
16	MRI	58	0.078560			16
17	Cardiac Catheterization	59	0.151420			17
18	Laboratory	60	0.245735	15,040	3,696	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.188130	7,889	1,484	23
24	Physical Therapy	66	0.989659			24
25	Occupational Therapy	67	0.408318			25
26	Speech Pathology	68	0.598999			26
27	Electrocardiology	69	0.517977	1,745	904	27
28	Electroencephalography	70	0.683456			28
29	Medical Supplies Charged to Patients	71	0.182787	1,411	258	29
30	Impl. Dev. Charged to Patients	72	0.129295			30
31	Drugs Charged to Patients	73	0.171158	5,466	936	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312744			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.057854			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.332242			37
37.01	OFFSITE CLINICS	90.01	0.656087			37.01
38	Emergency	91	0.463344			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116198			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			31,944	7,373	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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	I			
42	Adults & Pediatrics	2		1		42
43	Intensive Care Unit	3				43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			1		48

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

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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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 [XX] 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	9,359		34,523		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,031,322		1,031,322		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,040,681		1,065,845		61
62	Total Usable Organs (see instructions)		16			62
63	Medicare Usable Organs (see instructions)		1			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.062500			64
65	Medicare Cost/Charges (see instructions)	65,043		66,615		65
66	Revenue for Organs Sold	5,000				66
67	Subtotal (line 65 minus line 66)	60,043		66,615		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	60,043		66,615		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	2			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		13		73
74	Total (sum of lines 70 thru 73)	2	14		74
75	Organs Transplanted	2	13		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	5,000	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)	2	14		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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	1,061,515			2
3	PPS payments	1,488,792			3
4	Outlier payment (see instructions)	4,956			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.920			5
6	Line 2 times line 5	976,594			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)	1,493,748			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	116,441			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	1,377,307			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	22,704			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,400,011			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,400,011			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)	1,400,011			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,400,011			40
40.01	Sequestration adjustment (see instructions)	28,000			40.01
41	Interim payments	1,400,435			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-28,424			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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/26/2016 Run Time: 11:43 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-3300

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
Applicable IPF SNF
Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,353,530		1,411,379
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				
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	04/02/2015	135,410	3.02
		.03			3.03
		.04			3.04
		.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51	08/27/2015	62,897	10,944
		.52			3.51
		.53			3.52
		.54			3.53
		.55			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		72,513	-10,944
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)			1,426,043	1,400,435
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
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.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			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART I**

PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER - TEFRA

1	Inpatient hospital services (see instructions)	1,312,216	1
2	Organ acquisition	238,725	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 thru 3)	1,550,941	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	1,550,941	6
7	Deductibles	34,796	7
8	Subtotal (line 6 minus line 7)	1,516,145	8
9	Coinsurance	7,765	9
10	Subtotal (line 8 minus line 9)	1,508,380	10
11	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11
12	Adjusted reimbursable bad debts (see instructions)		12
13	Allowable bad debts for dual eligible beneficiaries (see instructions)		13
14	Subtotal (sum of lines 10 and 12)	1,508,380	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	35,442	15
16	Other pass through costs (see instructions) DO NOT USE THIS LINE		16
17	Other adjustments (specify) (see instructions)		17
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		17.50
18	Total amount payable to the provider (see instructions)	1,543,822	18
18.01	Sequestration adjustment (see instructions)	30,876	18.01
19	Interim payments	1,426,043	19
20	Tentative settlement (for contractor use only)		20
21	Balance due provider/program (line 18 minus lines 18.01, 19 and 20)	86,903	21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3
PART II

Check [] Hospital
Applicable [XX] Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)		1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 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)		9
10	Teaching adjustment factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)		16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)		18
19	Deductibles		19
20	Subtotal (line 18 minus line 19)		20
21	Coinsurance		21
22	Subtotal (line 20 minus line 21)		22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)		26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)		31
31.01	Sequestration adjustment (see instructions)		31.01
32	Interim payments		32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E-3
PART VII

Check [] Title V [XX] Hospital [] NF [] PPS
Applicable [XX] 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	102,982,598	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	102,982,598	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	102,982,598	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges	98,023,087	8
9	Ancillary service charges	233,361,153	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)	331,384,240	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(c)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)	331,384,240	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	228,401,642	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)	102,982,598	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)	102,982,598	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	102,982,598	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)	102,982,598	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)	102,982,598	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)	102,982,598	40
41	Interim payments	79,599,302	41
42	Balance due provider/program (line 40 minus line 41)	23,383,296	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IPF ICF/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	2,613,269		1
2			2
3			3
4	2,613,269		4
5			5
6			6
7	2,613,269		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	3,032,272		8
9	1,322,686		9
10			10
11			11
12	4,354,958		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	4,354,958		16
17	1,741,689		17
18			18
19			19
20			20
21	2,613,269		21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	2,613,269		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	2,613,269		31
32			32
33			33
34			34
35			35
36	2,613,269		36
37			37
38	2,613,269		38
39			39
40	2,613,269		40
41	1,646,481		41
42	966,788		42
43			43

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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		143.97	1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		5.49	2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE 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)		149.46	5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		249.61	6	
7	Enter the lesser of line 5 or line 6		149.46	7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	91.10	110.32	201.42	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	54.55	66.06	120.61	9
10	Weighted dental and podiatric resident FTE count for the current year		2.84		10
11	Total weighted FTE count	54.55	68.90		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	55.87	66.52		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.80	69.29		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	55.41	68.24		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	55.41	68.24		17
18	Per resident amount	94.465.23	94.465.23		18
19	Approved amount for resident costs	5,234,318	6,446,307	11,680,625	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)			100.15	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			11,680,625	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	358		26	
27	Total inpatient days (see instructions)	71,919		27	
28	Ratio of inpatient days to total inpatient days	0.004978	0.000000	28	
29	Program direct GME amount	58,146		29	
30	Reduction for direct GME payments for Medicare Advantage			30	
31	Net Program direct GME amount			58,146	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)			2,191,329	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			1,418,354	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			238,725	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)			1,657,079	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			1,061,515	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			1,061,515	44
45	Total reasonable cost (sum of lines 41 and 44)			2,718,594	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.609535	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.390465	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			58,146	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			35,442	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			22,704	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: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	26,557	8,261	26
27	Total inpatient days (see instructions)	71,919	71,919	27
28	Ratio of inpatient days to total inpatient days	0.369263	0.114865	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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	22,671,672				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	85,704,377				4
5	Other receivables	8,600,000				5
6	Allowances for uncollectible notes and accounts receivable	-12,458,285				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	32,015,148				9
10	Due from other funds	286,314				10
11	Total current assets (sum of lines 1-10)	136,819,226				11
FIXED ASSETS						
12	Land	38,092,506				12
13	Land improvements	449,471				13
14	Accumulated depreciation					14
15	Buildings	1,068,864,030				15
16	Accumulated depreciation	-319,909,230				16
17	Leasehold improvements	20,703,981				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	287,652,706				23
24	Accumulated depreciation	-191,307,985				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)	904,545,479				30
OTHER ASSETS						
31	Investments	736,835,911	203,100,374	163,033,249		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	62,103,183				34
35	Total other assets (sum of lines 31-34)	798,939,094	203,100,374	163,033,249		35
36	Total assets (sum of lines 11, 30 and 35)	1,840,303,799	203,100,374	163,033,249		36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	82,530,893				37
38	Salaries, wages and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	22,109,265				44
45	Total current liabilities (sum of lines 37 thru 44)	104,640,158				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	373,403,475				47
48	Unsecured loans					48
49	Other long term liabilities	142,983,906				49
50	Total long term liabilities (sum of lines 46 thru 49)	516,387,381				50
51	Total liabilities (sum of lines 45 and 50)	621,027,539				51
CAPITAL ACCOUNTS						
52	General fund balance	1,219,276,260				52
53	Specific purpose fund		203,100,374			53
54	Donor created - endowment fund balance - restricted			163,033,249		54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,219,276,260	203,100,374	163,033,249		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,840,303,799	203,100,374	163,033,249		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		1,215,337,906		209,535,724
2	Net income (loss) (from Worksheet G-3, line 29)		47,982,743		
3	Total (sum of line 1 and line 2)		1,263,320,649		209,535,724
4	Additions (credit adjustments) (specify)	-12,050,668		59,284,924	
5	GRANTS				
6	INVESTMENT RETURN			-28,464	
7	TRANSFER FROM AFFILIATES				
8					
9					
10	Total additions (sum of lines 4-9)		-12,050,668		59,256,460
11	Subtotal (line 3 plus line 10)		1,251,269,981		268,792,184
12	Deductions (debit adjustments) (specify)	31,993,722		65,171,978	
13	TRANSFER TO AFFILIATES			519,832	
14	CAPITAL ASSETS				
15					
16					
17					
18	Total deductions (sum of lines 12-17)		31,993,722		65,691,810
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,219,276,259		203,100,374

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period		156,855,480		
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)		156,855,480		
4	Additions (credit adjustments) (specify)	5,657,937			
5	GRANTS				
6	INVESTMENT RETURN				
7	TRANSFER FROM AFFILIATES	519,832			
8					
9					
10	Total additions (sum of lines 4-9)		6,177,769		
11	Subtotal (line 3 plus line 10)		163,033,249		
12	Deductions (debit adjustments) (specify)				
13	TRANSFER TO AFFILIATES				
14	CAPITAL ASSETS				
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		163,033,249		

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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	113,113,118		113,113,118	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	113,113,118		113,113,118	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	94,887,389		94,887,389	11
12	Coronary Care Unit	61,648,210		61,648,210	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	104,110,961		104,110,961	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	260,646,560		260,646,560	16
17	Total inpatient routine care services (sum of lines 10 and 16)	373,759,678		373,759,678	17
18	Ancillary services	626,908,674	656,980,775	1,283,889,449	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,000,668,352	656,980,775	1,657,649,127	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		680,047,973	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		680,047,973	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)	1,657,649,127	1
2	Less contractual allowances and discounts on patients' accounts	1,032,148,095	2
3	Net patient revenues (line 1 minus line 2)	625,501,032	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	680,047,973	4
5	Net income from service to patients (line 3 minus line 4)	-54,546,941	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	63,777,169	6
7	Income from investments	-21,299,794	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,349,430	11
12	Parking lot receipts	3,164,961	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,364,791	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	18,086	21
22	Rental of hosptial space	4,534,059	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	3,786,545	24.01
24.02	Other (INTEREST INCOME)	5,025,632	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	806,810	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	6,752,643	24.05
24.06	Other (CMRI)	17,991,522	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	27,939	24.08
24.09	Other (SHUTTLE REVENUE)	131,157	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,097,712	24.12
24.13	Other (CDH REVENUE)	10,272,720	24.13
24.14	Other (INDIRECT COST RECOVERY)	1,750,714	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	977,588	24.15
25	Total other income (sum of lines 6-24)	102,529,684	25
26	Total (line 5 plus line 25)	47,982,743	26
27.01	Other expenses (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	Other expenses (OTHER EXPENSE)		27.02
27.03	Other expenses (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	Other expenses (INTEREST RATE SWAP)		27.04
27.05	Other expenses (AFFILIATE TRANSFERS)		27.05
29	Net income (or loss) for the period (line 26 minus line 28)	47,982,743	29

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
35	NEONATOLOGY							35
40	Subprovider - IPF							40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
191	Research							191

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
191.01	OSA							191.01
192	Physicians' Private Offices							192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES							194
194.01	NON-REIMBURSABLE CLINICS							194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202