

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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: 01/30/2017 Time: 10:26		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHWESTERN MEMORIAL HOSPITAL (14-0281) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2015 and ending 08/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		5,377,913	521,811		62,150	1
2	SUBPROVIDER - IPF		119,885	260			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		5,497,798	522,071		62,150	200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III**

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.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	NORTHWESTERN MEMORIAL HOSPITAL	14-0281	16974	1	09 / 01 / 1972	N	P	O	3
4	Subprovider - IPF	NORTHWESTERN MEMORIAL PSYCH UNIT	14-S281	16974	4	09 / 01 / 1984	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2015	To: 08 / 31 / 2016		20
21	Type of control (see instructions)	2			21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	25,834	13,387			7,466		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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)	Y	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	Y			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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)			13.16	319.21	0.039594	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
	1	2	3	4	5		
65	INTERNAL MEDICINE	1400	21.55	115.30	0.157472		65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			15.30	362.17	0.040533	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
	1	2	3	4	5		
67	INTERNAL MEDICINE	1400	22.65	112.39	0.167728		67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N		71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

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

TEFRA Providers

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	3,875,783	21,367,389	18,502,126	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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1973			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	09 / 29 / 2006			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	02 / 02 / 1996			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	12 / 29 / 2015			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 HB0640	140
-----	--	--------	-------------	-----

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

141	Name: NORTHWESTERN MEMORIAL HEALTHCA	Contractor's Name: NGS - INC	Contractor's Number: 06101	141
142	Street: 251 E HURON ST	P.O. Box: PO BOX 6		142
143	City: CHICAGO	State: IL	ZIP Code: 60611	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	Y	06 / 30 / 2016	146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	Y		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.	Y		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 01 / 2015	08 / 31 / 2016			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	11/30/2016	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/30/2016	Y	11/30/2016
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

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
						5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	666	242,133		53,397	11,929	174,017	1	
2	HMO and other (see instructions)					6,742	23,705		2	
3	HMO IPF Subprovider						359		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)		666	242,133		53,397	11,929	174,017	7	
8	Intensive Care Unit	31	106	38,796		11,580	2,332	29,988	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	SPECIAL CARE NURSERY	35	86	31,293			3,668	19,081	12	
13	Nursery	43					2,121	24,288	13	
14	Total (see instructions)		858	312,222		64,977	20,050	247,374	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	29	10,614		2,451	361	8,094	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)		887						27	
28	Observation Bed Days							14,765	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)							3,018	30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)		32	11,712			2,932	5,283	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)							186	32.01	
33	LTCH non-covered days								33	

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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)					11,145	5,336	43,829	1
2	HMO and other (see instructions)					1,051	4,796		2
3	HMO IPF Subprovider						49		3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	SPECIAL CARE NURSERY								12
13	Nursery								13
14	Total (see instructions)	510.06	4,689.77			11,145	5,336	43,829	14
15	CAH Visits								15
16	Subprovider - IPF	2.75	39.72			226	33	976	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)	512.81	4,729.49						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	418,138,470	-3,066,038	415,072,432	11,419,088.00	36.35	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		12,606,882		12,606,882	63,951.00	197.13	4
4.01	Physician-Part A - Teaching		1,503,412		1,503,412	16,184.00	92.89	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21		29,204,029	29,204,029	1,072,365.00	27.23	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		12,801,610	2,398,787	15,200,397	378,866.00	40.12	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		5,323,857		5,323,857	83,599.00	63.68	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs		117,636,681		117,636,681	2,043,538.00	57.57	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		109,272,411		109,272,411			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,701,327		2,701,327			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		1,603,263		1,603,263			22
22.01	Physician Part A - Teaching		262,740		262,740			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		5,154,406		5,154,406			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		261,861		261,861			26
27	Administrative & General		54,167,685	-16,441,245	37,726,440	509,625.00	74.03	27
28	Administrative & General under contract (see instructions)		9,210,841		9,210,841	163,501.00	56.34	28
29	Maintenance & Repairs							29
30	Operation of Plant		1,707,489		1,707,489	49,515.00	34.48	30
31	Laundry & Linen Service							31
32	Housekeeping		12,671,112		12,671,112	613,820.00	20.64	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		6,762,916	-2,521,251	4,241,665	195,010.00	21.75	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			2,521,251	2,521,251	115,914.00	21.75	36
37	Maintenance of Personnel							37
38	Nursing Administration		8,218,126	-37,329	8,180,797	191,369.00	42.75	38
39	Central Services and Supply		6,529,061		6,529,061	270,793.00	24.11	39
40	Pharmacy		18,762,791	-1,146,039	17,616,752	397,716.00	44.29	40
41	Medical Records & Medical Records Library		2,128,282		2,128,282	66,197.00	32.15	41
42	Social Service		2,857,726		2,857,726	96,306.00	29.67	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		425,845,899	-32,270,067	393,575,832	10,494,040.00	37.50	1
2	Excluded area salaries (see instructions)		12,801,610	2,398,787	15,200,397	378,866.00	40.12	2
3	Subtotal salaries (line 1 minus line 2)		413,044,289	-34,668,854	378,375,435	10,115,174.00	37.41	3
4	Subtotal other wages & related costs (see instructions)		122,960,538		122,960,538	2,127,137.00	57.81	4
5	Subtotal wage-related costs (see instructions)		110,875,674		110,875,674		29.30%	5
6	Total (sum of lines 3 through 5)		646,880,501	-34,668,854	612,211,647	12,242,311.00	50.01	6
7	Total overhead cost (see instructions)		123,277,890	-17,624,613	105,653,277	2,669,766.00	39.57	7

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	19,716,352	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	52,754,669	8
9	Prescription Drug Plan	9,264,147	9
10	Dental, Hearing and Vision Plan	1,388,161	10
11	Life Insurance (If employee is owner or beneficiary)	343,632	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	2,717,733	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	4,297,712	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	26,043,891	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	823,175	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances	723,846	22
23	Tuition Reimbursement	926,967	23
24	Total Wage Related cost (Sum of lines 1-23)	119,000,285	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)	410,230	25
----	------------------------------------	---------	----

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	
----	-----	----------------	--

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.213316	1
---	--	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid		103,772,415	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		594,233,076	6
7	Medicaid cost (line 1 times line 6)		126,759,423	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		22,987,008	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		22,987,008	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	90,368,274	5,693,351	96,061,625	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,276,999	1,214,483	20,491,482	21
22	Partial payment by patients approved for charity care	117,251	17,344	134,595	22
23	Cost of charity care (line 21 minus line 22)	19,159,748	1,197,139	20,356,887	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		35,911,000	26
27	Medicare bad debts for the entire hospital complex (see instructions)		3,378,671	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		32,532,329	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,939,666	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		27,296,553	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		50,283,561	31

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		60,547,089	60,547,089	40,219	60,587,308	25,022,096	85,609,404	1
2	00200	Cap Rel Costs-Mvble Equip		23,298,591	23,298,591	-40,219	23,258,372	8,238	23,266,610	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	261,861	-7,564,445	-7,302,584	124,979	-7,177,605	-670,534	-7,848,139	4
5	00500	Administrative & General	54,167,685	398,845,804	453,013,489	-22,273,939	430,739,550	-76,805,848	353,933,702	5
7	00700	Operation of Plant	1,707,489	59,505,676	61,213,165		61,213,165	-17,584,675	43,628,490	7
8	00800	Laundry & Linen Service				3,563,250	3,563,250		3,563,250	8
9	00900	Housekeeping	12,671,112	7,047,603	19,718,715		19,718,715	-1,277,089	18,441,626	9
10	01000	Dietary	6,762,916	6,116,632	12,879,548	-3,048,479	9,831,069	-17,007	9,814,062	10
11	01100	Cafeteria				3,048,479	3,048,479	-1,175,307	1,873,172	11
13	01300	Nursing Administration	8,218,126	3,480,792	11,698,918	108,752	11,807,670	-239,694	11,567,976	13
14	01400	Central Services & Supply	6,529,061	8,813,546	15,342,607		15,342,607	-92,219	15,250,388	14
15	01500	Pharmacy	18,762,791	122,767,796	141,530,587	-67,349,753	74,180,834	-56,580,638	17,600,196	15
16	01600	Medical Records & Library	2,128,282	2,412,618	4,540,900		4,540,900	-42,532	4,498,368	16
17	01700	Social Service	2,857,726	1,161,018	4,018,744		4,018,744	-53,240	3,965,504	17
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd				34,522,703	34,522,703		34,522,703	21
22	02200	I&R Services-Other Prgm Costs Apprvd	30,972,181	1,921,123	32,893,304	-16,786,316	16,106,988	-6,944,607	9,162,381	22
23	02300	PARAMED ED PRGM-(PHARMACY)				1,217,281	1,217,281	-136	1,217,145	23
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				332,050	332,050	-1,890	330,160	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				616,755	616,755	-222,121	394,634	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				384,526	384,526	-117,517	267,009	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				465,537	465,537	-100,162	365,375	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				408,422	408,422	-113,815	294,607	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	79,205,311	33,554,187	112,759,498	-680,108	112,079,390	-493,667	111,585,723	30
31	03100	Intensive Care Unit	21,721,508	11,733,414	33,454,922	403,183	33,858,105	-165,244	33,692,861	31
35	02060	SPECIAL CARE NURSERY	10,507,630	3,655,150	14,162,780	-91,953	14,070,827	-19,808	14,051,019	35
40	04000	Subprovider - IPF	3,042,299	801,597	3,843,896	123,622	3,967,518	-4,190	3,963,328	40
43	04300	Nursery				3,180,035	3,180,035		3,180,035	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	24,877,599	88,822,960	113,700,559	-77,344,723	36,355,836	-159,663	36,196,173	50
51	05100	Recovery Room	6,397,234	2,332,693	8,729,927	23,185	8,753,112	-12,406	8,740,706	51
52	05200	Delivery Room & Labor Room	13,487,701	6,068,418	19,556,119	-431,723	19,124,396	1,976	19,126,372	52
53	05300	Anesthesiology	1,606,017	3,632,094	5,238,111	-351,082	4,887,029	-24,113	4,862,916	53
54	05400	Radiology-Diagnostic	16,650,264	17,086,098	33,736,362	-8,006,492	25,729,870	-86,798	25,643,072	54
55	05500	Radiology-Therapeutic	6,789,966	3,817,601	10,607,567	-216,031	10,391,536	-276,004	10,115,532	55
56	05600	Radioisotope	2,144,355	7,045,750	9,190,105	-4,373,787	4,816,318	-209,912	4,606,406	56
57	05700	CT Scan	4,575,800	3,783,974	8,359,774	-374,106	7,985,668	-55,985	7,929,683	57
58	05800	MRI	7,271,300	5,690,421	12,961,721	-1,197,754	11,763,967	-26,334	11,737,633	58
59	05900	Cardiac Catheterization	1,099,626	13,276,727	14,376,353	-11,355,348	3,021,005	-23,940	2,997,065	59
59.01	03650	VASCULAR LAB	991,251	299,487	1,290,738		1,290,738		1,290,738	59.01
59.02	03140	CARDIAC GRAPHICS	3,008,715	2,416,073	5,424,788	66,027	5,490,815	-34,663	5,456,152	59.02
59.03	03560	PULMONARY FUNCTION	405,694	356,692	762,386	7,668	770,054	-29	770,025	59.03
59.04	03290	EPS	1,051,036	11,629,033	12,680,069	-11,069,485	1,610,584	-56,828	1,553,756	59.04
59.05	03340	GI	4,629,892	5,915,227	10,545,119	-801,469	9,743,650	-38,847	9,704,803	59.05
60	06000	Laboratory	19,570,315	62,698,391	82,268,706	44,128	82,312,834	-483,407	81,829,427	60
62	06200	Whole Blood & Packed Red Blood Cells		10,070,388	10,070,388	-73,988	9,996,400		9,996,400	62
63	06300	Blood Storing, Processing & Trans.	2,453,072	3,643,908	6,096,980	20,545	6,117,525	-355,467	5,762,058	63
65	06500	Respiratory Therapy	7,265,261	5,145,468	12,410,729	55,476	12,466,205	-885,802	11,580,403	65
66	06600	Physical Therapy	2,310,684	1,535,420	3,846,104	-131,918	3,714,186	-7,583	3,706,603	66
67	06700	Occupational Therapy	1,255,565	360,211	1,615,776	17,998	1,633,774	-16,359	1,617,415	67
70	07000	Electroencephalography	2,171,353	1,446,405	3,617,758	85,490	3,703,248	-22,375	3,680,873	70
71	07100	Medical Supplies Charged to Patients				44,498,957	44,498,957		44,498,957	71
72	07200	Impl. Dev. Charged to Patients				67,455,925	67,455,925		67,455,925	72
73	07300	Drugs Charged to Patients				68,016,335	68,016,335		68,016,335	73
76.97	07697	CARDIAC REHABILITATION	302,812	247,309	550,121	7,966	558,087	-49,453	508,634	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	2,231,472	912,166	3,143,638	-97,671	3,045,967	-1,900	3,044,067	90
90.01	09001	PSYCH CLINIC	3,192,828	2,178,177	5,371,005	125,440	5,496,445	-421,344	5,075,101	90.01
90.02	09002	TRANSPLANT CLINIC	582,617	365,469	948,086	1,694,685	2,642,771	-1,293	2,641,478	90.02
90.03	09003	OB CLINIC	-1,485	4,747	3,262	-6	3,256		3,256	90.03
91	09100	Emergency	10,542,502	5,020,278	15,562,780	324,324	15,887,104	-76,473	15,810,631	91

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,999,735	814,676	2,814,411	37,757	2,852,168		2,852,168	92.01
		OTHER REIMBURSABLE COST CENTERS								
100	10000	I&R Services-Not Apprvd Prgm				743,668	743,668		743,668	100
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	1,031,435	7,905,816	8,937,251	1,608,822	10,546,073	-254,895	10,291,178	105
106	10600	Heart Acquisition	367,263	1,758,817	2,126,080	338,180	2,464,260	-115,019	2,349,241	106
107	10700	Liver Acquisition	618,476	3,102,684	3,721,160	541,004	4,262,164	-328,833	3,933,331	107
108	10800	Lung Acquisition	382,447	884,504	1,266,951	-35,732	1,231,219	-29,103	1,202,116	108
109	10900	Pancreas Acquisition		1,048,426	1,048,426	153,087	1,201,513	-13,361	1,188,152	109
116	11600	Hospice		-1,455	-1,455		-1,455		-1,455	116
118		SUBTOTALS (sum of lines 1-117)	410,778,780	1,019,413,244	1,430,192,024	8,274,378	1,438,466,402	-141,757,819	1,296,708,583	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	32,235	52,765	85,000		85,000	-352	84,648	190
191	19100	Research		150	150	1,856,856	1,857,006	-1,275	1,855,731	191
191.01	19101	SPONSERED PROJECT				2,839,469	2,839,469	-277,281	2,562,188	191.01
194	07950	REAL ESTATE	50,342	22,278,497	22,328,839		22,328,839	-39,485,037	-17,156,198	194
194.01	07951	MARKETING, OTHER NON-REIMB		-270,190	-270,190		-270,190	-81,123	-351,313	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	7,277,113	5,693,590	12,970,703	-12,970,703				194.02
200		TOTAL (sum of lines 118-199)	418,138,470	1,047,168,056	1,465,306,526		1,465,306,526	-181,602,887	1,283,703,639	200

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS ELIMIN MED POSITIONS	A	Administrative & General	5		1,458,634	1
2	RECLASS STRAT INIT EMERGENCY 615201	A	I&R Services-Other Prgm Costs	22	181,981		2
3	RECLASS STRAT INIT PATHOLOGY 615201	A	I&R Services-Other Prgm Costs	22	113,566		3
4	RECLASS STRAT INIT DIAG RAD 615201	A	I&R Services-Other Prgm Costs	22	206,627		4
5	RECLASS STRAT INIT NEUROLOGY 615201	A	I&R Services-Other Prgm Costs	22	13,428		5
6	RECLASS STRAT INIT PSYCHIAT 615201	A	I&R Services-Other Prgm Costs	22	314,946		6
7	RECLASS STRAT INIT MEDICINE 615201	A	I&R Services-Other Prgm Costs	22	1,430,102		7
8	RECLASS STRAT INIT SURGERY 615201	A	I&R Services-Other Prgm Costs	22	977,769		8
9	RECLASS STRAT INIT UROLOGY 615201	A	I&R Services-Other Prgm Costs	22	11,349		9
10	RECLASS STRAT INIT NEUROSURG 615201	A	I&R Services-Other Prgm Costs	22	20,061		10
11	RECLASS STRAT INIT OPHTHALMOL 615201	A	I&R Services-Other Prgm Costs	22	12,383		11
12	RECLASS STRAT INIT DERMATOL 615201	A	I&R Services-Other Prgm Costs	22	11,504		12
13	RECLASS 615201 SALARY AND FRINGE	A	I&R Services-Other Prgm Costs	22	3,703,215	639,002	13
14	RECLASS 615201 MICU SUPPORT	A	Adults & Pediatrics	30		401,750	14
15	RECLASS 615201 SALARY AND FRINGE	A	Nursing Administration	13	106,961	18,183	15
16	RECLASS 615201 SALARY AND FRINGE	A	Pharmacy	15	24,701	4,199	16
17	RECLASS 615201 SALARY AND FRINGE	A	Adults & Pediatrics	30	482,368	84,379	17
18	RECLASS 615201 SALARY AND FRINGE	A	Intensive Care Unit	31	349,718	59,452	18
19	RECLASS 615201 SALARY AND FRINGE	A	Subprovider - IPF	40	48,677	8,275	19
20	RECLASS 615201 SALARY AND FRINGE	A	Operating Room	50	499,664	97,211	20
21	RECLASS 615201 SALARY AND FRINGE	A	Recovery Room	51	21,551	3,201	21
22	RECLASS 615201 SALARY AND FRINGE	A	Delivery Room & Labor Room	52	145,750	24,778	22
23	RECLASS 615201 SALARY AND FRINGE	A	Anesthesiology	53	162,311	27,592	23
24	RECLASS 615201 SALARY AND FRINGE	A	Radiology-Diagnostic	54	174,200	29,615	24
25	RECLASS 615201 SALARY AND FRINGE	A	Radiology-Therapeutic	55	43,716	7,431	25
26	RECLASS 615201 SALARY AND FRINGE	A	Radioisotope	56	18,894	3,212	26
27	RECLASS 615201 SALARY AND FRINGE	A	CT Scan	57	130,311	26,690	27
28	RECLASS 615201 SALARY AND FRINGE	A	MRI	58	20,894	3,552	28
29	RECLASS 615201 SALARY AND FRINGE	A	Cardiac Catheterization	59	65,313	11,103	29
30	RECLASS 615201 SALARY AND FRINGE	A	CARDIAC GRAPHICS	59.02	59,304	10,082	30
31	RECLASS 615201 SALARY AND FRINGE	A	PULMONARY FUNCTION	59.03	10,781	1,833	31
32	RECLASS 615201 SALARY AND FRINGE	A	EPS	59.04	54,063	9,191	32
33	RECLASS 615201 SALARY AND FRINGE	A	GI	59.05	63,750	10,838	33
34	RECLASS 615201 SALARY AND FRINGE	A	Laboratory	60	35,000	5,950	34
35	RECLASS 615201 SALARY AND FRINGE	A	Blood Storing, Processing & T	63	16,295	2,770	35
36	RECLASS 615201 SALARY AND FRINGE	A	Respiratory Therapy	65	48,526	8,249	36
37	RECLASS 615201 SALARY AND FRINGE	A	Electroencephalography	70	68,242	11,601	37
38	RECLASS 615201 SALARY AND FRINGE	A	CARDIAC REHABILITATION	76.97	6,318	1,074	38
39	RECLASS 615201 SALARY AND FRINGE	A	Clinic	90	104,888	20,614	39
40	RECLASS 615201 SALARY AND FRINGE	A	PSYCH CLINIC	90.01	34,023	5,784	40
41	RECLASS 615201 SALARY AND FRINGE	A	Emergency	91	261,222	44,408	41
42	RECLASS 615201 SALARY AND FRINGE	A	OBSERVATION BEDS-DISTINCT	92.01	29,947	5,091	42
43	RECLASS 615201 FRINGE FROM SALARY	A	Administrative & General	5		197,146	43
44	RECLASS 615203 SALARY AND FRINGE	A	I&R Services-Other Prgm Costs	22	23,231	8,679	44
45	RECLASS 615203 SALARY AND FRINGE	A	Physical Therapy	66	11,688	4,367	45
46	RECLASS 615200 SALARY AND FRINGE	A	Adults & Pediatrics	30	84,300	21,918	46
47	RECLASS 615200 SALARY AND FRINGE	A	SPECIAL CARE NURSERY	35	47,100	12,246	47
48	RECLASS 615200 SALARY AND FRINGE	A	I&R Services-Other Prgm Costs	22	32,300	8,398	48
49	RECLASS 615211 FRINGE FROM SALARY	A	I&R Services-Other Prgm Costs	22		398,761	49
50	RECLASS 615201 CC1710MOONLIGHTING	A	Administrative & General	5		46,982	50
51	RECLASS RESIDENT SALARY TO LINE 21	A	I&R Services-Salary & Fringes	21	27,483,087		51
52	RECLASSMCGAW-RESIDENT FRINGE	A	I&R Services-Salary & Fringes	21		4,710,677	52
500	Total reclassifications				37,766,025	8,454,918	500
	Code Letter - A						
1	RECLASS FROM BUILDING DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		40,219	1
500	Total reclassifications					40,219	500
	Code Letter - B						
1	DRUG RECLASS	C	Drugs Charged to Patients	73		68,016,335	1
2	DRUG RECLASS	C					2
3	DRUG RECLASS	C					3
4	DRUG RECLASS	C					4
5	DRUG RECLASS	C					5
6	DRUG RECLASS	C					6
7	DRUG RECLASS	C					7
8	DRUG RECLASS	C					8
9	DRUG RECLASS	C					9
10	DRUG RECLASS	C					10
11	DRUG RECLASS	C					11

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
12	DRUG RECLASS	C					12
13	DRUG RECLASS	C					13
500	Total reclassifications					68,016,335	500
	Code Letter - C						
1	IMPLANT RECLASS	D	Impl. Dev. Charged to Patient	72		67,455,925	1
2	IMPLANT RECLASS	D					2
3	IMPLANT RECLASS	D					3
4	IMPLANT RECLASS	D					4
5	IMPLANT RECLASS	D					5
6	IMPLANT RECLASS	D					6
7	IMPLANT RECLASS	D					7
8	IMPLANT RECLASS	D					8
9	IMPLANT RECLASS	D					9
500	Total reclassifications					67,455,925	500
	Code Letter - D						
1	MED SUPPLY RECLASS	E	Medical Supplies Charged to P	71		48,059,524	1
2	MED SUPPLY RECLASS	E					2
3	MED SUPPLY RECLASS	E					3
4	MED SUPPLY RECLASS	E					4
5	MED SUPPLY RECLASS	E					5
6	MED SUPPLY RECLASS	E					6
7	MED SUPPLY RECLASS	E					7
8	MED SUPPLY RECLASS	E					8
9	MED SUPPLY RECLASS	E					9
10	MED SUPPLY RECLASS	E					10
11	MED SUPPLY RECLASS	E					11
12	MED SUPPLY RECLASS	E					12
13	MED SUPPLY RECLASS	E					13
14	MED SUPPLY RECLASS	E					14
15	MED SUPPLY RECLASS	E					15
16	MED SUPPLY RECLASS	E					16
17	MED SUPPLY RECLASS	E					17
18	MED SUPPLY RECLASS	E					18
19	MED SUPPLY RECLASS	E					19
20	MED SUPPLY RECLASS	E					20
21	MED SUPPLY RECLASS	E					21
500	Total reclassifications					48,059,524	500
	Code Letter - E						
1	NN RECLASS	F	Nursery	43	2,342,528	837,507	1
500	Total reclassifications				2,342,528	837,507	500
	Code Letter - F						
1	DIETARY RECLASS	G	Cafeteria	11	2,521,251	527,228	1
500	Total reclassifications				2,521,251	527,228	500
	Code Letter - G						
1	RECLASS PURCHASING CREDIT	H	Administrative & General	5		3,560,567	1
500	Total reclassifications					3,560,567	500
	Code Letter - H						
1	RECLASS SCHOOLS	I					1
500	Total reclassifications						500
	Code Letter - I						
1	RECLASS THERAPY HUB	J	Respiratory Therapy	65	166,867		1
2	RECLASS THERAPY HUB	J	Physical Therapy	66	36,273		2
3	RECLASS THERAPY HUB	J	Occupational Therapy	67	23,302		3
500	Total reclassifications				226,442		500
	Code Letter - J						
1	RECLASS LAUNDRY SERVICES	K	Laundry & Linen Service	8		3,563,250	1
500	Total reclassifications					3,563,250	500
	Code Letter - K						
1	MALPRACTICE	P	Nursing Administration	13		9,710	1
2	MALPRACTICE	P	Pharmacy	15		2,243	2
3	MALPRACTICE	P	I&R Services-Other Prgm Costs	22		555,611	3

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
4	MALPRACTICE	P	Adults & Pediatrics	30		53,145	4
5	MALPRACTICE	P	Intensive Care Unit	31		31,699	5
6	MALPRACTICE	P	SPECIAL CARE NURSERY	35		3,638	6
7	MALPRACTICE	P	Subprovider - IPF	40		4,420	7
8	MALPRACTICE	P	Operating Room	50		46,256	8
9	MALPRACTICE	P	Recovery Room	51		1,921	9
10	MALPRACTICE	P	Delivery Room & Labor Room	52		13,227	10
11	MALPRACTICE	P	Anesthesiology	53		14,738	11
12	MALPRACTICE	P	Radiology-Diagnostic	54		15,818	12
13	MALPRACTICE	P	Radiology-Therapeutic	55		3,970	13
14	MALPRACTICE	P	Radioisotope	56		1,716	14
15	MALPRACTICE	P	CT Scan	57		12,174	15
16	MALPRACTICE	P	MRI	58		1,897	16
17	MALPRACTICE	P	Pancreas Acquisition	109		494	17
18	MALPRACTICE	P	Cardiac Catheterization	59		5,931	18
19	MALPRACTICE	P	CARDIAC GRAPHICS	59.02		5,359	19
20	MALPRACTICE	P	PULMONARY FUNCTION	59.03		979	20
21	MALPRACTICE	P	EPS	59.04		4,909	21
22	MALPRACTICE	P	GI	59.05		5,789	22
23	MALPRACTICE	P	Laboratory	60		3,178	23
24	MALPRACTICE	P	Blood Storing, Processing & T	63		1,480	24
25	MALPRACTICE	P	Respiratory Therapy	65		4,406	25
26	MALPRACTICE	P	Physical Therapy	66		1,246	26
27	MALPRACTICE	P	Electroencephalography	70		6,197	27
28	MALPRACTICE	P	CARDIAC REHABILITATION	76.97		574	28
29	MALPRACTICE	P	Clinic	90		9,740	29
30	MALPRACTICE	P	PSYCH CLINIC	90.01		3,089	30
31	MALPRACTICE DR A OVERHEAD	P	TRANSPLANT CLINIC	90.02		5,852	31
32	MALPRACTICE	P	Emergency	91		23,654	32
33	MALPRACTICE	P	OBSERVATION BEDS-DISTINCT	92.01		2,719	33
34	MALPRACTICE	P	Lung Acquisition	108		6,356	34
35	MALPRACTICE	P	Kidney Acquisition	105		5,852	35
36	MALPRACTICE DR A OVERHEAD	P	Kidney Acquisition	105		12,781	36
37	MALPRACTICE	P	Heart Acquisition	106		8,216	37
38	MALPRACTICE DR A OVERHEAD	P	Heart Acquisition	106		1,767	38
39	MALPRACTICE	P	Liver Acquisition	107		8,785	39
40	MALPRACTICE DR A OVERHEAD	P	Liver Acquisition	107		4,468	40
41	MALPRACTICE DR A OVERHEAD	P	Pancreas Acquisition	109		1,091	41
42	MALPRACTICE DR A OVERHEAD	P	Lung Acquisition	108		572	42
500	Total reclassifications					907,667	500
	Code Letter - P						
1	RECLASS OVERHEAD FROM 5.00	Q	TRANSPLANT CLINIC	90.02	394,536	150,023	1
2	RECLASS OVERHEAD FROM 5.00	Q	Kidney Acquisition	105	861,679	327,655	2
3	RECLASS OVERHEAD FROM 5.00	Q	Heart Acquisition	106	119,094	45,286	3
4	RECLASS OVERHEAD FROM 5.00	Q	Liver Acquisition	107	301,237	114,546	4
5	RECLASS OVERHEAD FROM 5.00	Q	Lung Acquisition	108	38,530	14,651	5
6	RECLASS OVERHEAD FROM 5.00	Q	Pancreas Acquisition	109	73,558	27,971	6
7	RECLASS DR A SALARY AND FRINGE	Q	TRANSPLANT CLINIC	90.02	64,449	10,956	7
8	RECLASS DR A SALARY AND FRINGE	Q	Kidney Acquisition	105	140,759	23,929	8
9	RECLASS DR A SALARY AND FRINGE	Q	Heart Acquisition	106	19,455	3,307	9
10	RECLASS DR A SALARY AND FRINGE	Q	Liver Acquisition	107	49,209	8,365	10
11	RECLASS DR A SALARY AND FRINGE	Q	Lung Acquisition	108	6,294	1,070	11
12	RECLASS DR A SALARY AND FRINGE	Q	Pancreas Acquisition	109	12,016	2,043	12
13	RECLASS CLINIC SAL TO ACQUISITION	Q	Kidney Acquisition	105	43,192		13
14	RECLASS CLINIC SAL TO ACQUISITION	Q	Heart Acquisition	106	5,970		14
15	RECLASS CLINIC SAL TO ACQUISITION	Q	Liver Acquisition	107	15,100		15
16	RECLASS CLINIC SAL TO ACQUISITION	Q	Lung Acquisition	108	1,931		16
17	RECLASS CLINIC SAL TO ACQUISITION	Q	Pancreas Acquisition	109	3,687		17
18	RECLASS CC 1301 SALARY	Q	Kidney Acquisition	105	102,367		18
19	RECLASS CC 1301 SALARY	Q	Heart Acquisition	106	26,220		19
20	RECLASS CC 1301 SALARY	Q	Liver Acquisition	107	39,942		20
21	RECLASS CC 1301 SALARY	Q	Lung Acquisition	108	8,740		21
22	RECLASS CC 1301 SALARY	Q	Pancreas Acquisition	109	25,592		22
23	RECLASS BONUS	Q	TRANSPLANT CLINIC	90.02	7,540		23
24	RECLASS BONUS	Q	Kidney Acquisition	105	17,170		24
25	RECLASS BONUS	Q	Heart Acquisition	106	3,000		25
26	RECLASS BONUS	Q	Liver Acquisition	107	7,000		26
27	RECLASS BONUS	Q	Lung Acquisition	108	2,200		27
28	RECLASS EXCLUDED SALARY	Q	TRANSPLANT CLINIC	90.02	1,696		28

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
29	RECLASS EXCLUDED SALARY & OTHER	Q	TRANSPLANT CLINIC	90.02	120,837		29
30	RECLASS EXCLUDED SALARY & OTHER	Q	TRANSPLANT CLINIC	90.02	197,976		30
31	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Kidney Acquisition	105	64,217	10,917	31
32	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Heart Acquisition	106	90,483	15,382	32
33	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Liver Acquisition	107	96,743	16,446	33
34	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Lung Acquisition	108	70,000	11,900	34
35	RECLASS DR LEVENTHAL SAL&FRINGE	Q	Pancreas Acquisition	109	5,671	964	35
36	RECLASS CC 1301 SAL AND NON TO CLIN	Q	TRANSPLANT CLINIC	90.02	593,907	219,481	36
500	Total reclassifications				3,631,997	1,004,892	500
	Code Letter - Q						
1	COMPANY WIDE OTHER FRINGES	R	Employee Benefits Department	4		124,979	1
2	COMPANY WIDE	R	Administrative & General	5		502,458	2
3	COMPANY WIDE	R	Nursing Administration	13	14,689	118,188	3
4	COMPANY WIDE	R	I&R Services-Salary & Fringes	21	1,720,942	607,997	4
5	COMPANY WIDE	R	I&R Services-Other Prgm Costs	22	183,080	2,249,539	5
6	COMPANY WIDE	R	PARAMED ED PRGM-(PHARMACY)	23		1,088	6
7	COMPANY WIDE	R	PARAMED ED PRGM-(CHAPLAINCY)	23.01		19,672	7
8	COMPANY WIDE	R	PARAMED ED PRGM-(NM SCHL)	23.02		4,009	8
9	COMPANY WIDE	R	Adults & Pediatrics	30	25,895	1,414,918	9
10	COMPANY WIDE	R	SPECIAL CARE NURSERY	35	256,388	113,869	10
11	COMPANY WIDE	R	Subprovider - IPF	40		62,250	11
12	COMPANY WIDE	R	Clinic	90		28,205	12
13	COMPANY WIDE	R	PSYCH CLINIC	90.01		82,544	13
14	COMPANY WIDE	R	I&R Services-Not Apprvd Prgm	100	743,668		14
15	COMPANY WIDE	R	Research	191	1,700,751	156,105	15
16	COMPANY WIDE	R	SPONSERED PROJECT	191.01	691,895	1,586,951	16
17	COMPANY WIDE OTHER FRINGES	R	SPONSERED PROJECT	191.01		571,036	17
18	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		10,413	18
500	Total reclassifications				5,337,308	7,654,221	500
	Code Letter - R						
1	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NM SCHL)	23.02	218,387		1
2	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NM SCHL)	23.02		50,403	2
3	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(RAD THER)	23.03	98,700		3
4	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(RAD THER)	23.03		22,780	4
5	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NUCLEAR MED)	23.04	112,153		5
6	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(NUCLEAR MED)	23.04		25,885	6
7	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(SONOGRAPHY)	23.05	115,801		7
8	NMSCHOOLS CC 1025	S	PARAMED ED PRGM-(SONOGRAPHY)	23.05		26,727	8
9	RECLASS PRECEP SALARY	S	PARAMED ED PRGM-(NM SCHL)	23.02	343,956		9
10	RECLASS PRECEP SALARY	S	PARAMED ED PRGM-(RAD THER)	23.03	263,046		10
11	RECLASS PRECEP SALARY	S	PARAMED ED PRGM-(NUCLEAR MED)	23.04	327,499		11
12	RECLASS PRECEP SALARY	S	PARAMED ED PRGM-(SONOGRAPHY)	23.05	265,894		12
500	Total reclassifications				1,745,436	125,795	500
	Code Letter - S						
1	RECLASS PHARMACY RESIDENT SALARY	T	PARAMED ED PRGM-(PHARMACY)	23	873,215		1
2	RECLASS PHARMACY PRECEPTOR SALARY	T	PARAMED ED PRGM-(PHARMACY)	23	297,525		2
3	RECLASS PRECEP CC 1225 1594 NON SAL	T	PARAMED ED PRGM-(PHARMACY)	23		10,046	3
4	RECLASS PRECEP CC 1585 CATERING EXP	T	PARAMED ED PRGM-(PHARMACY)	23		3,859	4
5	RECLASS PRECEP CC 1580 BOOK EXPENSE	T	PARAMED ED PRGM-(PHARMACY)	23		210	5
6	RECLASS PRECEP CC 1585 NON SAL EXPE	T	PARAMED ED PRGM-(PHARMACY)	23		31,338	6
7	RECLASS CHAPLAINCY RESIDENT SALARY	T	PARAMED ED PRGM-(CHAPLAINCY)	23.01	145,941		7
8	RECLASS CHAPLAINCY ADMIN SALARY	T	PARAMED ED PRGM-(CHAPLAINCY)	23.01	166,437		8
500	Total reclassifications				1,483,118	45,453	500
	Code Letter - T						
	GRAND TOTAL (Increases)				55,054,105	210,253,501	

(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.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	RECLASS ELIMIN MED POSITIONS	A	Administrative & General	5	1,458,634					1		
2	RECLASS STRAT INIT EMERGENCY 615201	A	Administrative & General	5	181,981					2		
3	RECLASS STRAT INIT PATHOLOGY 615201	A	Administrative & General	5	113,566					3		
4	RECLASS STRAT INIT DIAG RAD 615201	A	Administrative & General	5	206,627					4		
5	RECLASS STRAT INIT NEUROLOGY 615201	A	Administrative & General	5	13,428					5		
6	RECLASS STRAT INIT PSYCHIAT 615201	A	Administrative & General	5	314,946					6		
7	RECLASS STRAT INIT MEDICINE 615201	A	Administrative & General	5	1,430,102					7		
8	RECLASS STRAT INIT SURGERY 615201	A	Administrative & General	5	977,769					8		
9	RECLASS STRAT INIT UROLOGY 615201	A	Administrative & General	5	11,349					9		
10	RECLASS STRAT INIT NEUROSURG 615201	A	Administrative & General	5	20,061					10		
11	RECLASS STRAT INIT OPHTHALMOL 615201	A	Administrative & General	5	12,383					11		
12	RECLASS STRAT INIT DERMATOL 615201	A	Administrative & General	5	11,504					12		
13	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	4,342,217					13		
14	RECLASS 615201 MICU SUPPORT	A	Administrative & General	5	401,750					14		
15	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	125,144					15		
16	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	28,900					16		
17	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	566,747					17		
18	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	409,170					18		
19	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	56,952					19		
20	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	596,875					20		
21	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	24,752					21		
22	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	170,528					22		
23	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	189,903					23		
24	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	203,815					24		
25	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	51,147					25		
26	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	22,106					26		
27	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	157,001					27		
28	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	24,446					28		
29	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	76,416					29		
30	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	69,386					30		
31	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	12,614					31		
32	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	63,254					32		
33	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	74,588					33		
34	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	40,950					34		
35	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	19,065					35		
36	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	56,775					36		
37	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	79,843					37		
38	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	7,392					38		
39	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	125,502					39		
40	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	39,807					40		
41	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	305,630					41		
42	RECLASS 615201 SALARY AND FRINGE	A	Administrative & General	5	35,038					42		
43	RECLASS 615201 FRINGE FROM SALARY	A	Administrative & General	5	197,146					43		
44	RECLASS 615203 SALARY AND FRINGE	A	Administrative & General	5	31,910					44		
45	RECLASS 615203 SALARY AND FRINGE	A	Administrative & General	5	16,055					45		
46	RECLASS 615200 SALARY AND FRINGE	A	Administrative & General	5	106,218					46		
47	RECLASS 615200 SALARY AND FRINGE	A	Administrative & General	5	59,346					47		
48	RECLASS 615200 SALARY AND FRINGE	A	Administrative & General	5	40,698					48		
49	RECLASS 615211 FRINGE FROM SALARY	A	I&R Services-Other Prgm Costs	22	398,761					49		
50	RECLASS 615201 CC1710MOONLIGHTING	A	Administrative & General	5	46,982					50		
51	RECLASS RESIDENT SALARY TO LINE 21	A	I&R Services-Other Prgm Costs	22	27,483,087					51		
52	RECLASSMCGAW-RESIDENT FRINGE	A	Administrative & General	5		4,710,677				52		
500	Total reclassifications				41,510,266	4,710,677				500		
	Code letter - A											
1	RECLASS FROM BUILDING DEPRECIATION	B	Cap Rel Costs-Mvble Equip	2		40,219			14	1		
500	Total reclassifications					40,219				500		
	Code letter - B											
1	DRUG RECLASS	C	Pharmacy	15		65,580,848				1		
2	DRUG RECLASS	C	Radiology-Diagnostic	54		48,515				2		
3	DRUG RECLASS	C	Radiology-Therapeutic	55		7,415				3		
4	DRUG RECLASS	C	Radioisotope	56		149,541				4		
5	DRUG RECLASS	C	CT Scan	57		543,281				5		
6	DRUG RECLASS	C	MRI	58		1,213,367				6		
7	DRUG RECLASS	C	Cardiac Catheterization	59		121,786				7		
8	DRUG RECLASS	C	CARDIAC GRAPHICS	59.02		8,718				8		
9	DRUG RECLASS	C	Whole Blood & Packed Red Bloo	62		73,988				9		
10	DRUG RECLASS	C	Respiratory Therapy	65		155				10		

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
11	DRUG RECLASS	C	Clinic	90		261,118	11	
12	DRUG RECLASS	C	TRANSPLANT CLINIC	90.02		2,688	12	
13	DRUG RECLASS	C	Emergency	91		4,915	13	
500	Total reclassifications					68,016,335	500	
	Code letter - C							
1	IMPLANT RECLASS	D	Operating Room	50		45,492,428	1	
2	IMPLANT RECLASS	D	Radiology-Diagnostic	54		1,797,349	2	
3	IMPLANT RECLASS	D	Radiology-Therapeutic	55		660	3	
4	IMPLANT RECLASS	D	Radioisotope	56		3,920,569	4	
5	IMPLANT RECLASS	D	Cardiac Catheterization	59		8,232,113	5	
6	IMPLANT RECLASS	D	PULMONARY FUNCTION	59.03		1,244	6	
7	IMPLANT RECLASS	D	EPS	59.04		7,688,702	7	
8	IMPLANT RECLASS	D	GI	59.05		322,115	8	
9	IMPLANT RECLASS	D	Physical Therapy	66		745	9	
500	Total reclassifications					67,455,925	500	
	Code letter - D							
1	MED SUPPLY RECLASS	E	Pharmacy	15		583,855	1	
2	MED SUPPLY RECLASS	E	Adults & Pediatrics	30		1,583	2	
3	MED SUPPLY RECLASS	E	Intensive Care Unit	31		37,686	3	
4	MED SUPPLY RECLASS	E	SPECIAL CARE NURSERY	35		525,194	4	
5	MED SUPPLY RECLASS	E	Operating Room	50		32,495,426	5	
6	MED SUPPLY RECLASS	E	Recovery Room	51		3,488	6	
7	MED SUPPLY RECLASS	E	Delivery Room & Labor Room	52		615,478	7	
8	MED SUPPLY RECLASS	E	Anesthesiology	53		555,723	8	
9	MED SUPPLY RECLASS	E	Radiology-Diagnostic	54		5,770,411	9	
10	MED SUPPLY RECLASS	E	Radiology-Therapeutic	55		27	10	
11	MED SUPPLY RECLASS	E	MRI	58		10,730	11	
12	MED SUPPLY RECLASS	E	Cardiac Catheterization	59		3,083,796	12	
13	MED SUPPLY RECLASS	E	PULMONARY FUNCTION	59.03		4,381	13	
14	MED SUPPLY RECLASS	E	EPS	59.04		3,448,946	14	
15	MED SUPPLY RECLASS	E	GI	59.05		559,731	15	
16	MED SUPPLY RECLASS	E	Respiratory Therapy	65		172,417	16	
17	MED SUPPLY RECLASS	E	Physical Therapy	66		184,747	17	
18	MED SUPPLY RECLASS	E	Occupational Therapy	67		5,304	18	
19	MED SUPPLY RECLASS	E	Electroencephalography	70		550	19	
20	MED SUPPLY RECLASS	E	OB CLINIC	90.03		6	20	
21	MED SUPPLY RECLASS	E	Emergency	91		45	21	
500	Total reclassifications					48,059,524	500	
	Code letter - E							
1	NN RECLASS	F	Adults & Pediatrics	30	2,342,528	837,507	1	
500	Total reclassifications				2,342,528	837,507	500	
	Code letter - F							
1	DIETARY RECLASS	G	Dietary	10	2,521,251	527,228	1	
500	Total reclassifications				2,521,251	527,228	500	
	Code letter - G							
1	RECLASS PURCHASING CREDIT	H	Medical Supplies Charged to P	71		3,560,567	1	
500	Total reclassifications					3,560,567	500	
	Code letter - H							
1	RECLASS SCHOOLS	I					1	
500	Total reclassifications						500	
	Code letter - I							
1	RECLASS THERAPY HUB	J	Nursing Administration	13	158,979		1	
2	RECLASS THERAPY HUB	J	Adults & Pediatrics	30	67,163		2	
3	RECLASS THERAPY HUB	J	PULMONARY FUNCTION	59.03	300		3	
500	Total reclassifications				226,442		500	
	Code letter - J							
1	RECLASS LAUNDRY SERVICES	K	Administrative & General	5		3,563,250	1	
500	Total reclassifications					3,563,250	500	
	Code letter - K							
1	MALPRACTICE	P	Administrative & General	5		9,710	1	

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
2	MALPRACTICE	P	Administrative & General	5		2,243	2
3	MALPRACTICE	P	Administrative & General	5		555,611	3
4	MALPRACTICE	P	Administrative & General	5		53,145	4
5	MALPRACTICE	P	Administrative & General	5		31,699	5
6	MALPRACTICE	P	Administrative & General	5		3,638	6
7	MALPRACTICE	P	Administrative & General	5		4,420	7
8	MALPRACTICE	P	Administrative & General	5		46,256	8
9	MALPRACTICE	P	Administrative & General	5		1,921	9
10	MALPRACTICE	P	Administrative & General	5		13,227	10
11	MALPRACTICE	P	Administrative & General	5		14,738	11
12	MALPRACTICE	P	Administrative & General	5		15,818	12
13	MALPRACTICE	P	Administrative & General	5		3,970	13
14	MALPRACTICE	P	Administrative & General	5		1,716	14
15	MALPRACTICE	P	Administrative & General	5		12,174	15
16	MALPRACTICE	P	Administrative & General	5		1,897	16
17	MALPRACTICE	P	Administrative & General	5		494	17
18	MALPRACTICE	P	Administrative & General	5		5,931	18
19	MALPRACTICE	P	Administrative & General	5		5,359	19
20	MALPRACTICE	P	Administrative & General	5		979	20
21	MALPRACTICE	P	Administrative & General	5		4,909	21
22	MALPRACTICE	P	Administrative & General	5		5,789	22
23	MALPRACTICE	P	Administrative & General	5		3,178	23
24	MALPRACTICE	P	Administrative & General	5		1,480	24
25	MALPRACTICE	P	Administrative & General	5		4,406	25
26	MALPRACTICE	P	Administrative & General	5		1,246	26
27	MALPRACTICE	P	Administrative & General	5		6,197	27
28	MALPRACTICE	P	Administrative & General	5		574	28
29	MALPRACTICE	P	Administrative & General	5		9,740	29
30	MALPRACTICE	P	Administrative & General	5		3,089	30
31	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		5,852	31
32	MALPRACTICE	P	Administrative & General	5		23,654	32
33	MALPRACTICE	P	Administrative & General	5		2,719	33
34	MALPRACTICE	P	Administrative & General	5		6,356	34
35	MALPRACTICE	P	Administrative & General	5		5,852	35
36	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		12,781	36
37	MALPRACTICE	P	Administrative & General	5		8,216	37
38	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		1,767	38
39	MALPRACTICE	P	Administrative & General	5		8,785	39
40	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		4,468	40
41	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		1,091	41
42	MALPRACTICE DR A OVERHEAD	P	Administrative & General	5		572	42
500	Total reclassifications					907,667	500
	Code letter - P						
1	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	394,536	150,023	1
2	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	861,679	327,655	2
3	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	119,094	45,286	3
4	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	301,237	114,546	4
5	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	38,530	14,651	5
6	RECLASS OVERHEAD FROM 5.00	Q	Administrative & General	5	73,558	27,971	6
7	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	64,449	10,956	7
8	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	140,759	23,929	8
9	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	19,455	3,307	9
10	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	49,209	8,365	10
11	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	6,294	1,070	11
12	RECLASS DR A SALARY AND FRINGE	Q	Administrative & General	5	12,016	2,043	12
13	RECLASS CLINIC SAL TO ACQUISITION	Q	TRANSPLANT CLINIC	90.02	43,192		13
14	RECLASS CLINIC SAL TO ACQUISITION	Q	TRANSPLANT CLINIC	90.02	5,970		14
15	RECLASS CLINIC SAL TO ACQUISITION	Q	TRANSPLANT CLINIC	90.02	15,100		15
16	RECLASS CLINIC SAL TO ACQUISITION	Q	TRANSPLANT CLINIC	90.02	1,931		16
17	RECLASS CLINIC SAL TO ACQUISITION	Q	TRANSPLANT CLINIC	90.02	3,687		17
18	RECLASS CC 1301 SALARY	Q	Administrative & General	5		102,367	18
19	RECLASS CC 1301 SALARY	Q	Administrative & General	5		26,220	19
20	RECLASS CC 1301 SALARY	Q	Administrative & General	5		39,942	20
21	RECLASS CC 1301 SALARY	Q	Administrative & General	5		8,740	21
22	RECLASS CC 1301 SALARY	Q	Administrative & General	5		25,592	22
23	RECLASS BONUS	Q	Administrative & General	5	7,540		23
24	RECLASS BONUS	Q	Administrative & General	5	17,170		24
25	RECLASS BONUS	Q	Administrative & General	5	3,000		25

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
26	RECLASS BONUS	Q	Administrative & General	5	7,000		26	
27	RECLASS BONUS	Q	Administrative & General	5	2,200		27	
28	RECLASS EXCLUDED SALARY	Q	Kidney Acquisition	105	1,696		28	
29	RECLASS EXCLUDED SALARY & OTHER	Q	Liver Acquisition	107	120,837		29	
30	RECLASS EXCLUDED SALARY & OTHER	Q	Lung Acquisition	108	197,976		30	
31	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Administrative & General	5	75,134		31	
32	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Administrative & General	5	105,865		32	
33	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Administrative & General	5	113,189		33	
34	RECLASS 615201 SAL&FRINGE TO ACQUIS	Q	Administrative & General	5	81,900		34	
35	RECLASS DR LEVENTHAL SAL&FRINGE	Q	Administrative & General	5	6,635		35	
36	RECLASS CC 1301 SAL AND NON TO CLIN	Q	Administrative & General	5		813,388	36	
500	Total reclassifications				2,890,838	1,746,051	500	
	Code letter - Q							
1	COMPANY WIDE OTHER FRINGES	R	OTHER COMPANY WIDE ACTIVITY	194.02		124,979	1	
2	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		502,458	2	
3	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	14,689	118,188	3	
4	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	2,328,939		4	
5	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	183,080	2,249,539	5	
6	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		1,088	6	
7	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		19,672	7	
8	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		4,009	8	
9	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	25,895	1,414,918	9	
10	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	256,388	113,869	10	
11	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		62,250	11	
12	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		28,205	12	
13	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02		82,544	13	
14	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	743,668		14	
15	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	1,700,751	156,105	15	
16	COMPANY WIDE	R	OTHER COMPANY WIDE ACTIVITY	194.02	691,895	1,586,951	16	
17	COMPANY WIDE OTHER FRINGES	R	OTHER COMPANY WIDE ACTIVITY	194.02		571,036	17	
18	COMPANY WIDE	R	SPONSERED PROJECT	191.01		10,413	18	
500	Total reclassifications				5,945,305	7,046,224	500	
	Code letter - R							
1	NMSCHOOLS CC 1025	S	Administrative & General	5		218,387	1	
2	NMSCHOOLS CC 1025	S	Administrative & General	5		50,403	2	
3	NMSCHOOLS CC 1025	S	Administrative & General	5		98,700	3	
4	NMSCHOOLS CC 1025	S	Administrative & General	5		22,780	4	
5	NMSCHOOLS CC 1025	S	Administrative & General	5		112,153	5	
6	NMSCHOOLS CC 1025	S	Administrative & General	5		25,885	6	
7	NMSCHOOLS CC 1025	S	Administrative & General	5		115,801	7	
8	NMSCHOOLS CC 1025	S	Administrative & General	5		26,727	8	
9	RECLASS PRECEP SALARY	S	Radiology-Diagnostic	54	343,956		9	
10	RECLASS PRECEP SALARY	S	Radiology-Therapeutic	55	263,046		10	
11	RECLASS PRECEP SALARY	S	Radioisotope	56	327,499		11	
12	RECLASS PRECEP SALARY	S	Radiology-Diagnostic	54	265,894		12	
500	Total reclassifications				1,200,395	670,836	500	
	Code letter - S							
1	RECLASS PHARMACY RESIDENT SALARY	T	Pharmacy	15	873,215		1	
2	RECLASS PHARMACY PRECEPTOR SALARY	T	Pharmacy	15	297,525		2	
3	RECLASS PRECEP CC 1225 1594 NON SAL	T	Pharmacy	15		10,046	3	
4	RECLASS PRECEP CC 1585 CATERING EXP	T	Pharmacy	15		3,859	4	
5	RECLASS PRECEP CC 1580 BOOK EXPENSE	T	Pharmacy	15		210	5	
6	RECLASS PRECEP CC 1585 NON SAL EXPE	T	Pharmacy	15		31,338	6	
7	RECLASS CHAPLAINCY RESIDENT SALARY	T	Administrative & General	5	145,941		7	
8	RECLASS CHAPLAINCY ADMIN SALARY	T	Administrative & General	5	166,437		8	
500	Total reclassifications				1,483,118	45,453	500	
	Code letter - T							
	GRAND TOTAL (Decreases)				58,120,143	207,187,463		

(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.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	208,945,354					208,945,354		1
2	Land Improvements	2,270,840					2,270,840		2
3	Buildings and Fixtures	1,823,286,081	94,947,558		94,947,558	307,873	1,917,925,766		3
4	Building Improvements	16,021,590					16,021,590		4
5	Fixed Equipment								5
6	Movable Equipment	324,523,012	33,442,278		33,442,278	13,237,708	344,727,582		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	2,375,046,877	128,389,836		128,389,836	13,545,581	2,489,891,132		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	2,375,046,877	128,389,836		128,389,836	13,545,581	2,489,891,132		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	60,547,089						60,547,089	1	
2	Cap Rel Costs-Mvble Equip	23,298,591						23,298,591	2	
3	Total (sum of lines 1-2)	83,845,680						83,845,680	3	

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	2,145,163,550		2,145,163,550	0.861549					1
2	Cap Rel Costs-Mvble Equ	344,727,582		344,727,582	0.138451					2
3	Total (sum of lines 1-2)	2,489,891,132		2,489,891,132	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	85,569,185					40,219	85,609,404	1	
2	Cap Rel Costs-Mvble Equip	23,306,829					-40,219	23,266,610	2	
3	Total (sum of lines 1-2)	108,876,014						108,876,014	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.)

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-7,790,250			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	55,006,764			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	30,579,310	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	8,238	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	SUPPORT NO TIME STUDIES 615221	A	-20,588,741	Administrative & General	5	33.01
33.02	SUPPORT NO TIME STUDIES 615241	A	-415,327	Administrative & General	5	33.02
33.03	SUPPORT NO TIME STUDIES 615231	A	16,904	Nursing Administration	13	33.03
33.04	SUPPORT NO TIME STUDIES 615221	A	-95,567	Nursing Administration	13	33.04
33.05	SUPPORT NO TIME STUDIES 615231	A	56,177	Adults & Pediatrics	30	33.05
33.06	SUPPORT NO TIME STUDIES 615231	A	3,265	Laboratory	60	33.06
33.07	SUPPORT NO TIME STUDIES_CW 615221	A	-110,082	I&R Services-Other Prgm Costs Apprvd	22	33.07
33.08	SUPPORT NO TIME STUDIES_CW 615251	A	-67,753	PSYCH CLINIC	90.01	33.08
33.09	SUPPORT NO TIME STUDIES_CW 615251	A	-180,974	SPONSERED PROJECT	191.01	33.09
34	BUILDING & RENTAL	B	-2,709,372	Employee Benefits Department	4	14 34
34.01	BUILDING & RENTAL	B	-4,137,688	Administrative & General	5	34.01
34.02	BUILDING & RENTAL	B	-11,140,201	Operation of Plant	7	34.02
34.03	BUILDING & RENTAL	B	-360,239	PSYCH CLINIC	90.01	34.03
34.04	BUILDING & RENTAL	B	-38,360,087	REAL ESTATE	194	34.04
34.05	LIMIT OFFSET TO EXPENSE ERIE MCLUR	A	2,154,319	Employee Benefits Department	4	34.05
34.06	LIMIT OFFSET TO EXPENSE 259 ERIE	A	500,778	Operation of Plant	7	34.06
34.07	LIMIT OFFSET TO EXPENSE PRENTICE	A	1,004,957	Operation of Plant	7	34.07
35	OTHER TUITION	B	-91,206	Administrative & General	5	35
35.01	OTHER TUITION	B	-3,135	Nursing Administration	13	35.01
35.02	OTHER TUITION	B	1,884	Adults & Pediatrics	30	35.02
35.03	OTHER TUITION	B	2,100	Radiology-Diagnostic	54	35.03
35.04	OTHER TUITION	B	1,500	Radiology-Therapeutic	55	35.04
35.05	OTHER TUITION	B	400	Electroencephalography	70	35.05
35.06	OTHER TUITION	B	975	Emergency	91	35.06

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
36	OTHER INCOME	B	-53,842,149	Administrative & General	5	36
36.01	OTHER INCOME	B	-2,845,565	Operation of Plant	7	36.01
36.02	OTHER INCOME	B	-61,769	Housekeeping	9	36.02
36.03	OTHER INCOME	B	-30,040	Nursing Administration	13	36.03
36.04	OTHER INCOME	B	-245	Central Services & Supply	14	36.04
36.05	OTHER INCOME	B	-56,508,433	Pharmacy	15	36.05
36.06	OTHER INCOME	B	-30,368	Social Service	17	36.06
36.07	OTHER INCOME	B	-304,021	Adults & Pediatrics	30	36.07
36.08	OTHER INCOME	B	-60	SPECIAL CARE NURSERY	35	36.08
36.09	OTHER INCOME	B	-20	Subprovider - IPF	40	36.09
36.10	OTHER INCOME	B	-684	Operating Room	50	36.10
36.11	OTHER INCOME	B	535	Recovery Room	51	36.11
36.12	OTHER INCOME	B	-15	Delivery Room & Labor Room	52	36.12
36.13	OTHER INCOME	B	-40	Anesthesiology	53	36.13
36.14	OTHER INCOME	B	-40	Radiology-Diagnostic	54	36.14
36.15	OTHER INCOME	B	-239,231	Radiology-Therapeutic	55	36.15
36.16	OTHER INCOME	B	-208,116	Radioisotope	56	36.16
36.17	OTHER INCOME	B	-5	MRI	58	36.17
36.18	OTHER INCOME	B	-45	CARDIAC GRAPHICS	59.02	36.18
36.19	OTHER INCOME	B	-28,687	EPS	59.04	36.19
36.20	OTHER INCOME	B	-89,445	Laboratory	60	36.20
36.21	OTHER INCOME	B	-353,118	Blood Storing, Processing & Trans.	63	36.21
36.22	OTHER INCOME	B	-883,165	Respiratory Therapy	65	36.22
36.23	OTHER INCOME	B	-4,220	Physical Therapy	66	36.23
36.24	OTHER INCOME	B	-15,374	Occupational Therapy	67	36.24
36.25	OTHER INCOME	B	-6,165	Electroencephalography	70	36.25
36.26	OTHER INCOME	B	-47,567	CARDIAC REHABILITATION	76.97	36.26
36.27	OTHER INCOME	B	13,260	PSYCH CLINIC	90.01	36.27
36.28	OTHER INCOME	B	-20	Emergency	91	36.28
36.29	OTHER INCOME	B	-204,778	Kidney Acquisition	105	36.29
36.30	OTHER INCOME	B	-334,833	Liver Acquisition	107	36.30
36.31	OTHER INCOME	B	548	Pancreas Acquisition	109	36.31
36.32	OTHER INCOME	B	-1,054,889	REAL ESTATE	194	36.32
36.33	LURIE ORGAN RECEIPT OFFSET ON D-4	B	148,370	Kidney Acquisition	105	36.33
36.34	LURIE ORGAN RECEIPT OFFSET ON D-4	B	97,560	Liver Acquisition	107	36.34
37	ELIMIN MED POSITIONS NO HOURS 6152	A	-1,458,634	Administrative & General	5	37
37.01	FOOD & MISC CAFE REV RECEIPTS	B	-634,127	Cafeteria	11	37.01
37.02	FOOD & MISC NON OP REVENUE	B	-541,180	Cafeteria	11	37.02
38	REAL ESTATE TAXES	A	-48,907	Employee Benefits Department	4	38
38.01	REAL ESTATE TAXES	A	-2,296,262	Administrative & General	5	38.01
38.02	REAL ESTATE TAXES	A	-131,902	Operation of Plant	7	38.02
38.03	REAL ESTATE TAXES	A	-3,325,893	Administrative & General	5	38.03
38.04	INTEREST EXPENSE	A	-33,772,624	Administrative & General	5	38.04
38.05	MEDICAID TAX	A	-48,687,447	Administrative & General	5	38.05
39	PATHOLOGY 615221 NO HOURS TO SUPPO	A	-2,176,545	Administrative & General	5	39
39.66	OIG LINE 4 EMPLOYEE BENEFITS	A	-66,574	Employee Benefits Department	4	39.66
39.67	OIG LINE 5.0 ADMIN&GENERAL	A	-1,382,231	Administrative & General	5	39.67
39.68	OIG LINE 23 PARAMED PHARMACY	A	-136	PARAMED ED PRGM-(PHARMACY)	23	39.68
39.72	OIG LINE 7 OPERATION OF PLANT	A	-537,995	Operation of Plant	7	39.72
39.73	OIG LINE 9 HOUSEKEEPING	A	-18,207	Housekeeping	9	39.73
39.74	OIG LINE 10 DIETARY	A	-17,007	Dietary	10	39.74
39.75	OIG LINE 13 NURSING ADMIN	A	-120,716	Nursing Administration	13	39.75
39.76	OIG LINE 14 CENTRAL SERV SUPPLY	A	-91,974	Central Services & Supply	14	39.76
39.77	OIG LINE 15 PHARMACY	A	-72,205	Pharmacy	15	39.77
39.78	OIG LINE 16 MEDICAL RECORDS LIB	A	-42,532	Medical Records & Library	16	39.78
39.79	OIG LINE 17 SOCIAL SERVICE	A	-22,872	Social Service	17	39.79
39.80	OIG LINE 22 INTERNS & RESIDENT	A	-169,459	I&R Services-Other Prgm Costs Apprvd	22	39.80
39.81	OIG LINE 23.01 PARA MED CHAPLAI	A	-1,890	PARAMED ED PRGM-(CHAPLAINCY)	23.01	39.81
39.82	OIG LINE 23.02 PARAMED NM SCHOO	A	-500	PARAMED ED PRGM-(NM SCHL)	23.02	39.82
39.83	OIG LINE 30 ADULT & PEDIATRICS	A	-172,437	Adults & Pediatrics	30	39.83
39.84	OIG LN 31 ICU	A	-543	Intensive Care Unit	31	39.84
39.85	OIG LINE 35 SCN	A	-13,284	SPECIAL CARE NURSERY	35	39.85
39.86	OIG LINE 40 PSYCHIATRY	A	-1,844	Subprovider - IPF	40	39.86
39.87	OIG LINE 50 OPERATING ROOM	A	-69,809	Operating Room	50	39.87
39.88	OIG LINE 51 RECOVERY ROOM	A	-4,137	Recovery Room	51	39.88

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
39.89	OIG LINE 52 DELIVERY & LABOR RO	A	1,991	Delivery Room & Labor Room	52	39.89	
39.90	OIG LINE 53 ANESTHESIOLOGY	A	-29	Anesthesiology	53	39.90	
39.91	OIG LINE 54 RADIOLOGY-DIAGNOSTI	A	-51,452	Radiology-Diagnostic	54	39.91	
39.92	OIG LINE 55 RADIOLOGY-THERAPEUT	A	-28,743	Radiology-Therapeutic	55	39.92	
39.93	OIG LINE 56 RADIOISOTOPE	A	-230	Radioisotope	56	39.93	
39.94	OIG LINE 57 CT	A	-5,419	CT Scan	57	39.94	
39.95	OIG LINE 58 MRI	A	-23,650	MRI	58	39.95	
39.96	OIG LINE 59 CATHETERIZATION LAB	A	-515	Cardiac Catheterization	59	39.96	
39.98	OIG LINE 59.02 CARDIO GRAPHICS	A	-19,285	CARDIAC GRAPHICS	59.02	39.98	
39.99	OIG LINE 59.03 PULMONARY FUNCTI	A	-29	PULMONARY FUNCTION	59.03	39.99	
40	OIG LINE 59.04 EPS	A	-777	EPS	59.04	40	
40.01	OIG LINE 59.05 GI LABORATORY	A	-7,225	GI	59.05	40.01	
40.02	OIG LINE 60 LABORATORY	A	-377,476	Laboratory	60	40.02	
40.03	OIG LINE 63 BLOOD STOR. PROC&AD	A	-2,148	Blood Storing, Processing & Trans.	63	40.03	
40.04	OIG LINE 65 OXYGEN THERAPY	A	-2,637	Respiratory Therapy	65	40.04	
40.05	OIG LINE 66 PHYSICAL THERAPY	A	-946	Physical Therapy	66	40.05	
40.06	OIG LINE 67 OCCUPATIONAL THERAP	A	-985	Occupational Therapy	67	40.06	
40.07	OIG LINE 70 ELECTROENCEPHALOGRA	A	-2,515	Electroencephalography	70	40.07	
40.08	OIG LINE 76.97 CARDIAC REHABILI	A	-59	CARDIAC REHABILITATION	76.97	40.08	
40.09	OIG LINE 90 CLINIC	A	-1,900	Clinic	90	40.09	
40.10	OIG LINE 90.01 PSYCH CLINIC	A	-6,612	PSYCH CLINIC	90.01	40.10	
40.11	OIG LINE 90.02 SOLID ORG CLINIC	A	-1,293	TRANSPLANT CLINIC	90.02	40.11	
40.13	OIG LINE 91 EMERGENCY	A	-6,968	Emergency	91	40.13	
41	EXCLUDE PER TRANSPLANT CC 1762	A	-23,135	Administrative & General	5	41	
42	OIG LINE 105 KIDNEY ACQUISITION	A	-26,543	Kidney Acquisition	105	42	
43	OIG LINE 106 HEART ACQUISITION	A	-640	Heart Acquisition	106	43	
44	OIG LINE 107 LIVER TRANSPLANT	A	-1,454	Liver Acquisition	107	44	
45	OIG LINE 108 LUNG TRANSPLANT	A	-748	Lung Acquisition	108	45	
45.01	OIG LINE 109 PANCREAS ACQUISITI	A	-45	Pancreas Acquisition	109	45.01	
45.03	OIG LINE 190 GIFT SHOP	A	-352	Gift, Flower, Coffee Shop & Canteen	190	45.03	
46	OIG LINE 191 CRC	A	-1,275	Research	191	46	
47	OIG LINE 191.01 SPONSORED PROJE	A	-96,307	SPONSERED PROJECT	191.01	47	
47.01	OIG LINE 194 REAL ESTATE	A	-70,061	REAL ESTATE	194	47.01	
47.02	OIG LINE 194.01 MARKETING	A	-81,123	MARKETING, OTHER NON-REIMB	194.01	47.02	
48	EXCLUDE FROM LUNG 1767	A	-630	Lung Acquisition	108	48	
48.01	RECLASS TO HOME OFFICE	A	-5,557,214	Cap Rel Costs-Bldg & Fixt	1	9	48.01
48.02	RECLASS TO HOME OFFICE	A	-4,434,747	Operation of Plant	7		48.02
48.03	RECLASS TO HOME OFFICE	A	-1,197,113	Housekeeping	9		48.03
49							49
49.01	REVERSE PRENTICE REMEDIATION RECEI	B	50,000,000	Administrative & General	5		49.01
49.02	PRENTICE OFFSET	A	-9,593,725	Administrative & General	5		49.02
49.03	OTHER OPERATING REVENUE	B	-221,621	PARAMED ED PRGM-(NM SCHL)	23.02		49.03
49.04	OTHER OPERATING REVENUE	B	-117,517	PARAMED ED PRGM-(RAD THER)	23.03		49.04
49.05	OTHER OPERATING REVENUE	B	-100,162	PARAMED ED PRGM-(NUCLEAR MED)	23.04		49.05
49.06	OTHER OPERATING REVENUE	B	-113,815	PARAMED ED PRGM-(SONOGRAPHY)	23.05		49.06
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-181,602,887				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.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	4	Employee Benefits Department	VARIOUS NMHC	117,740	117,740		1
2	5	Administrative & General	NMHC MANAGEMENT FEE	226,735,183	173,415,504	53,319,679	2
3	5	Administrative & General	VARIOUS NHC	375,000	375,000		3
3.01	5	Administrative & General	VARIOUS NMG	31,075,006	31,075,006		3.01
3.02	5	Administrative & General	VARIOUS NMHC	45,126,389	45,126,389		3.02
3.03	5	Administrative & General	VARIOUS NMIC	37,258,976	37,258,976		3.03
3.04	13	Nursing Administration	VARIOUS NMHC	95,567	95,567		3.04
3.05	17	Social Service	VARIOUS NMHC	172,673	172,673		3.05
3.06	22	I&R Services-Other Prgm Costs Apprvd	VARIOUS NMHC	3,443,666	3,443,666		3.06
3.07	55	Radiology-Therapeutic	VARIOUS NMHC	1,089	1,089		3.07
3.08	59.01	VASCULAR LAB	VARIOUS NMHC	29,222	29,222		3.08
3.09	59.02	CARDIAC GRAPHICS	VARIOUS NMHC	139,136	139,136		3.09
3.10	59.04	EPS	VARIOUS NMHC	23,109	23,109		3.10
3.11	60	Laboratory	VARIOUS NMHC	853,369	853,369		3.11
3.12	70	Electroencephalography	VARIOUS NMHC	182,650	182,650		3.12
3.13	105	Kidney Acquisition	VARIOUS NMHC	736,155	736,155		3.13
3.14	106	Heart Acquisition	VARIOUS NMHC	32,870	32,870		3.14
3.15	107	Liver Acquisition	VARIOUS NMHC	191,833	191,833		3.15
3.16	108	Lung Acquisition	VARIOUS NMHC	26,529	26,529		3.16
3.17	109	Pancreas Acquisition	VARIOUS NMHC	22,858	22,858		3.17
3.18	194	REAL ESTATE	VARIOUS	114,479	114,479		3.18
3.19	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS	1,368,934	1,368,934		3.19
3.20	5	Administrative & General	VARIOUS NMH	670,836		670,836	3.20
3.21	5	Administrative & General	VARIOUS NMH	1,016,249		1,016,249	3.21
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			349,809,518	294,802,754	55,006,764	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		Type of Business	
			Name	Percentage of Ownership		
1	2	3	4	5	6	
6	B		NM HEALTHCARE		HEALTH CARE	6
7	B		NM LAKE FOREST		HEALTH CARE	7
8	B		NM FOUNDATION		HEALTH CARE	8
9	B		NM MEDICAL GROUP		HEALTH CARE	9
9.01	B		NM DELNOR		HEALTH CARE	9.01
9.02	B		NM CENTRAL DUPAGE		HEALTHCARE	9.02
9.03	B		NM INSURANCE CO		HEALTHCARE	9.03
9.04	B		N HEALTHCARE CORP		HEALTHCARE	9.04
10						10

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

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

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

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

- 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:

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen	987,291		987,291	179,000	10,338	889,664	44,483	1
2	13	Nursing Administrati	125,111		125,111	179,000	1,258	108,261	5,413	2
3	15	Pharmacy	28,900		28,900	179,000	347	29,862	1,493	3
4	17	Social Service								4
5	22	I&R Services-Other P	10,452,734		10,452,734	179,000	37,557	3,232,069	161,603	5
6	30	Adults & Pediatrics	672,299		672,299	197,500	5,728	543,885	27,194	6
7	31	Intensive Care Unit	408,446		408,446	179,000	2,464	212,046	10,602	7
8	35	SPECIAL CARE NURSERY	59,346		59,346	237,100	432	49,244	2,462	8
9	40	Subprovider - IPF	56,952		56,952	181,300	576	50,206	2,510	9
10	50	Operating Room	596,004		596,004	246,400	3,888	460,579	23,029	10
11	51	Recovery Room	24,752		24,752	179,000	163	14,027	701	11
12	52	Delivery Room & Labo	170,426		170,426	237,400	1,439	164,240	8,212	12
13	53	Anesthesiology	189,903		189,903	239,400	1,313	151,121	7,556	13
14	54	Radiology-Diagnostic	203,815		203,815	271,900	1,152	150,591	7,530	14
15	55	Radiology-Therapeuti	51,147		51,147	271,900	288	37,648	1,882	15
16	56	Radioisotope	22,106		22,106	271,900	144	18,824	941	16
17	57	CT Scan	156,859		156,859	271,900	720	94,119	4,706	17
18	58	MRI	24,446		24,446	271,900	152	19,870	994	18
19	59	Cardiac Catheterizat	76,416		76,416	271,900	360	47,060	2,353	19
20	90.02	TRANSPLANT CLINIC POST TRANS HOUR	75,405		75,405	179,000	1,151	99,052	4,953	20
21	59.02	CARDIAC GRAPHICS	69,056		69,056	179,000	562	48,364	2,418	21
22	59.03	PULMONARY FUNCTION	12,614		12,614	179,000	144	12,392	620	22
23	59.04	EPS	63,254		63,254	179,000	360	30,981	1,549	23
24	59.05	GI	74,588		74,588	179,000	432	37,177	1,859	24
25	60	Laboratory	40,950		40,950	260,300	144	18,021	901	25
26	60	Laboratory								26
27	63	Blood Storing, Proce	19,065		19,065	179,000	202	17,384	869	27
28	65	Respiratory Therapy	56,775		56,775	179,000	720	61,962	3,098	28
29	66	Physical Therapy	16,055		16,055	179,000	144	12,392	620	29
30	92.01	OBSERVATION BEDS-DIS	35,038		35,038	179,000	1,151	99,052	4,953	30
31	70	Electroencephalgrap	79,843		79,843	179,000	692	59,552	2,978	31
32	76.97	CARDIAC REHABILITATI	7,392		7,392	179,000	58	4,991	250	32
33	90	Clinic	125,502		125,502	179,000	1,656	142,512	7,126	33
34	90.01	PSYCH CLINIC	39,807		39,807	179,000	576	49,569	2,478	34
35	90.03	OB CLINIC								35
36	91	Emergency	304,783		304,783	179,000	2,448	210,669	10,533	36
37	105	Kidney Acquisition	75,405		75,405	246,400	220	26,061	1,303	37
38	105	Kidney Acquisition DR A	164,688		164,688	246,400	198	23,455	1,173	38
39	106	Heart Acquisition	105,865		105,865	246,400	35	4,146	207	39
40	106	Heart Acquisition DR A	22,762		22,762	246,400	1	119	6	40
41	107	Liver Acquisition	113,189		113,189	246,400	216	25,588	1,279	41
42	107	Liver Acquisition DR A	57,574		57,574	246,400	353	41,817	2,091	42
43	108	Lung Acquisition	81,900		81,900	246,400	460	54,492	2,725	43
44	108	Lung Acquisition DR A	7,364		7,364	246,400	1	119	6	44
45	109	Pancreas Acquisition DR A	14,059		14,059	246,400	20	2,369	118	45
46	109	Pancreas Acquisition	6,365		6,365	246,400	22	2,606	130	46
200		TOTAL	15,976,251		15,976,251		80,285	7,358,158	367,907	200

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen			76,622	76,622	966,286	21,005	21,005	1
2	13	Nursing Administrati			9,710	9,710	117,971	7,140	7,140	2
3	15	Pharmacy			2,243	2,243	32,105			3
4	17	Social Service								4
5	22	I&R Services-Other P			555,599	555,599	3,787,668	6,665,066	6,665,066	5
6	30	Adults & Pediatrics			53,144	53,144	597,029	75,270	75,270	6
7	31	Intensive Care Unit			31,699	31,699	243,745	164,701	164,701	7
8	35	SPECIAL CARE NURSERY			3,638	3,638	52,882	6,464	6,464	8
9	40	Subprovider - IPF			4,420	4,420	54,626	2,326	2,326	9
10	50	Operating Room			46,255	46,255	506,834	89,170	89,170	10
11	51	Recovery Room			1,921	1,921	15,948	8,804	8,804	11
12	52	Delivery Room & Labo			13,226	13,226	177,466			12
13	53	Anesthesiology			14,738	14,738	165,859	24,044	24,044	13
14	54	Radiology-Diagnostic			15,818	15,818	166,409	37,406	37,406	14
15	55	Radiology-Therapeuti			3,969	3,969	41,617	9,530	9,530	15
16	56	Radioisotope			1,716	1,716	20,540	1,566	1,566	16
17	57	CT Scan			12,174	12,174	106,293	50,566	50,566	17
18	58	MRI			1,897	1,897	21,767	2,679	2,679	18
19	59	Cardiac Catheterizat			5,931	5,931	52,991	23,425	23,425	19
20	90.02	TRANSPLANT CLINIC POST TRANS HOUR			5,852	5,852	104,904			20
21	59.02	CARDIAC GRAPHICS			5,359	5,359	53,723	15,333	15,333	21
22	59.03	PULMONARY FUNCTION			979	979	13,371			22
23	59.04	EPS			4,909	4,909	35,890	27,364	27,364	23
24	59.05	GI			5,789	5,789	42,966	31,622	31,622	24
25	60	Laboratory			3,178	3,178	21,199	19,751	19,751	25
26	60	Laboratory								26
27	63	Blood Storing, Proce			1,480	1,480	18,864	201	201	27
28	65	Respiratory Therapy			4,406	4,406	66,368			28
29	66	Physical Therapy			1,246	1,246	13,638	2,417	2,417	29
30	92.01	OBSERVATION BEDS-DIS			2,719	2,719	101,771			30
31	70	Electroencephalograp			6,196	6,196	65,748	14,095	14,095	31
32	76.97	CARDIAC REHABILITATI			574	574	5,565	1,827	1,827	32
33	90	Clinic			9,740	9,740	152,252			33
34	90.01	PSYCH CLINIC			3,089	3,089	52,658			34
35	90.03	OB CLINIC								35
36	91	Emergency			23,654	23,654	234,323	70,460	70,460	36
37	105	Kidney Acquisition			5,852	5,852	31,913	43,492	43,492	37
38	105	Kidney Acquisition DR A			12,781	12,781	36,236	128,452	128,452	38
39	106	Heart Acquisition			8,216	8,216	12,362	93,503	93,503	39
40	106	Heart Acquisition DR A			1,767	1,767	1,886	20,876	20,876	40
41	107	Liver Acquisition			8,784	8,784	34,372	78,817	78,817	41
42	107	Liver Acquisition DR A			4,468	4,468	46,285	11,289	11,289	42
43	108	Lung Acquisition			6,356	6,356	60,848	21,052	21,052	43
44	108	Lung Acquisition DR A			572	572	691	6,673	6,673	44
45	109	Pancreas Acquisition DR A			1,091	1,091	3,460	10,599	10,599	45
46	109	Pancreas Acquisition			494	494	3,100	3,265	3,265	46
200		TOTAL			984,271	984,271	8,342,429	7,790,250	7,790,250	200

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	85,609,404	85,609,404					1
2	Cap Rel Costs-Mvble Equip	23,266,610		23,266,610				2
4	Employee Benefits Department	-7,848,139	904,272	245,760	-6,698,107			4
5	Administrative & General	353,933,702	8,000,303	2,174,293		364,108,298	364,108,298	5
7	Operation of Plant	43,628,490	22,273,608	6,053,439		71,955,537	28,273,561	7
8	Laundry & Linen Service	3,563,250				3,563,250	1,400,111	8
9	Housekeeping	18,441,626	625,873	170,097		19,237,596	7,559,048	9
10	Dietary	9,814,062	1,057,383	287,372		11,158,817	4,384,645	10
11	Cafeteria	1,873,172				1,873,172	736,027	11
13	Nursing Administration	11,567,976	97,110	26,392		11,691,478	4,593,944	13
14	Central Services & Supply	15,250,388	415,974	113,052		15,779,414	6,200,221	14
15	Pharmacy	17,600,196	218,662	59,427		17,878,285	7,024,932	15
16	Medical Records & Library	4,498,368	133,265	36,218		4,667,851	1,834,143	16
17	Social Service	3,965,504				3,965,504	1,558,169	17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	34,522,703				34,522,703	13,565,040	21
22	I&R Services-Other Prgm Costs Apprvd	9,162,381	140,410	38,160		9,340,951	3,670,349	22
23	PARAMED ED PRGM-(PHARMACY)	1,217,145	5,112	1,389		1,223,646	480,808	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	330,160	10,481	2,849		343,490	134,968	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	394,634	9,207	2,502		406,343	159,665	23.02
23.03	PARAMED ED PRGM-(RAD THER)	267,009	9,207	2,502		278,718	109,517	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	365,375	9,207	2,502		377,084	148,168	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	294,607	9,221	2,506		306,334	120,368	23.05
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	111,585,723	7,266,567	1,974,881		120,827,171	47,477,018	30
31	Intensive Care Unit	33,692,861	1,493,775	405,973		35,592,609	13,985,439	31
35	SPECIAL CARE NURSERY	14,051,019	577,633	156,987		14,785,639	5,809,736	35
40	Subprovider - IPF	3,963,328	456,425	124,045		4,543,798	1,785,399	40
43	Nursery	3,180,035				3,180,035	1,249,534	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	36,196,173	3,372,310	916,514		40,484,997	15,907,810	50
51	Recovery Room	8,740,706	244,922	66,564		9,052,192	3,556,887	51
52	Delivery Room & Labor Room	19,126,372	757,018	205,740		20,089,130	7,893,642	52
53	Anesthesiology	4,862,916	27,463	7,464		4,897,843	1,924,514	53
54	Radiology-Diagnostic	25,643,072	2,208,596	600,244		28,451,912	11,179,638	54
55	Radiology-Therapeutic	10,115,532	515,117	139,997		10,770,646	4,232,121	55
56	Radioisotope	4,606,406	311,104	84,551		5,002,061	1,965,465	56
57	CT Scan	7,929,683	180,832	49,146		8,159,661	3,206,184	57
58	MRI	11,737,633	656,801	178,503		12,572,937	4,940,297	58
59	Cardiac Catheterization	2,997,065	80,113	21,773		3,098,951	1,217,674	59
59.01	VASCULAR LAB	1,290,738	51,290	13,939		1,355,967	532,801	59.01
59.02	CARDIAC GRAPHICS	5,456,152	103,883	28,233		5,588,268	2,195,804	59.02
59.03	PULMONARY FUNCTION	770,025	39,820	10,822		820,667	322,466	59.03
59.04	EPS	1,553,756	112,889	30,681		1,697,326	666,932	59.04
59.05	GI	9,704,803	652,362	177,297		10,534,462	4,139,317	59.05
60	Laboratory	81,829,427	817,501	222,177		82,869,105	32,561,840	60
62	Whole Blood & Packed Red Blood Cells	9,996,400	350,910	95,369		10,442,679	4,103,252	62
63	Blood Storing, Processing & Trans.	5,762,058				5,762,058	2,264,091	63
65	Respiratory Therapy	11,580,403	74,472	20,240		11,675,115	4,587,515	65
66	Physical Therapy	3,706,603	16,853	4,580		3,728,036	1,464,861	66
67	Occupational Therapy	1,617,415	93,229	25,338		1,735,982	682,121	67
70	Electroencephalography	3,680,873	324,563	88,209		4,093,645	1,608,520	70
71	Medical Supplies Charged to Patients	44,498,957				44,498,957	17,485,020	71
72	Impl. Dev. Charged to Patients	67,455,925				67,455,925	26,505,524	72
73	Drugs Charged to Patients	68,016,335				68,016,335	26,725,727	73
76.97	CARDIAC REHABILITATION	508,634				508,634	199,858	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,044,067	163,277	44,375		3,251,719	1,277,701	90
90.01	PSYCH CLINIC	5,075,101	9,909	2,693		5,087,703	1,999,116	90.01
90.02	TRANSPLANT CLINIC	2,641,478				2,641,478	1,037,919	90.02
90.03	OB CLINIC	3,256				3,256	1,279	90.03
91	Emergency	15,810,631	809,683	220,053		16,840,367	6,617,102	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,852,168				2,852,168	1,120,705	92.01
OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
100	I&R Services-Not Apprvd Prgm	743,668				743,668	292,210	100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,291,178	67,069	18,228		10,376,475	4,077,239	105
106	Heart Acquisition	2,349,241	12,214	3,319		2,364,774	929,193	106
107	Liver Acquisition	3,933,331	24,814	6,744		3,964,889	1,557,928	107
108	Lung Acquisition	1,202,116	10,496	2,852		1,215,464	477,593	108
109	Pancreas Acquisition	1,188,152	5,699	1,549		1,195,400	469,710	109
116	Hospice	-1,455				-1,455		116
118	SUBTOTALS (sum of lines 1-117)	1,296,708,583	55,808,904	15,167,540		1,265,507,120	354,188,386	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	84,648				84,648	33,261	190
191	Research	1,855,731	73,226	19,901		1,948,858	765,767	191
191.0 1	SPONSERED PROJECT	2,562,188				2,562,188	1,006,763	191.0 1
194	REAL ESTATE	-17,156,198	29,727,274	8,079,169		20,650,245	8,114,121	194
194.0 1	MARKETING, OTHER NON-REIMB	-351,313				-351,313		194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY							194.0 2
200	Cross Foot Adjustments							200
201	Negative Cost Centers				-6,698,107	-6,698,107		201
202	TOTAL (sum of lines 118-201)	1,283,703,639	85,609,404	23,266,610	-6,698,107	1,283,703,639	364,108,298	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	100,229,098						7
8	Laundry & Linen Service		4,963,361					8
9	Housekeeping	1,152,476		27,949,120				9
10	Dietary	1,947,054		1,227,379	18,717,895			10
11	Cafeteria					2,609,199		11
13	Nursing Administration	178,817		112,722		62,597	16,639,558	13
14	Central Services & Supply	765,970		482,851		49,732		14
15	Pharmacy	402,641		253,816		142,916		15
16	Medical Records & Library	245,392		154,690		16,211		16
17	Social Service					21,767		17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	258,549		162,983		235,915		22
23	PARAMED ED PRGM-(PHARMACY)	9,413		5,934				23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	19,300		12,166				23.01
23.02	PARAMED ED PRGM-(NM SCHL)	16,954		10,687				23.02
23.03	PARAMED ED PRGM-(RAD THER)	16,954		10,687				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	16,954		10,687				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	16,980		10,704				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	13,380,582	3,227,715	8,434,815	14,477,503	603,160	7,048,193	30
31	Intensive Care Unit	2,750,623	536,352	1,733,931	2,405,737	165,453	2,569,392	31
35	SPECIAL CARE NURSERY	1,063,647	346,145	670,499		80,037	1,226,952	35
40	Subprovider - IPF	840,456	145,925	529,804	654,526	23,173	147,873	40
43	Nursery		444,118					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,209,737		3,914,478		189,493	1,399,080	50
51	Recovery Room	450,997		284,299		48,728	408,162	51
52	Delivery Room & Labor Room	1,393,966		878,724		102,736	1,408,648	52
53	Anesthesiology	50,571		31,879		12,233		53
54	Radiology-Diagnostic	4,066,886		2,563,674		126,825	210,161	54
55	Radiology-Therapeutic	948,531		597,933		51,719	71,148	55
56	Radioisotope	572,863		361,120		16,334	13,551	56
57	CT Scan	332,981		209,904		34,854	84,056	57
58	MRI	1,209,427		762,396		55,385	136,570	58
59	Cardiac Catheterization	147,520		92,993		8,376	73,098	59
59.01	VASCULAR LAB	94,444		59,536		7,550		59.01
59.02	CARDIAC GRAPHICS	191,288		120,584		22,917		59.02
59.03	PULMONARY FUNCTION	73,325		46,222		3,090	6,529	59.03
59.04	EPS	207,873		131,038		8,006	53,082	59.04
59.05	GI	1,201,253		757,243		35,266	272,861	59.05
60	Laboratory	1,505,337		948,931		149,067		60
62	Whole Blood & Packed Red Blood Cells	646,162		407,326		18,685	76,042	62
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy	137,132		86,445		55,339		65
66	Physical Therapy	31,033		19,563		17,600		66
67	Occupational Therapy	171,672		108,218		9,564		67
70	Electroencephalography	597,647		376,743		16,539		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION					2,307	3,429	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	300,656		189,527		16,997	85,221	90
90.01	PSYCH CLINIC	18,246		11,502		24,320	83,604	90.01
90.02	TRANSPLANT CLINIC					4,438	10,029	90.02
90.03	OB CLINIC							90.03
91	Emergency	1,490,941		939,856		80,302	1,004,957	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		263,106		1,180,129	15,232	176,771	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
105	Kidney Acquisition	123,500		77,852		7,856	39,687	105
106	Heart Acquisition	22,491		14,178		2,797		106
107	Liver Acquisition	45,693		28,804		4,711	16,487	107
108	Lung Acquisition	19,327		12,183		2,913	13,975	108
109	Pancreas Acquisition	10,494		6,615				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	45,354,755	4,963,361	27,864,121	18,717,895	2,553,140	16,639,558	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					246		190
191	Research	134,838		84,999				191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE	54,739,505				383		194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY					55,430		194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	100,229,098	4,963,361	27,949,120	18,717,895	2,609,199	16,639,558	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	23,278,188						14
15	Pharmacy	62,982	25,765,572					15
16	Medical Records & Library	1,226		6,919,513				16
17	Social Service	144			5,545,584			17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					48,087,743		21
22	I&R Services-Other Prgm Costs Apprvd	683					13,669,430	22
23	PARAMED ED PRGM-(PHARMACY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	933,348	4,790,521	478,140	3,606,340	12,488,636	3,550,022	30
31	Intensive Care Unit	579,779	2,510,245	164,368	599,268	5,297,389	1,505,837	31
35	SPECIAL CARE NURSERY	147,136	18,680	83,657	386,750	292,195	83,059	35
40	Subprovider - IPF	2,344	164	21,707	163,042	1,466,387	416,835	40
43	Nursery			22,450	496,214			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,015,224	1,891,427	1,028,185		12,028,700	3,419,280	50
51	Recovery Room	35,163	977,483	65,066		557,335	158,428	51
52	Delivery Room & Labor Room	315,195	993,759	165,469		1,985,845	564,497	52
53	Anesthesiology	361,949	1,316,524	88,116		81,165	23,072	53
54	Radiology-Diagnostic	1,388,467	809,176	440,209		3,647,028	1,036,705	54
55	Radiology-Therapeutic	36,786	43,346	244,874		1,163,369	330,700	55
56	Radioisotope	748,501	47,216	84,325		156,920	44,606	56
57	CT Scan	161,131	53,659	436,825				57
58	MRI	223,215	332,316	377,544				58
59	Cardiac Catheterization	1,539,732	62,108	87,288		313,839	89,212	59
59.01	VASCULAR LAB	1,019	164	38,902				59.01
59.02	CARDIAC GRAPHICS	21,498	6,221,953	205,662		481,581	136,894	59.02
59.03	PULMONARY FUNCTION	24,250	52,874	19,789		178,564	50,759	59.03
59.04	EPS	1,420,914	130,543	45,971				59.04
59.05	GI	527,444	206,980	166,970		303,017	86,136	59.05
60	Laboratory	2,480,384	408,947	1,059,691		2,970,650	844,438	60
62	Whole Blood & Packed Red Blood Cells	1,259,554	321,299	58,627		227,263	64,602	62
63	Blood Storing, Processing & Trans.	289,009	616,801	43,022				63
65	Respiratory Therapy	348,391	229,899	108,363		156,920	44,606	65
66	Physical Therapy	59,893		15,032		10,822	3,076	66
67	Occupational Therapy	3,166		8,006		16,233	4,614	67
70	Electroencephalography	45,582	293	64,099				70
71	Medical Supplies Charged to Patients			221,943		129,865	36,915	71
72	Impl. Dev. Charged to Patients			260,119				72
73	Drugs Charged to Patients			382,610		5,411	1,538	73
76.97	CARDIAC REHABILITATION	11,690	94	5,114				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,660	1,583,707	6,419		844,119	239,949	90
90.01	PSYCH CLINIC	45	480,753	10,185		270,551	76,907	90.01
90.02	TRANSPLANT CLINIC	11,232	109,535	9,078		270,551	76,907	90.02
90.03	OB CLINIC			1		930,696	264,560	90.03
91	Emergency	202,138	1,418,460	340,950		1,655,772	470,670	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	14,314	79,563	15,904	293,970			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
105	Kidney Acquisition		24,842	25,000				105
106	Heart Acquisition		1,366	4,555				106
107	Liver Acquisition			9,256				107
108	Lung Acquisition			3,894				108
109	Pancreas Acquisition			2,128				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	23,278,188	25,734,697	6,919,513	5,545,584	47,930,823	13,624,824	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research					156,920	44,606	191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE		522					194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY		30,353					194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	23,278,188	25,765,572	6,919,513	5,545,584	48,087,743	13,669,430	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(PHARMACY)	1,719,801						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		509,924					23.01
23.02	PARAMED ED PRGM-(NM SCHL)			593,649				23.02
23.03	PARAMED ED PRGM-(RAD THER)				415,876			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					552,893		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						454,386	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		394,404					30
31	Intensive Care Unit		65,539					31
35	SPECIAL CARE NURSERY							35
40	Subprovider - IPF		17,831					40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			593,649			454,386	54
55	Radiology-Therapeutic				415,876			55
56	Radioisotope					552,893		56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	1,719,801						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		32,150					92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,719,801	509,924	593,649	415,876	552,893	454,386	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,719,801	509,924	593,649	415,876	552,893	454,386	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-(PHARMACY)					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)					23.01
23.02	PARAMED ED PRGM-(NM SCHL)					23.02
23.03	PARAMED ED PRGM-(RAD THER)					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					23.05
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	241,717,568	-16,038,658	225,678,910		30
31	Intensive Care Unit	70,461,961	-6,803,226	63,658,735		31
35	SPECIAL CARE NURSERY	24,994,132	-375,254	24,618,878		35
40	Subprovider - IPF	10,759,264	-1,883,222	8,876,042		40
43	Nursery	5,392,351		5,392,351		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	96,488,411	-15,447,980	81,040,431		50
51	Recovery Room	15,594,740	-715,763	14,878,977		51
52	Delivery Room & Labor Room	35,791,611	-2,550,342	33,241,269		52
53	Anesthesiology	8,787,866	-104,237	8,683,629		53
54	Radiology-Diagnostic	54,968,716	-4,683,733	50,284,983		54
55	Radiology-Therapeutic	18,907,049	-1,494,069	17,412,980		55
56	Radioisotope	9,565,855	-201,526	9,364,329		56
57	CT Scan	12,679,255		12,679,255		57
58	MRI	20,610,087		20,610,087		58
59	Cardiac Catheterization	6,730,791	-403,051	6,327,740		59
59.01	VASCULAR LAB	2,090,383		2,090,383		59.01
59.02	CARDIAC GRAPHICS	15,186,449	-618,475	14,567,974		59.02
59.03	PULMONARY FUNCTION	1,598,535	-229,323	1,369,212		59.03
59.04	EPS	4,361,685		4,361,685		59.04
59.05	GI	18,230,949	-389,153	17,841,796		59.05
60	Laboratory	125,798,390	-3,815,088	121,983,302		60
62	Whole Blood & Packed Red Blood Cells	17,625,491	-291,865	17,333,626		62
63	Blood Storing, Processing & Trans.	8,974,981		8,974,981		63
65	Respiratory Therapy	17,429,725	-201,526	17,228,199		65
66	Physical Therapy	5,349,916	-13,898	5,336,018		66
67	Occupational Therapy	2,739,576	-20,847	2,718,729		67
70	Electroencephalography	6,803,068		6,803,068		70
71	Medical Supplies Charged to Patients	62,372,700	-166,780	62,205,920		71
72	Impl. Dev. Charged to Patients	94,221,568		94,221,568		72
73	Drugs Charged to Patients	96,851,422	-6,949	96,844,473		73
76.97	CARDIAC REHABILITATION	731,126		731,126		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	7,800,675	-1,084,068	6,716,607		90
90.01	PSYCH CLINIC	8,062,932	-347,458	7,715,474		90.01
90.02	TRANSPLANT CLINIC	4,171,167	-347,458	3,823,709		90.02
90.03	OB CLINIC	1,199,792	-1,195,256	4,536		90.03
91	Emergency	31,061,515	-2,126,442	28,935,073		91
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT	6,044,012		6,044,012		92.01
	OTHER REIMBURSABLE COST CENTERS					
100	I&R Services-Not Apprvd Prgm	1,035,878		1,035,878		100
	SPECIAL PURPOSE COST CENTERS					

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
105	Kidney Acquisition	14,752,451		14,752,451			105
106	Heart Acquisition	3,339,354		3,339,354			106
107	Liver Acquisition	5,627,768		5,627,768			107
108	Lung Acquisition	1,745,349		1,745,349			108
109	Pancreas Acquisition	1,684,347		1,684,347			109
116	Hospice	-1,455		-1,455			116
118	SUBTOTALS (sum of lines 1-117)	1,200,339,406	-61,555,647	1,138,783,759			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	118,155		118,155			190
191	Research	3,135,988	-201,526	2,934,462			191
191.0	SPONSERED PROJECT	3,568,951		3,568,951			191.0
1							1
194	REAL ESTATE	83,504,776		83,504,776			194
194.0	MARKETING, OTHER NON-REIMB	-351,313		-351,313			194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY	85,783		85,783			194.0
2							2
200	Cross Foot Adjustments						200
201	Negative Cost Centers	-6,698,107		-6,698,107			201
202	TOTAL (sum of lines 118-201)	1,283,703,639	-61,757,173	1,221,946,466			202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	48,907	904,272	245,760	1,198,939	1,198,939		4
5	Administrative & General	38,082,813	8,000,303	2,174,293	48,257,409		48,257,409	5
7	Operation of Plant	585,236	22,273,608	6,053,439	28,912,283		3,747,229	7
8	Laundry & Linen Service						185,563	8
9	Housekeeping		625,873	170,097	795,970		1,001,836	9
10	Dietary		1,057,383	287,372	1,344,755		581,118	10
11	Cafeteria						97,549	11
13	Nursing Administration	249,034	97,110	26,392	372,536		608,857	13
14	Central Services & Supply	90,064	415,974	113,052	619,090		821,745	14
15	Pharmacy		218,662	59,427	278,089		931,047	15
16	Medical Records & Library		133,265	36,218	169,483		243,088	16
17	Social Service						206,512	17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						1,797,839	21
22	I&R Services-Other Prgm Costs Apprvd		140,410	38,160	178,570		486,449	22
23	PARAMED ED PRGM-(PHARMACY)		5,112	1,389	6,501		63,724	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		10,481	2,849	13,330		17,888	23.01
23.02	PARAMED ED PRGM-(NM SCHL)		9,207	2,502	11,709		21,161	23.02
23.03	PARAMED ED PRGM-(RAD THER)		9,207	2,502	11,709		14,515	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		9,207	2,502	11,709		19,637	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		9,221	2,506	11,727		15,953	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	25,166	7,266,567	1,974,881	9,266,614		6,292,768	30
31	Intensive Care Unit		1,493,775	405,973	1,899,748		1,853,556	31
35	SPECIAL CARE NURSERY		577,633	156,987	734,620		769,992	35
40	Subprovider - IPF		456,425	124,045	580,470		236,627	40
43	Nursery						165,607	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	73,068	3,372,310	916,514	4,361,892		2,108,337	50
51	Recovery Room		244,922	66,564	311,486		471,411	51
52	Delivery Room & Labor Room		757,018	205,740	962,758		1,046,182	52
53	Anesthesiology		27,463	7,464	34,927		255,065	53
54	Radiology-Diagnostic	1,044	2,208,596	600,244	2,809,884		1,481,690	54
55	Radiology-Therapeutic		515,117	139,997	655,114		560,903	55
56	Radioisotope		311,104	84,551	395,655		260,492	56
57	CT Scan		180,832	49,146	229,978		424,931	57
58	MRI		656,801	178,503	835,304		654,761	58
59	Cardiac Catheterization		80,113	21,773	101,886		161,384	59
59.01	VASCULAR LAB		51,290	13,939	65,229		70,615	59.01
59.02	CARDIAC GRAPHICS		103,883	28,233	132,116		291,020	59.02
59.03	PULMONARY FUNCTION		39,820	10,822	50,642		42,738	59.03
59.04	EPS		112,889	30,681	143,570		88,392	59.04
59.05	GI		652,362	177,297	829,659		548,603	59.05
60	Laboratory		817,501	222,177	1,039,678		4,315,574	60
62	Whole Blood & Packed Red Blood Cells		350,910	95,369	446,279		543,823	62
63	Blood Storing, Processing & Trans.						300,071	63
65	Respiratory Therapy	162,123	74,472	20,240	256,835		608,005	65
66	Physical Therapy		16,853	4,580	21,433		194,145	66
67	Occupational Therapy		93,229	25,338	118,567		90,405	67
70	Electroencephalography	285	324,563	88,209	413,057		213,185	70
71	Medical Supplies Charged to Patients						2,317,372	71
72	Impl. Dev. Charged to Patients						3,512,902	72
73	Drugs Charged to Patients						3,542,087	73
76.97	CARDIAC REHABILITATION						26,488	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		163,277	44,375	207,652		169,340	90
90.01	PSYCH CLINIC		9,909	2,693	12,602		264,952	90.01
90.02	TRANSPLANT CLINIC						137,560	90.02
90.03	OB CLINIC						170	90.03
91	Emergency		809,683	220,053	1,029,736		876,996	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT						148,532	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm						38,728	100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		67,069	18,228	85,297		540,376	105
106	Heart Acquisition		12,214	3,319	15,533		123,150	106
107	Liver Acquisition		24,814	6,744	31,558		206,480	107
108	Lung Acquisition		10,496	2,852	13,348		63,298	108
109	Pancreas Acquisition		5,699	1,549	7,248		62,253	109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	39,317,740	55,808,904	15,167,540	110,294,184		46,942,676	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						4,408	190
191	Research		73,226	19,901	93,127		101,491	191
191.0 1	SPONSERED PROJECT						133,431	191.0 1
194	REAL ESTATE	2,880,023	29,727,274	8,079,169	40,686,466		1,075,403	194
194.0 1	MARKETING, OTHER NON-REIMB							194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY							194.0 2
200	Cross Foot Adjustments							200
201	Negative Cost Centers					1,198,939		201
202	TOTAL (sum of lines 118-201)	42,197,763	85,609,404	23,266,610	151,073,777	1,198,939	48,257,409	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	32,659,512						7
8	Laundry & Linen Service		185,563					8
9	Housekeeping	375,533		2,173,339				9
10	Dietary	634,445		95,442	2,655,760			10
11	Cafeteria					97,549		11
13	Nursing Administration	58,267		8,765		2,342	1,050,767	13
14	Central Services & Supply	249,590		37,547		1,861		14
15	Pharmacy	131,200		19,737		5,347		15
16	Medical Records & Library	79,961		12,029		607		16
17	Social Service					814		17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	84,248		12,674		8,827		22
23	PARAMED ED PRGM-(PHARMACY)	3,067		461				23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	6,289		946				23.01
23.02	PARAMED ED PRGM-(NM SCHL)	5,524		831				23.02
23.03	PARAMED ED PRGM-(RAD THER)	5,524		831				23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	5,524		831				23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	5,533		832				23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,360,044	120,673	655,896	2,054,119	22,489	445,083	30
31	Intensive Care Unit	896,287	20,052	134,831	341,334	6,191	162,254	31
35	SPECIAL CARE NURSERY	346,588	12,941	52,138		2,995	77,481	35
40	Subprovider - IPF	273,861	5,456	41,198	92,866	867	9,338	40
43	Nursery		16,604					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,023,434		304,392		7,090	88,350	50
51	Recovery Room	146,957		22,107		1,823	25,775	51
52	Delivery Room & Labor Room	454,222		68,330		3,844	88,954	52
53	Anesthesiology	16,478		2,479		458		53
54	Radiology-Diagnostic	1,325,189		199,353		4,745	13,271	54
55	Radiology-Therapeutic	309,078		46,496		1,935	4,493	55
56	Radioisotope	186,667		28,081		611	856	56
57	CT Scan	108,502		16,322		1,304	5,308	57
58	MRI	394,090		59,284		2,072	8,624	58
59	Cardiac Catheterization	48,069		7,231		313	4,616	59
59.01	VASCULAR LAB	30,775		4,630		283		59.01
59.02	CARDIAC GRAPHICS	62,331		9,377		857		59.02
59.03	PULMONARY FUNCTION	23,893		3,594		116	412	59.03
59.04	EPS	67,735		10,190		300	3,352	59.04
59.05	GI	391,427		58,884		1,320	17,231	59.05
60	Laboratory	490,512		73,789		5,578		60
62	Whole Blood & Packed Red Blood Cells	210,551		31,674		699	4,802	62
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy	44,684		6,722		2,071		65
66	Physical Therapy	10,112		1,521		659		66
67	Occupational Therapy	55,939		8,415		358		67
70	Electroencephalography	194,743		29,296		619		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION					86	217	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	97,968		14,738		636	5,382	90
90.01	PSYCH CLINIC	5,945		894		910	5,280	90.01
90.02	TRANSPLANT CLINIC					166	633	90.02
90.03	OB CLINIC							90.03
91	Emergency	485,821		73,084		3,005	63,462	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		9,837		167,441	570	11,163	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
105	Kidney Acquisition	40,242		6,054		294	2,506	105
106	Heart Acquisition	7,329		1,102		105		106
107	Liver Acquisition	14,889		2,240		176	1,041	107
108	Lung Acquisition	6,298		947		109	883	108
109	Pancreas Acquisition	3,419		514				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	14,778,784	185,563	2,166,729	2,655,760	95,452	1,050,767	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					9		190
191	Research	43,937		6,610				191
191.0 1	SPONSERED PROJECT							191.0 1
194	REAL ESTATE	17,836,791				14		194
194.0 1	MARKETING, OTHER NON-REIMB							194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY					2,074		194.0 2
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	32,659,512	185,563	2,173,339	2,655,760	97,549	1,050,767	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	1,729,833						14
15	Pharmacy	4,680	1,370,100					15
16	Medical Records & Library	91		505,259				16
17	Social Service	11			207,337			17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					1,797,839		21
22	I&R Services-Other Prgm Costs Apprvd	51					770,819	22
23	PARAMED ED PRGM-(PHARMACY)							23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	69,360	254,739	34,814	134,833			30
31	Intensive Care Unit	43,085	133,484	11,968	22,405			31
35	SPECIAL CARE NURSERY	10,934	993	6,091	14,460			35
40	Subprovider - IPF	174	9	1,580	6,096			40
43	Nursery			1,635	18,552			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	744,216	100,578	74,864				50
51	Recovery Room	2,613	51,978	4,738				51
52	Delivery Room & Labor Room	23,423	52,844	12,048				52
53	Anesthesiology	26,898	70,007	6,416				53
54	Radiology-Diagnostic	103,182	43,028	32,052				54
55	Radiology-Therapeutic	2,734	2,305	17,830				55
56	Radioisotope	55,624	2,511	6,140				56
57	CT Scan	11,974	2,853	31,806				57
58	MRI	16,588	17,671	27,490				58
59	Cardiac Catheterization	114,423	3,303	6,356				59
59.01	VASCULAR LAB	76	9	2,833				59.01
59.02	CARDIAC GRAPHICS	1,598	330,855	14,975				59.02
59.03	PULMONARY FUNCTION	1,802	2,812	1,441				59.03
59.04	EPS	105,593	6,942	3,347				59.04
59.05	GI	39,196	11,006	12,157				59.05
60	Laboratory	184,326	21,746	78,592				60
62	Whole Blood & Packed Red Blood Cells	93,602	17,085	4,269				62
63	Blood Storing, Processing & Trans.	21,477	32,799	3,133				63
65	Respiratory Therapy	25,890	12,225	7,890				65
66	Physical Therapy	4,451		1,095				66
67	Occupational Therapy	235		583				67
70	Electroencephalography	3,387	16	4,667				70
71	Medical Supplies Charged to Patients			16,160				71
72	Impl. Dev. Charged to Patients			18,940				72
73	Drugs Charged to Patients			27,859				73
76.97	CARDIAC REHABILITATION	869	5	372				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	346	84,214	467				90
90.01	PSYCH CLINIC	3	25,564	742				90.01
90.02	TRANSPLANT CLINIC	835	5,825	661				90.02
90.03	OB CLINIC							90.03
91	Emergency	15,022	75,427	24,825				91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,064	4,231	1,158	10,991			92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
105	Kidney Acquisition		1,321	1,820				105
106	Heart Acquisition		73	332				106
107	Liver Acquisition			674				107
108	Lung Acquisition			284				108
109	Pancreas Acquisition			155				109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	1,729,833	1,368,458	505,259	207,337			118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE		28					194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY		1,614					194.0
2								2
200	Cross Foot Adjustments					1,797,839	770,819	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,729,833	1,370,100	505,259	207,337	1,797,839	770,819	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(PHARMACY)	73,753						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		38,453					23.01
23.02	PARAMED ED PRGM-(NM SCHL)			39,225				23.02
23.03	PARAMED ED PRGM-(RAD THER)				32,579			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)					37,701		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						34,045	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
35	SPECIAL CARE NURSERY							35
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION CHAPLAINCY	PARAMED EDUCATION RADIOG	PARAMED EDUCATION RAD THER	PARAMED EDUCATION NUCL MED	PARAMED EDUCATION SONOGRAPH Y	
		23	23.01	23.02	23.03	23.04	23.05	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross Foot Adjustments	73,753	38,453	39,225	32,579	37,701	34,045	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	73,753	38,453	39,225	32,579	37,701	34,045	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	23,711,432		23,711,432			30
31	Intensive Care Unit	5,525,195		5,525,195			31
35	SPECIAL CARE NURSERY	2,029,233		2,029,233			35
40	Subprovider - IPF	1,248,542		1,248,542			40
43	Nursery	202,398		202,398			43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,813,153		9,813,153			50
51	Recovery Room	1,038,888		1,038,888			51
52	Delivery Room & Labor Room	2,712,605		2,712,605			52
53	Anesthesiology	412,728		412,728			53
54	Radiology-Diagnostic	6,012,394		6,012,394			54
55	Radiology-Therapeutic	1,600,888		1,600,888			55
56	Radioisotope	936,637		936,637			56
57	CT Scan	832,978		832,978			57
58	MRI	2,015,884		2,015,884			58
59	Cardiac Catheterization	447,581		447,581			59
59.01	VASCULAR LAB	174,450		174,450			59.01
59.02	CARDIAC GRAPHICS	843,129		843,129			59.02
59.03	PULMONARY FUNCTION	127,450		127,450			59.03
59.04	EPS	429,421		429,421			59.04
59.05	GI	1,909,483		1,909,483			59.05
60	Laboratory	6,209,795		6,209,795			60
62	Whole Blood & Packed Red Blood Cells	1,352,784		1,352,784			62
63	Blood Storing, Processing & Trans.	357,480		357,480			63
65	Respiratory Therapy	964,322		964,322			65
66	Physical Therapy	233,416		233,416			66
67	Occupational Therapy	274,502		274,502			67
70	Electroencephalography	858,970		858,970			70
71	Medical Supplies Charged to Patients	2,333,532		2,333,532			71
72	Impl. Dev. Charged to Patients	3,531,842		3,531,842			72
73	Drugs Charged to Patients	3,569,946		3,569,946			73
76.97	CARDIAC REHABILITATION	28,037		28,037			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	580,743		580,743			90
90.01	PSYCH CLINIC	316,892		316,892			90.01
90.02	TRANSPLANT CLINIC	145,680		145,680			90.02
90.03	OB CLINIC	170		170			90.03
91	Emergency	2,647,378		2,647,378			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	354,987		354,987			92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm	38,728		38,728			100
	SPECIAL PURPOSE COST CENTERS						

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
105	Kidney Acquisition	677,910		677,910			105
106	Heart Acquisition	147,624		147,624			106
107	Liver Acquisition	257,058		257,058			107
108	Lung Acquisition	85,167		85,167			108
109	Pancreas Acquisition	73,589		73,589			109
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	87,065,021		87,065,021			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	4,417		4,417			190
191	Research	245,165		245,165			191
191.0	SPONSERED PROJECT	133,431		133,431			191.0
1							1
194	REAL ESTATE	59,598,702		59,598,702			194
194.0	MARKETING, OTHER NON-REIMB						194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY	3,688		3,688			194.0
2							2
200	Cross Foot Adjustments	2,824,414		2,824,414			200
201	Negative Cost Centers	1,198,939		1,198,939			201
202	TOTAL (sum of lines 118-201)	151,073,777		151,073,777			202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	5,978,831						1
2	Cap Rel Costs-Mvble Equip		5,978,831					2
4	Employee Benefits Department	63,153	63,153	368,321,025				4
5	Administrative & General	558,729	558,729	37,330,562	-364,108,298	926,646,216		5
7	Operation of Plant	1,555,555	1,555,555	1,707,489		71,955,537	3,801,394	7
8	Laundry & Linen Service					3,563,250		8
9	Housekeeping	43,710	43,710	12,671,112		19,237,596	43,710	9
10	Dietary	73,846	73,846	6,762,916		11,158,817	73,846	10
11	Cafeteria					1,873,172		11
13	Nursing Administration	6,782	6,782	8,232,815		11,691,478	6,782	13
14	Central Services & Supply	29,051	29,051	6,529,077		15,779,414	29,051	14
15	Pharmacy	15,271	15,271	17,592,435		17,878,285	15,271	15
16	Medical Records & Library	9,307	9,307	2,128,215		4,667,851	9,307	16
17	Social Service			2,857,726		3,965,504		17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					34,522,703		21
22	I&R Services-Other Prgm Costs Apprvd	9,806	9,806	676,826		9,340,951	9,806	22
23	PARAMED ED PRGM-(PHARMACY)	357	357	1,170,740		1,223,646	357	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	732	732	311,553		343,490	732	23.01
23.02	PARAMED ED PRGM-(NM SCHL)	643	643	562,343		406,343	643	23.02
23.03	PARAMED ED PRGM-(RAD THER)	643	643	361,746		278,718	643	23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)	643	643	439,652		377,084	643	23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)	644	644	381,695		306,334	644	23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	507,486	507,486	79,231,739		120,827,171	507,486	30
31	Intensive Care Unit	104,323	104,323	21,722,232		35,592,609	104,323	31
35	SPECIAL CARE NURSERY	40,341	40,341	10,764,018		14,785,639	40,341	35
40	Subprovider - IPF	31,876	31,876	3,042,299		4,543,798	31,876	40
43	Nursery					3,180,035		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	235,517	235,517	24,877,804		40,484,997	235,517	50
51	Recovery Room	17,105	17,105	6,397,234		9,052,192	17,105	51
52	Delivery Room & Labor Room	52,869	52,869	13,487,803		20,089,130	52,869	52
53	Anesthesiology	1,918	1,918	1,606,017		4,897,843	1,918	53
54	Radiology-Diagnostic	154,245	154,245	16,041,053		28,451,912	154,245	54
55	Radiology-Therapeutic	35,975	35,975	6,526,920		10,770,646	35,975	55
56	Radioisotope	21,727	21,727	1,816,856		5,002,061	21,727	56
57	CT Scan	12,629	12,629	4,575,942		8,159,661	12,629	57
58	MRI	45,870	45,870	7,271,300		12,572,937	45,870	58
59	Cardiac Catheterization	5,595	5,595	1,099,626		3,098,951	5,595	59
59.01	VASCULAR LAB	3,582	3,582	991,251		1,355,967	3,582	59.01
59.02	CARDIAC GRAPHICS	7,255	7,255	3,009,078		5,588,268	7,255	59.02
59.03	PULMONARY FUNCTION	2,781	2,781	405,694		820,667	2,781	59.03
59.04	EPS	7,884	7,884	1,051,036		1,697,326	7,884	59.04
59.05	GI	45,560	45,560	4,629,892		10,534,462	45,560	59.05
60	Laboratory	57,093	57,093	19,570,239		82,869,105	57,093	60
62	Whole Blood & Packed Red Blood Cells	24,507	24,507			10,442,679	24,507	62
63	Blood Storing, Processing & Trans.			2,453,072		5,762,058		63
65	Respiratory Therapy	5,201	5,201	7,265,466		11,675,115	5,201	65
66	Physical Therapy	1,177	1,177	2,310,684		3,728,036	1,177	66
67	Occupational Therapy	6,511	6,511	1,255,565		1,735,982	6,511	67
70	Electroencephalography	22,667	22,667	2,171,353		4,093,645	22,667	70
71	Medical Supplies Charged to Patients					44,498,957		71
72	Impl. Dev. Charged to Patients					67,455,925		72
73	Drugs Charged to Patients					68,016,335		73
76.97	CARDIAC REHABILITATION			302,812		508,634		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	11,403	11,403	2,230,405		3,251,719	11,403	90
90.01	PSYCH CLINIC	692	692	3,192,828		5,087,703	692	90.01
90.02	TRANSPLANT CLINIC			771,571		2,641,478		90.02
90.03	OB CLINIC					3,256		90.03
91	Emergency	56,547	56,547	10,543,349		16,840,367	56,547	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT			1,999,735		2,852,168		92.01
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
100	I&R Services-Not Apprvd Prgm					743,668		100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,684	4,684	1,839,342		10,376,475	4,684	105
106	Heart Acquisition	853	853	522,202		2,364,774	853	106
107	Liver Acquisition	1,733	1,733	790,082		3,964,889	1,733	107
108	Lung Acquisition	733	733	278,083		1,215,464	733	108
109	Pancreas Acquisition	398	398	58,726		1,195,400	398	109
116	Hospice				1,455			116
118	SUBTOTALS (sum of lines 1-117)	3,897,609	3,897,609	365,820,210	-364,106,843	901,400,277	1,720,172	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			57,827		84,648		190
191	Research	5,114	5,114	1,700,751		1,948,858	5,114	191
191.0 1	SPONSERED PROJECT			691,895		2,562,188		191.0 1
194	REAL ESTATE	2,076,108	2,076,108	50,342		20,650,245	2,076,108	194
194.0 1	MARKETING, OTHER NON-REIMB				351,313			194.0 1
194.0 2	OTHER COMPANY WIDE ACTIVITY							194.0 2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	85,609,404	23,266,610			364,108,298	100,229,098	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14.318753	3.891498			0.392931	26.366406	203
204	Cost to be allocated (Per Wkst. B, Part II)					48,257,409	32,659,512	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.052077	8.591457	205

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION NURSING SALARIES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service	278,534						8
9	Housekeeping		1,681,576					9
10	Dietary		73,846	234,186				10
11	Cafeteria				342,568,892			11
13	Nursing Administration		6,782		8,218,126	6,307,969		13
14	Central Services & Supply		29,051		6,529,061		185,074,228	14
15	Pharmacy		15,271		18,762,791		500,737	15
16	Medical Records & Library		9,307		2,128,282		9,745	16
17	Social Service				2,857,726		1,142	17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd		9,806		30,972,181		5,431	22
23	PARAMED ED PRGM-(PHARMACY)		357					23
23.01	PARAMED ED PRGM-(CHAPLAINCY)		732					23.01
23.02	PARAMED ED PRGM-(NM SCHL)		643					23.02
23.03	PARAMED ED PRGM-(RAD THER)		643					23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)		643					23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)		644					23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	181,133	507,486	181,133	79,205,311	2,671,933	7,420,601	30
31	Intensive Care Unit	30,099	104,323	30,099	21,721,508	974,043	4,609,541	31
35	SPECIAL CARE NURSERY	19,425	40,341		10,507,630	465,131	1,169,807	35
40	Subprovider - IPF	8,189	31,876	8,189	3,042,299	56,058	18,637	40
43	Nursery	24,923						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		235,517		24,877,599	530,384	79,626,845	50
51	Recovery Room		17,105		6,397,234	154,732	279,567	51
52	Delivery Room & Labor Room		52,869		13,487,701	534,011	2,505,965	52
53	Anesthesiology		1,918		1,606,017		2,877,679	53
54	Radiology-Diagnostic		154,245		16,650,264	79,671	11,039,030	54
55	Radiology-Therapeutic		35,975		6,789,966	26,972	292,469	55
56	Radioisotope		21,727		2,144,355	5,137	5,950,966	56
57	CT Scan		12,629		4,575,800	31,865	1,281,073	57
58	MRI		45,870		7,271,300	51,773	1,774,671	58
59	Cardiac Catheterization		5,595		1,099,626	27,711	12,241,663	59
59.01	VASCULAR LAB		3,582		991,251		8,103	59.01
59.02	CARDIAC GRAPHICS		7,255		3,008,715		170,919	59.02
59.03	PULMONARY FUNCTION		2,781		405,694	2,475	192,800	59.03
59.04	EPS		7,884		1,051,036	20,123	11,296,999	59.04
59.05	GI		45,560		4,629,892	103,440	4,193,451	59.05
60	Laboratory		57,093		19,570,315		19,720,333	60
62	Whole Blood & Packed Red Blood Cells		24,507		2,453,072	28,827	10,014,102	62
63	Blood Storing, Processing & Trans.						2,297,769	63
65	Respiratory Therapy		5,201		7,265,261		2,769,890	65
66	Physical Therapy		1,177		2,310,684		476,182	66
67	Occupational Therapy		6,511		1,255,565		25,171	67
70	Electroencephalography		22,667		2,171,353		362,400	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
76.97	CARDIAC REHABILITATION				302,812	1,300	92,940	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		11,403		2,231,472	32,307	37,047	90
90.01	PSYCH CLINIC		692		3,192,828	31,694	355	90.01
90.02	TRANSPLANT CLINIC				582,617	3,802	89,297	90.02
90.03	OB CLINIC							90.03
91	Emergency		56,547		10,542,502	380,974	1,607,099	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	14,765		14,765	1,999,735	67,013	113,800	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION NURSING SALARIES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		4,684		1,031,435	15,045		105
106	Heart Acquisition		853		367,263			106
107	Liver Acquisition		1,733		618,476	6,250	2	107
108	Lung Acquisition		733		382,447	5,298		108
109	Pancreas Acquisition		398					109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	278,534	1,676,462	234,186	335,209,202	6,307,969	185,074,228	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				32,235			190
191	Research		5,114					191
191.0	SPONSERED PROJECT							191.0
194	REAL ESTATE				50,342			194
194.0	MARKETING, OTHER NON-REIMB							194.0
194.0	OTHER COMPANY WIDE ACTIVITY				7,277,113			194.0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,963,361	27,949,120	18,717,895	2,609,199	16,639,558	23,278,188	202
203	Unit Cost Multiplier (Wkst. B, Part I)	17.819588	16.620789	79.927472	0.007617	2.637863	0.125778	203
204	Cost to be allocated (Per Wkst. B, Part II)	185,563	2,173,339	2,655,760	97,549	1,050,767	1,729,833	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.666213	1.292442	11.340388	0.000285	0.166578	0.009347	205

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY ASSIGNED TIME	
		15	16	17	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	4,394,510						15
16	Medical Records & Library		5,360,421,449					16
17	Social Service			278,534				17
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				8,887			21
22	I&R Services-Other Prgm Costs Apprvd					8,887		22
23	PARAMED ED PRGM-(PHARMACY)						100	23
23.01	PARAMED ED PRGM-(CHAPLAINCY)							23.01
23.02	PARAMED ED PRGM-(NM SCHL)							23.02
23.03	PARAMED ED PRGM-(RAD THER)							23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)							23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)							23.05
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	817,059	370,364,096	181,133	2,308	2,308		30
31	Intensive Care Unit	428,141	127,318,300	30,099	979	979		31
35	SPECIAL CARE NURSERY	3,186	64,799,973	19,425	54	54		35
40	Subprovider - IPF	28	16,813,820	8,189	271	271		40
43	Nursery		17,389,729	24,923				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	322,597	796,425,574		2,223	2,223		50
51	Recovery Room	166,717	50,400,069		103	103		51
52	Delivery Room & Labor Room	169,493	128,170,902		367	367		52
53	Anesthesiology	224,543	68,254,426		15	15		53
54	Radiology-Diagnostic	138,011	340,983,344		674	674		54
55	Radiology-Therapeutic	7,393	189,678,001		215	215		55
56	Radioisotope	8,053	65,317,723		29	29		56
57	CT Scan	9,152	338,361,505					57
58	MRI	56,679	292,442,804					58
59	Cardiac Catheterization	10,593	67,612,344		58	58		59
59.01	VASCULAR LAB	28	30,133,331					59.01
59.02	CARDIAC GRAPHICS	1,061,200	159,304,346		89	89		59.02
59.03	PULMONARY FUNCTION	9,018	15,328,479		33	33		59.03
59.04	EPS	22,265	35,609,082					59.04
59.05	GI	35,302	129,333,672		56	56		59.05
60	Laboratory	69,749	821,440,953		549	549		60
62	Whole Blood & Packed Red Blood Cells	54,800	45,412,148		42	42		62
63	Blood Storing, Processing & Trans.	105,200	33,324,554					63
65	Respiratory Therapy	39,211	83,937,453		29	29		65
66	Physical Therapy		11,643,979		2	2		66
67	Occupational Therapy		6,201,464		3	3		67
70	Electroencephalography	50	49,650,907					70
71	Medical Supplies Charged to Patients		171,915,701		24	24		71
72	Impl. Dev. Charged to Patients		201,486,455					72
73	Drugs Charged to Patients		296,367,306		1	1	100	73
76.97	CARDIAC REHABILITATION	16	3,961,056					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	270,113	4,971,851		156	156		90
90.01	PSYCH CLINIC	81,996	7,888,961		50	50		90.01
90.02	TRANSPLANT CLINIC	18,682	7,032,141		50	50		90.02
90.03	OB CLINIC		975		172	172		90.03
91	Emergency	241,929	264,097,816		306	306		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	13,570	12,319,209	14,765				92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION PHARMACY ASSIGNED TIME	
		15	16	17	21	22	23	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,237	19,365,000					105
106	Heart Acquisition	233	3,528,000					106
107	Liver Acquisition		7,170,000					107
108	Lung Acquisition		3,016,000					108
109	Pancreas Acquisition		1,648,000					109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	4,389,244	5,360,421,449	278,534	8,858	8,858	100	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research				29	29		191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE	89						194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY	5,177						194.0
2								2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	25,765,572	6,919,513	5,545,584	48,087,743	13,669,430	1,719,801	202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.863127	0.001291	19.909900	5,411.020929	1,538.137729	17,198.010000	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,370,100	505,259	207,337	1,797,839	770,819	73,753	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.311775	0.000094	0.744387	202.299876	86.735569	737.530000	205

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)	234,186					23.01
23.02	PARAMED ED PRGM-(NM SCHL)		100				23.02
23.03	PARAMED ED PRGM-(RAD THER)			100			23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)				100		23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)					100	23.05
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	181,133					30
31	Intensive Care Unit	30,099					31
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF	8,189					40
43	Nursery						43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic		100			100	54
55	Radiology-Therapeutic			100			55
56	Radioisotope				100		56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS							
90	Clinic						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	OB CLINIC						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PARAMED EDUCATION CHAPLAINCY PATIENT DAYS	PARAMED EDUCATION RADIOG ASSIGNED TIME	PARAMED EDUCATION RAD THER ASSIGNED TIME	PARAMED EDUCATION NUCL MED ASSIGNED TIME	PARAMED EDUCATION SONOGRAPH Y ASSIGNED TIME		
		23.01	23.02	23.03	23.04	23.05		
92.01	OBSERVATION BEDS-DISTINCT	14,765						92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	234,186	100	100	100	100		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
191.0	SPONSERED PROJECT							191.0
1								1
194	REAL ESTATE							194
194.0	MARKETING, OTHER NON-REIMB							194.0
1								1
194.0	OTHER COMPANY WIDE ACTIVITY							194.0
2								2
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	509,924	593,649	415,876	552,893	454,386		202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.177432	5,936.490000	4,158.760000	5,528.930000	4,543.860000		203
204	Cost to be allocated (Per Wkst. B, Part II)	38,453	39,225	32,579	37,701	34,045		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.164199	392.250000	325.790000	377.010000	340.450000		205

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	225,678,910		225,678,910	75,270	225,754,180	30
31	Intensive Care Unit	63,658,735		63,658,735	164,701	63,823,436	31
35	SPECIAL CARE NURSERY	24,618,878		24,618,878	6,464	24,625,342	35
40	Subprovider - IPF	8,876,042		8,876,042	2,326	8,878,368	40
43	Nursery	5,392,351		5,392,351		5,392,351	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,040,431		81,040,431	89,170	81,129,601	50
51	Recovery Room	14,878,977		14,878,977	8,804	14,887,781	51
52	Delivery Room & Labor Room	33,241,269		33,241,269		33,241,269	52
53	Anesthesiology	8,683,629		8,683,629	24,044	8,707,673	53
54	Radiology-Diagnostic	50,284,983		50,284,983	37,406	50,322,389	54
55	Radiology-Therapeutic	17,412,980		17,412,980	9,530	17,422,510	55
56	Radioisotope	9,364,329		9,364,329	1,566	9,365,895	56
57	CT Scan	12,679,255		12,679,255	50,566	12,729,821	57
58	MRI	20,610,087		20,610,087	2,679	20,612,766	58
59	Cardiac Catheterization	6,327,740		6,327,740	23,425	6,351,165	59
59.01	VASCULAR LAB	2,090,383		2,090,383		2,090,383	59.01
59.02	CARDIAC GRAPHICS	14,567,974		14,567,974	15,333	14,583,307	59.02
59.03	PULMONARY FUNCTION	1,369,212		1,369,212		1,369,212	59.03
59.04	EPS	4,361,685		4,361,685	27,364	4,389,049	59.04
59.05	GI	17,841,796		17,841,796	31,622	17,873,418	59.05
60	Laboratory	121,983,302		121,983,302	19,751	122,003,053	60
62	Whole Blood & Packed Red Blood Cells	17,333,626		17,333,626		17,333,626	62
63	Blood Storing, Processing & Trans.	8,974,981		8,974,981	201	8,975,182	63
65	Respiratory Therapy	17,228,199		17,228,199		17,228,199	65
66	Physical Therapy	5,336,018		5,336,018	2,417	5,338,435	66
67	Occupational Therapy	2,718,729		2,718,729		2,718,729	67
70	Electroencephalography	6,803,068		6,803,068	14,095	6,817,163	70
71	Medical Supplies Charged to Patients	62,205,920		62,205,920		62,205,920	71
72	Impl. Dev. Charged to Patients	94,221,568		94,221,568		94,221,568	72
73	Drugs Charged to Patients	96,844,473		96,844,473		96,844,473	73
76.97	CARDIAC REHABILITATION	731,126		731,126	1,827	732,953	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,716,607		6,716,607		6,716,607	90
90.01	PSYCH CLINIC	7,715,474		7,715,474		7,715,474	90.01
90.02	TRANSPLANT CLINIC	3,823,709		3,823,709		3,823,709	90.02
90.03	OB CLINIC	4,536		4,536		4,536	90.03
91	Emergency	28,935,073		28,935,073	70,460	29,005,533	91
92	Observation Beds (Non-Distinct Part)	17,656,725		17,656,725		17,656,725	92
92.01	OBSERVATION BEDS-DISTINCT	6,044,012		6,044,012		6,044,012	92.01
OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm	1,035,878		1,035,878		1,035,878	100
105	Kidney Acquisition	14,752,451		14,752,451		14,752,451	105
106	Heart Acquisition	3,339,354		3,339,354		3,339,354	106
107	Liver Acquisition	5,627,768		5,627,768		5,627,768	107
108	Lung Acquisition	1,745,349		1,745,349		1,745,349	108
109	Pancreas Acquisition	1,684,347		1,684,347		1,684,347	109
116	Hospice						116
200	Subtotal (sum of lines 30 thru 199)	1,156,441,939		1,156,441,939	679,021	1,157,120,960	200
201	Less Observation Beds	17,656,725		17,656,725		17,656,725	201
202	Total (line 200 minus line 201)	1,138,785,214		1,138,785,214		1,139,464,235	202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	366,587,019		366,587,019				30
31	Intensive Care Unit	126,867,893		126,867,893				31
35	SPECIAL CARE NURSERY	63,603,176		63,603,176				35
40	Subprovider - IPF	16,612,977		16,612,977				40
43	Nursery	17,389,729		17,389,729				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	437,550,417	344,295,588	781,846,005	0.103653	0.103653	0.103767	50
51	Recovery Room	18,216,314	31,315,690	49,532,004	0.300391	0.300391	0.300569	51
52	Delivery Room & Labor Room	117,438,100	7,032,281	124,470,381	0.267062	0.267062	0.267062	52
53	Anesthesiology	35,137,871	31,800,498	66,938,369	0.129726	0.129726	0.130085	53
54	Radiology-Diagnostic	103,875,007	231,782,919	335,657,926	0.149810	0.149810	0.149922	54
55	Radiology-Therapeutic	10,993,691	177,606,921	188,600,612	0.092327	0.092327	0.092378	55
56	Radioisotope	8,082,580	56,487,087	64,569,667	0.145027	0.145027	0.145051	56
57	CT Scan	93,848,996	240,077,686	333,926,682	0.037970	0.037970	0.038122	57
58	MRI	48,821,580	237,589,841	286,411,421	0.071960	0.071960	0.071969	58
59	Cardiac Catheterization	33,309,294	33,110,701	66,419,995	0.095269	0.095269	0.095621	59
59.01	VASCULAR LAB	12,253,482	17,472,592	29,726,074	0.070322	0.070322	0.070322	59.01
59.02	CARDIAC GRAPHICS	54,780,141	102,103,621	156,883,762	0.092858	0.092858	0.092956	59.02
59.03	PULMONARY FUNCTION	2,381,319	12,785,191	15,166,510	0.090279	0.090279	0.090279	59.03
59.04	EPS	8,650,602	25,603,983	34,254,585	0.127331	0.127331	0.128130	59.04
59.05	GI	13,391,078	113,330,602	126,721,680	0.140795	0.140795	0.141045	59.05
60	Laboratory	269,522,249	546,251,393	815,773,642	0.149531	0.149531	0.149555	60
62	Whole Blood & Packed Red Blood Cells	37,684,217	7,544,290	45,228,507	0.383246	0.383246	0.383246	62
63	Blood Storing, Processing & Trans.	17,440,865	15,460,142	32,901,007	0.272787	0.272787	0.272794	63
65	Respiratory Therapy	81,336,686	2,004,456	83,341,142	0.206719	0.206719	0.206719	65
66	Physical Therapy	10,426,082	1,159,250	11,585,332	0.460584	0.460584	0.460793	66
67	Occupational Therapy	5,757,884	407,214	6,165,098	0.440987	0.440987	0.440987	67
70	Electroencephalography	25,860,564	22,884,262	48,744,826	0.139565	0.139565	0.139854	70
71	Medical Supplies Charged to Patients	96,830,648	75,085,053	171,915,701	0.361840	0.361840	0.361840	71
72	Impl. Dev. Charged to Patients	125,457,753	76,028,702	201,486,455	0.467632	0.467632	0.467632	72
73	Drugs Charged to Patients	213,766,826	80,110,904	293,877,730	0.329540	0.329540	0.329540	73
76.97	CARDIAC REHABILITATION	2,112	3,871,824	3,873,936	0.188729	0.188729	0.189201	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	93,247	4,785,825	4,879,072	1.376616	1.376616	1.376616	90
90.01	PSYCH CLINIC	371,797	7,454,890	7,826,687	0.985791	0.985791	0.985791	90.01
90.02	TRANSPLANT CLINIC	197,489	6,810,778	7,008,267	0.545600	0.545600	0.545600	90.02
90.03	OB CLINIC		1,691	1,691	2.682436	2.682436	2.682436	90.03
91	Emergency	71,025,629	188,471,940	259,497,569	0.111504	0.111504	0.111776	91
92	Observation Beds (Non-Distinct Part)	6,789,196	38,629,054	45,418,250	0.388758	0.388758	0.388758	92
92.01	OBSERVATION BEDS-DISTINCT	1,922,867	10,127,491	12,050,358	0.501563	0.501563	0.501563	92.01
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
105	Kidney Acquisition	19,365,000		19,365,000				105
106	Heart Acquisition	3,528,000		3,528,000				106
107	Liver Acquisition	7,170,000		7,170,000				107
108	Lung Acquisition	3,016,000		3,016,000				108
109	Pancreas Acquisition	1,648,000		1,648,000				109
116	Hospice							116
200	Subtotal (sum of lines 30 thru 199)	2,589,004,377	2,749,484,360	5,338,488,737				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	2,589,004,377	2,749,484,360	5,338,488,737				202

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	23,711,432		23,711,432	188,782	125.60	53,397	6,706,663	30
31	Intensive Care Unit	5,525,195		5,525,195	29,988	184.25	11,580	2,133,615	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	SPECIAL CARE NURSERY	2,029,233		2,029,233	19,081	106.35			35
40	Subprovider - IPF	1,248,542		1,248,542	8,094	154.26	2,451	378,091	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	202,398		202,398	24,288	8.33			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	32,716,800		32,716,800	270,233		67,428	9,218,369	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF
 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	9,813,153	781,846,005	0.012551	148,483,888	1,863,621	50
51	Recovery Room	1,038,888	49,532,004	0.020974	5,973,191	125,282	51
52	Delivery Room & Labor Room	2,712,605	124,470,381	0.021793	150,343	3,276	52
53	Anesthesiology	412,728	66,938,369	0.006166	11,964,941	73,776	53
54	Radiology-Diagnostic	6,012,394	335,657,926	0.017912	35,850,261	642,150	54
55	Radiology-Therapeutic	1,600,888	188,600,612	0.008488	4,025,654	34,170	55
56	Radioisotope	936,637	64,569,667	0.014506	3,149,936	45,693	56
57	CT Scan	832,978	333,926,682	0.002494	33,882,016	84,502	57
58	MRI	2,015,884	286,411,421	0.007038	16,398,159	115,410	58
59	Cardiac Catheterization	447,581	66,419,995	0.006739	15,988,651	107,748	59
59.01	VASCULAR LAB	174,450	29,726,074	0.005869	5,634,435	33,068	59.01
59.02	CARDIAC GRAPHICS	843,129	156,883,762	0.005374	22,808,486	122,573	59.02
59.03	PULMONARY FUNCTION	127,450	15,166,510	0.008403	862,850	7,251	59.03
59.04	EPS	429,421	34,254,585	0.012536	3,920,729	49,150	59.04
59.05	GI	1,909,483	126,721,680	0.015068	5,031,877	75,820	59.05
60	Laboratory	6,209,795	815,773,642	0.007612	91,480,402	696,349	60
62	Whole Blood & Packed Red Blood	1,352,784	45,228,507	0.029910	11,606,740	347,158	62
63	Blood Storing, Processing & Tra	357,480	32,901,007	0.010865	4,872,482	52,940	63
65	Respiratory Therapy	964,322	83,341,142	0.011571	26,651,369	308,383	65
66	Physical Therapy	233,416	11,585,332	0.020148	4,684,671	94,387	66
67	Occupational Therapy	274,502	6,165,098	0.044525	2,401,306	106,918	67
70	Electroencephalography	858,970	48,744,826	0.017622	7,947,308	140,047	70
71	Medical Supplies Charged to Pat	2,333,532	171,915,701	0.013574	28,986,552	393,463	71
72	Impl. Dev. Charged to Patients	3,531,842	201,486,455	0.017529	55,874,018	979,416	72
73	Drugs Charged to Patients	3,569,946	293,877,730	0.012148	64,179,087	779,648	73
76.97	CARDIAC REHABILITATION	28,037	3,873,936	0.007237			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	580,743	4,879,072	0.119027	36,856	4,387	90
90.01	PSYCH CLINIC	316,892	7,826,687	0.040489	14,334	580	90.01
90.02	TRANSPLANT CLINIC	145,680	7,008,267	0.020787	79,477	1,652	90.02
90.03	OB CLINIC	170	1,691	0.100532			90.03
91	Emergency	2,647,378	259,497,569	0.010202	25,538,479	260,544	91
92	Observation Beds (Non-Distinct)	1,854,521	45,418,250	0.040832	6,434,068	262,716	92
92.01	OBSERVATION BEDS-DISTINCT	354,987	12,050,358	0.029459	173,873	5,122	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	54,922,666	4,712,700,943		645,086,439	7,817,200	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		394,404			394,404	30
31	Intensive Care Unit		65,539			65,539	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF		17,831			17,831	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)		477,774			477,774	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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)	188,782	2.09	53,397	111,600	30
31	Intensive Care Unit	29,988	2.19	11,580	25,360	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	SPECIAL CARE NURSERY	19,081				35
40	Subprovider - IPF	8,094	2.20	2,451	5,392	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	24,288				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	270,233		67,428	142,352	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			1,048,035		1,048,035	1,048,035	54
55	Radiology-Therapeutic			415,876		415,876	415,876	55
56	Radioisotope			552,893		552,893	552,893	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,719,801		1,719,801	1,719,801	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)			30,846		30,846	30,846	92
92.01	OBSERVATION BEDS-DISTINCT			32,150		32,150	32,150	92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			3,799,601		3,799,601	3,799,601	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	781,846,005			148,483,888		72,809,142		50
51	Recovery Room	49,532,004			5,973,191		6,946,346		51
52	Delivery Room & Labor Room	124,470,381			150,343		27,670		52
53	Anesthesiology	66,938,369			11,964,941		7,023,479		53
54	Radiology-Diagnostic	335,657,926	0.003122	0.003122	35,850,261	111,925	52,311,294	163,316	54
55	Radiology-Therapeutic	188,600,612	0.002205	0.002205	4,025,654	8,877	54,950,420	121,166	55
56	Radioisotope	64,569,667	0.008563	0.008563	3,149,936	26,973	21,088,433	180,580	56
57	CT Scan	333,926,682			33,882,016		78,331,660		57
58	MRI	286,411,421			16,398,159		63,893,537		58
59	Cardiac Catheterization	66,419,995			15,988,651		12,925,544		59
59.01	VASCULAR LAB	29,726,074			5,634,435		6,581,314		59.01
59.02	CARDIAC GRAPHICS	156,883,762			22,808,486		31,712,795		59.02
59.03	PULMONARY FUNCTION	15,166,510			862,850		4,718,126		59.03
59.04	EPS	34,254,585			3,920,729		9,018,581		59.04
59.05	GI	126,721,680			5,031,877		29,010,875		59.05
60	Laboratory	815,773,642			91,480,402		50,010,962		60
62	Whole Blood & Packed Red Blood	45,228,507			11,606,740		3,312,157		62
63	Blood Storing, Processing & Tra	32,901,007			4,872,482		3,358,563		63
65	Respiratory Therapy	83,341,142			26,651,369		553,689		65
66	Physical Therapy	11,585,332			4,684,671		165,403		66
67	Occupational Therapy	6,165,098			2,401,306		80,786		67
70	Electroencephalography	48,744,826			7,947,308		5,958,598		70
71	Medical Supplies Charged to Pat	171,915,701			28,986,552		19,416,800		71
72	Impl. Dev. Charged to Patients	201,486,455			55,874,018		28,875,027		72
73	Drugs Charged to Patients	293,877,730	0.005852	0.005852	64,179,087	375,576	23,053,731	134,910	73
76.97	CARDIAC REHABILITATION	3,873,936					1,526,558		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,879,072			36,856		1,286,481		90
90.01	PSYCH CLINIC	7,826,687			14,334		2,098,652		90.01
90.02	TRANSPLANT CLINIC	7,008,267			79,477		2,834,889		90.02
90.03	OB CLINIC	1,691					1,012		90.03
91	Emergency	259,497,569			25,538,479		31,513,523		91
92	Observation Beds (Non-Distinct)	45,418,250	0.000679	0.000679	6,434,068	4,369	12,430,035	8,440	92
92.01	OBSERVATION BEDS-DISTINCT	12,050,358	0.002668	0.002668	173,873	464	1,479,024	3,946	92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,712,700,943			645,086,439	528,184	639,305,106	612,358	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.103653	72,809,142	32,023		7,546,886	3,319	50
51	Recovery Room	0.300391	6,946,346			2,086,620		51
52	Delivery Room & Labor Room	0.267062	27,670	1		7,390		52
53	Anesthesiology	0.129726	7,023,479			911,128		53
54	Radiology-Diagnostic	0.149810	52,311,294	2,529		7,836,755	379	54
55	Radiology-Therapeutic	0.092327	54,950,420	887		5,073,407	82	55
56	Radioisotope	0.145027	21,088,433	4		3,058,392	1	56
57	CT Scan	0.037970	78,331,660			2,974,253		57
58	MRI	0.071960	63,893,537			4,597,779		58
59	Cardiac Catheterization	0.095269	12,925,544			1,231,404		59
59.01	VASCULAR LAB	0.070322	6,581,314			462,811		59.01
59.02	CARDIAC GRAPHICS	0.092858	31,712,795			2,944,787		59.02
59.03	PULMONARY FUNCTION	0.090279	4,718,126	52		425,948	5	59.03
59.04	EPS	0.127331	9,018,581	28		1,148,345	4	59.04
59.05	GI	0.140795	29,010,875			4,084,586		59.05
60	Laboratory	0.149531	50,010,962	76,809		7,478,189	11,485	60
62	Whole Blood & Packed Red Blood	0.383246	3,312,157			1,269,371		62
63	Blood Storing, Processing & Tra	0.272787	3,358,563	821		916,172	224	63
65	Respiratory Therapy	0.206719	553,689	202		114,458	42	65
66	Physical Therapy	0.460584	165,403			76,182		66
67	Occupational Therapy	0.440987	80,786			35,626		67
70	Electroencephalography	0.139565	5,958,598			831,612		70
71	Medical Supplies Charged to Pat	0.361840	19,416,800	13,573		7,025,775	4,911	71
72	Impl. Dev. Charged to Patients	0.467632	28,875,027	16,043		13,502,887	7,502	72
73	Drugs Charged to Patients	0.329540	23,053,731	188,589		7,597,127	62,148	73
76.97	CARDIAC REHABILITATION	0.188729	1,526,558			288,106		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1.376616	1,286,481	936		1,770,990	1,289	90
90.01	PSYCH CLINIC	0.985791	2,098,652			2,068,832		90.01
90.02	TRANSPLANT CLINIC	0.545600	2,834,889	315		1,546,715	172	90.02
90.03	OB CLINIC	2.682436	1,012			2,715		90.03
91	Emergency	0.111504	31,513,523	828		3,513,884	92	91
92	Observation Beds (Non-Distinct	0.388758	12,430,035			4,832,276		92
92.01	OBSERVATION BEDS-DISTINCT	0.501563	1,479,024	13		741,824	7	92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		639,305,106	333,653		98,003,232	91,662	200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		639,305,106	333,653		98,003,232	91,662	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5			
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,813,153	781,846,005	0.012551	37,991	477	50
51	Recovery Room	1,038,888	49,532,004	0.020974	165,093	3,463	51
52	Delivery Room & Labor Room	2,712,605	124,470,381	0.021793			52
53	Anesthesiology	412,728	66,938,369	0.006166	17,059	105	53
54	Radiology-Diagnostic	6,012,394	335,657,926	0.017912	26,516	475	54
55	Radiology-Therapeutic	1,600,888	188,600,612	0.008488			55
56	Radioisotope	936,637	64,569,667	0.014506	5,430	79	56
57	CT Scan	832,978	333,926,682	0.002494	160,292	400	57
58	MRI	2,015,884	286,411,421	0.007038	147,629	1,039	58
59	Cardiac Catheterization	447,581	66,419,995	0.006739			59
59.01	VASCULAR LAB	174,450	29,726,074	0.005869	7,289	43	59.01
59.02	CARDIAC GRAPHICS	843,129	156,883,762	0.005374	22,909	123	59.02
59.03	PULMONARY FUNCTION	127,450	15,166,510	0.008403	270	2	59.03
59.04	EPS	429,421	34,254,585	0.012536			59.04
59.05	GI	1,909,483	126,721,680	0.015068			59.05
60	Laboratory	6,209,795	815,773,642	0.007612	467,933	3,562	60
62	Whole Blood & Packed Red Blood	1,352,784	45,228,507	0.029910			62
63	Blood Storing, Processing & Tra	357,480	32,901,007	0.010865			63
65	Respiratory Therapy	964,322	83,341,142	0.011571	15,548	180	65
66	Physical Therapy	233,416	11,585,332	0.020148	7,357	148	66
67	Occupational Therapy	274,502	6,165,098	0.044525	326,805	14,551	67
70	Electroencephalography	858,970	48,744,826	0.017622	108,880	1,919	70
71	Medical Supplies Charged to Pat	2,333,532	171,915,701	0.013574	26,929	366	71
72	Impl. Dev. Charged to Patients	3,531,842	201,486,455	0.017529			72
73	Drugs Charged to Patients	3,569,946	293,877,730	0.012148	211,110	2,565	73
76.97	CARDIAC REHABILITATION	28,037	3,873,936	0.007237			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	580,743	4,879,072	0.119027			90
90.01	PSYCH CLINIC	316,892	7,826,687	0.040489	30,968	1,254	90.01
90.02	TRANSPLANT CLINIC	145,680	7,008,267	0.020787			90.02
90.03	OB CLINIC	170	1,691	0.100532			90.03
91	Emergency	2,647,378	259,497,569	0.010202	673,038	6,866	91
92	Observation Beds (Non-Distinct)		45,418,250				92
92.01	OBSERVATION BEDS-DISTINCT	354,987	12,050,358	0.029459	22,046	649	92.01
OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	53,068,145	4,712,700,943		2,481,092	38,266	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			1,048,035		1,048,035	1,048,035	54
55	Radiology-Therapeutic			415,876		415,876	415,876	55
56	Radioisotope			552,893		552,893	552,893	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,719,801		1,719,801	1,719,801	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT			32,150		32,150	32,150	92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			3,768,755		3,768,755	3,768,755	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	781,846,005			37,991				50
51	Recovery Room	49,532,004			165,093				51
52	Delivery Room & Labor Room	124,470,381							52
53	Anesthesiology	66,938,369			17,059				53
54	Radiology-Diagnostic	335,657,926	0.003122	0.003122	26,516	83	562	2	54
55	Radiology-Therapeutic	188,600,612	0.002205	0.002205					55
56	Radioisotope	64,569,667	0.008563	0.008563	5,430	46			56
57	CT Scan	333,926,682			160,292				57
58	MRI	286,411,421			147,629				58
59	Cardiac Catheterization	66,419,995							59
59.01	VASCULAR LAB	29,726,074			7,289				59.01
59.02	CARDIAC GRAPHICS	156,883,762			22,909				59.02
59.03	PULMONARY FUNCTION	15,166,510			270				59.03
59.04	EPS	34,254,585							59.04
59.05	GI	126,721,680							59.05
60	Laboratory	815,773,642			467,933		5,787		60
62	Whole Blood & Packed Red Blood	45,228,507							62
63	Blood Storing, Processing & Tra	32,901,007							63
65	Respiratory Therapy	83,341,142			15,548				65
66	Physical Therapy	11,585,332			7,357				66
67	Occupational Therapy	6,165,098			326,805				67
70	Electroencephalography	48,744,826			108,880		576		70
71	Medical Supplies Charged to Pat	171,915,701			26,929				71
72	Impl. Dev. Charged to Patients	201,486,455							72
73	Drugs Charged to Patients	293,877,730	0.005852	0.005852	211,110	1,235			73
76.97	CARDIAC REHABILITATION	3,873,936							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,879,072							90
90.01	PSYCH CLINIC	7,826,687			30,968		177,649		90.01
90.02	TRANSPLANT CLINIC	7,008,267							90.02
90.03	OB CLINIC	1,691							90.03
91	Emergency	259,497,569			673,038				91
92	Observation Beds (Non-Distinct	45,418,250							92
92.01	OBSERVATION BEDS-DISTINCT	12,050,358	0.002668	0.002668	22,046	59			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,712,700,943			2,481,092	1,423	184,574	2	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.103653						50	
51	Recovery Room	0.300391						51	
52	Delivery Room & Labor Room	0.267062						52	
53	Anesthesiology	0.129726						53	
54	Radiology-Diagnostic	0.149810	562			84		54	
55	Radiology-Therapeutic	0.092327						55	
56	Radioisotope	0.145027						56	
57	CT Scan	0.037970						57	
58	MRI	0.071960						58	
59	Cardiac Catheterization	0.095269						59	
59.01	VASCULAR LAB	0.070322						59.01	
59.02	CARDIAC GRAPHICS	0.092858						59.02	
59.03	PULMONARY FUNCTION	0.090279						59.03	
59.04	EPS	0.127331						59.04	
59.05	GI	0.140795						59.05	
60	Laboratory	0.149531	5,787			865		60	
62	Whole Blood & Packed Red Blood	0.383246						62	
63	Blood Storing, Processing & Tra	0.272787						63	
65	Respiratory Therapy	0.206719						65	
66	Physical Therapy	0.460584						66	
67	Occupational Therapy	0.440987						67	
70	Electroencephalography	0.139565	576			80		70	
71	Medical Supplies Charged to Pat	0.361840						71	
72	Impl. Dev. Charged to Patients	0.467632						72	
73	Drugs Charged to Patients	0.329540						73	
76.97	CARDIAC REHABILITATION	0.188729						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	1.376616						90	
90.01	PSYCH CLINIC	0.985791	177,649			175,125		90.01	
90.02	TRANSPLANT CLINIC	0.545600						90.02	
90.03	OB CLINIC	2.682436						90.03	
91	Emergency	0.111504						91	
92	Observation Beds (Non-Distinct)	0.388758						92	
92.01	OBSERVATION BEDS-DISTINCT	0.501563						92.01	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		184,574			176,154		200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		184,574			176,154		202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title v
 Applicable Title XVIII, Part A
 Boxes: Title XIX

		Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	23,711,432		23,711,432	188,782	125.60	11,929	1,498,282	30
31	Intensive Care Unit	5,525,195		5,525,195	29,988	184.25	2,332	429,671	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	SPECIAL CARE NURSERY	2,029,233		2,029,233	19,081	106.35	3,668	390,092	35
40	Subprovider - IPF	1,248,542		1,248,542	8,094	154.26	361	55,688	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	202,398		202,398	24,288	8.33	2,121	17,668	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	32,716,800		32,716,800	270,233		20,411	2,391,401	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0281

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,813,153	781,846,005	0.012551			50
51	Recovery Room	1,038,888	49,532,004	0.020974			51
52	Delivery Room & Labor Room	2,712,605	124,470,381	0.021793			52
53	Anesthesiology	412,728	66,938,369	0.006166			53
54	Radiology-Diagnostic	6,012,394	335,657,926	0.017912			54
55	Radiology-Therapeutic	1,600,888	188,600,612	0.008488			55
56	Radioisotope	936,637	64,569,667	0.014506			56
57	CT Scan	832,978	333,926,682	0.002494			57
58	MRI	2,015,884	286,411,421	0.007038			58
59	Cardiac Catheterization	447,581	66,419,995	0.006739			59
59.01	VASCULAR LAB	174,450	29,726,074	0.005869			59.01
59.02	CARDIAC GRAPHICS	843,129	156,883,762	0.005374			59.02
59.03	PULMONARY FUNCTION	127,450	15,166,510	0.008403			59.03
59.04	EPS	429,421	34,254,585	0.012536			59.04
59.05	GI	1,909,483	126,721,680	0.015068			59.05
60	Laboratory	6,209,795	815,773,642	0.007612			60
62	Whole Blood & Packed Red Blood	1,352,784	45,228,507	0.029910			62
63	Blood Storing, Processing & Tra	357,480	32,901,007	0.010865			63
65	Respiratory Therapy	964,322	83,341,142	0.011571			65
66	Physical Therapy	233,416	11,585,332	0.020148			66
67	Occupational Therapy	274,502	6,165,098	0.044525			67
70	Electroencephalography	858,970	48,744,826	0.017622			70
71	Medical Supplies Charged to Pat	2,333,532	171,915,701	0.013574			71
72	Impl. Dev. Charged to Patients	3,531,842	201,486,455	0.017529			72
73	Drugs Charged to Patients	3,569,946	293,877,730	0.012148			73
76.97	CARDIAC REHABILITATION	28,037	3,873,936	0.007237			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	580,743	4,879,072	0.119027			90
90.01	PSYCH CLINIC	316,892	7,826,687	0.040489			90.01
90.02	TRANSPLANT CLINIC	145,680	7,008,267	0.020787			90.02
90.03	OB CLINIC	170	1,691	0.100532			90.03
91	Emergency	2,647,378	259,497,569	0.010202			91
92	Observation Beds (Non-Distinct)	1,854,521	45,418,250	0.040832			92
92.01	OBSERVATION BEDS-DISTINCT	354,987	12,050,358	0.029459			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	54,922,666	4,712,700,943				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		394,404			394,404	30
31	Intensive Care Unit		65,539			65,539	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF		17,831			17,831	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)		477,774			477,774	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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)	188,782	2.09	11,929	24,932	30
31	Intensive Care Unit	29,988	2.19	2,332	5,107	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	SPECIAL CARE NURSERY	19,081		3,668		35
40	Subprovider - IPF	8,094	2.20	361	794	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	24,288		2,121		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	270,233		20,411	30,833	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			1,048,035		1,048,035	1,048,035	54
55	Radiology-Therapeutic			415,876		415,876	415,876	55
56	Radioisotope			552,893		552,893	552,893	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,719,801		1,719,801	1,719,801	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT			32,150		32,150	32,150	92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			3,768,755		3,768,755	3,768,755	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	781,846,005							50
51	Recovery Room	49,532,004							51
52	Delivery Room & Labor Room	124,470,381							52
53	Anesthesiology	66,938,369							53
54	Radiology-Diagnostic	335,657,926	0.003122	0.003122					54
55	Radiology-Therapeutic	188,600,612	0.002205	0.002205					55
56	Radioisotope	64,569,667	0.008563	0.008563					56
57	CT Scan	333,926,682							57
58	MRI	286,411,421							58
59	Cardiac Catheterization	66,419,995							59
59.01	VASCULAR LAB	29,726,074							59.01
59.02	CARDIAC GRAPHICS	156,883,762							59.02
59.03	PULMONARY FUNCTION	15,166,510							59.03
59.04	EPS	34,254,585							59.04
59.05	GI	126,721,680							59.05
60	Laboratory	815,773,642							60
62	Whole Blood & Packed Red Blood	45,228,507							62
63	Blood Storing, Processing & Tra	32,901,007							63
65	Respiratory Therapy	83,341,142							65
66	Physical Therapy	11,585,332							66
67	Occupational Therapy	6,165,098							67
70	Electroencephalography	48,744,826							70
71	Medical Supplies Charged to Pat	171,915,701							71
72	Impl. Dev. Charged to Patients	201,486,455							72
73	Drugs Charged to Patients	293,877,730	0.005852	0.005852					73
76.97	CARDIAC REHABILITATION	3,873,936							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,879,072							90
90.01	PSYCH CLINIC	7,826,687							90.01
90.02	TRANSPLANT CLINIC	7,008,267							90.02
90.03	OB CLINIC	1,691							90.03
91	Emergency	259,497,569							91
92	Observation Beds (Non-Distinct)	45,418,250							92
92.01	OBSERVATION BEDS-DISTINCT	12,050,358	0.002668	0.002668					92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,712,700,943							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0281

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.103653							50
51	Recovery Room	0.300391							51
52	Delivery Room & Labor Room	0.267062							52
53	Anesthesiology	0.129726							53
54	Radiology-Diagnostic	0.149810							54
55	Radiology-Therapeutic	0.092327							55
56	Radioisotope	0.145027							56
57	CT Scan	0.037970							57
58	MRI	0.071960							58
59	Cardiac Catheterization	0.095269							59
59.01	VASCULAR LAB	0.070322							59.01
59.02	CARDIAC GRAPHICS	0.092858							59.02
59.03	PULMONARY FUNCTION	0.090279							59.03
59.04	EPS	0.127331							59.04
59.05	GI	0.140795							59.05
60	Laboratory	0.149531							60
62	Whole Blood & Packed Red Blood	0.383246							62
63	Blood Storing, Processing & Tra	0.272787							63
65	Respiratory Therapy	0.206719							65
66	Physical Therapy	0.460584							66
67	Occupational Therapy	0.440987							67
70	Electroencephalography	0.139565							70
71	Medical Supplies Charged to Pat	0.361840							71
72	Impl. Dev. Charged to Patients	0.467632							72
73	Drugs Charged to Patients	0.329540							73
76.97	CARDIAC REHABILITATION	0.188729							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.376616							90
90.01	PSYCH CLINIC	0.985791							90.01
90.02	TRANSPLANT CLINIC	0.545600							90.02
90.03	OB CLINIC	2.682436							90.03
91	Emergency	0.111504							91
92	Observation Beds (Non-Distinct)	0.388758							92
92.01	OBSERVATION BEDS-DISTINCT	0.501563							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S281

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,813,153	781,846,005	0.012551			50
51	Recovery Room	1,038,888	49,532,004	0.020974			51
52	Delivery Room & Labor Room	2,712,605	124,470,381	0.021793			52
53	Anesthesiology	412,728	66,938,369	0.006166			53
54	Radiology-Diagnostic	6,012,394	335,657,926	0.017912			54
55	Radiology-Therapeutic	1,600,888	188,600,612	0.008488			55
56	Radioisotope	936,637	64,569,667	0.014506			56
57	CT Scan	832,978	333,926,682	0.002494			57
58	MRI	2,015,884	286,411,421	0.007038			58
59	Cardiac Catheterization	447,581	66,419,995	0.006739			59
59.01	VASCULAR LAB	174,450	29,726,074	0.005869			59.01
59.02	CARDIAC GRAPHICS	843,129	156,883,762	0.005374			59.02
59.03	PULMONARY FUNCTION	127,450	15,166,510	0.008403			59.03
59.04	EPS	429,421	34,254,585	0.012536			59.04
59.05	GI	1,909,483	126,721,680	0.015068			59.05
60	Laboratory	6,209,795	815,773,642	0.007612			60
62	Whole Blood & Packed Red Blood	1,352,784	45,228,507	0.029910			62
63	Blood Storing, Processing & Tra	357,480	32,901,007	0.010865			63
65	Respiratory Therapy	964,322	83,341,142	0.011571			65
66	Physical Therapy	233,416	11,585,332	0.020148			66
67	Occupational Therapy	274,502	6,165,098	0.044525			67
70	Electroencephalography	858,970	48,744,826	0.017622			70
71	Medical Supplies Charged to Pat	2,333,532	171,915,701	0.013574			71
72	Impl. Dev. Charged to Patients	3,531,842	201,486,455	0.017529			72
73	Drugs Charged to Patients	3,569,946	293,877,730	0.012148			73
76.97	CARDIAC REHABILITATION	28,037	3,873,936	0.007237			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	580,743	4,879,072	0.119027			90
90.01	PSYCH CLINIC	316,892	7,826,687	0.040489			90.01
90.02	TRANSPLANT CLINIC	145,680	7,008,267	0.020787			90.02
90.03	OB CLINIC	170	1,691	0.100532			90.03
91	Emergency	2,647,378	259,497,569	0.010202			91
92	Observation Beds (Non-Distinct		45,418,250				92
92.01	OBSERVATION BEDS-DISTINCT	354,987	12,050,358	0.029459			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	53,068,145	4,712,700,943				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			1,048,035		1,048,035	1,048,035	54
55	Radiology-Therapeutic			415,876		415,876	415,876	55
56	Radioisotope			552,893		552,893	552,893	56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	VASCULAR LAB							59.01
59.02	CARDIAC GRAPHICS							59.02
59.03	PULMONARY FUNCTION							59.03
59.04	EPS							59.04
59.05	GI							59.05
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,719,801		1,719,801	1,719,801	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PSYCH CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	OB CLINIC							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT			32,150		32,150	32,150	92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			3,768,755		3,768,755	3,768,755	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S281

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	781,846,005						50
51	Recovery Room	49,532,004						51
52	Delivery Room & Labor Room	124,470,381						52
53	Anesthesiology	66,938,369						53
54	Radiology-Diagnostic	335,657,926	0.003122	0.003122				54
55	Radiology-Therapeutic	188,600,612	0.002205	0.002205				55
56	Radioisotope	64,569,667	0.008563	0.008563				56
57	CT Scan	333,926,682						57
58	MRI	286,411,421						58
59	Cardiac Catheterization	66,419,995						59
59.01	VASCULAR LAB	29,726,074						59.01
59.02	CARDIAC GRAPHICS	156,883,762						59.02
59.03	PULMONARY FUNCTION	15,166,510						59.03
59.04	EPS	34,254,585						59.04
59.05	GI	126,721,680						59.05
60	Laboratory	815,773,642						60
62	Whole Blood & Packed Red Blood	45,228,507						62
63	Blood Storing, Processing & Tra	32,901,007						63
65	Respiratory Therapy	83,341,142						65
66	Physical Therapy	11,585,332						66
67	Occupational Therapy	6,165,098						67
70	Electroencephalography	48,744,826						70
71	Medical Supplies Charged to Pat	171,915,701						71
72	Impl. Dev. Charged to Patients	201,486,455						72
73	Drugs Charged to Patients	293,877,730	0.005852	0.005852				73
76.97	CARDIAC REHABILITATION	3,873,936						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,879,072						90
90.01	PSYCH CLINIC	7,826,687						90.01
90.02	TRANSPLANT CLINIC	7,008,267						90.02
90.03	OB CLINIC	1,691						90.03
91	Emergency	259,497,569						91
92	Observation Beds (Non-Distinct)	45,418,250						92
92.01	OBSERVATION BEDS-DISTINCT	12,050,358	0.002668	0.002668				92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	4,712,700,943						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S281

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.103653							50
51	Recovery Room	0.300391							51
52	Delivery Room & Labor Room	0.267062							52
53	Anesthesiology	0.129726							53
54	Radiology-Diagnostic	0.149810							54
55	Radiology-Therapeutic	0.092327							55
56	Radioisotope	0.145027							56
57	CT Scan	0.037970							57
58	MRI	0.071960							58
59	Cardiac Catheterization	0.095269							59
59.01	VASCULAR LAB	0.070322							59.01
59.02	CARDIAC GRAPHICS	0.092858							59.02
59.03	PULMONARY FUNCTION	0.090279							59.03
59.04	EPS	0.127331							59.04
59.05	GI	0.140795							59.05
60	Laboratory	0.149531							60
62	Whole Blood & Packed Red Blood	0.383246							62
63	Blood Storing, Processing & Tra	0.272787							63
65	Respiratory Therapy	0.206719							65
66	Physical Therapy	0.460584							66
67	Occupational Therapy	0.440987							67
70	Electroencephalography	0.139565							70
71	Medical Supplies Charged to Pat	0.361840							71
72	Impl. Dev. Charged to Patients	0.467632							72
73	Drugs Charged to Patients	0.329540							73
76.97	CARDIAC REHABILITATION	0.188729							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.376616							90
90.01	PSYCH CLINIC	0.985791							90.01
90.02	TRANSPLANT CLINIC	0.545600							90.02
90.03	OB CLINIC	2.682436							90.03
91	Emergency	0.111504							91
92	Observation Beds (Non-Distinct)	0.388758							92
92.01	OBSERVATION BEDS-DISTINCT	0.501563							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	188,782	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	188,782	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)	174,017	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)	53,397	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)	225,754,180	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)	225,754,180	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)	225,754,180	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,195.85	38
39	Program general inpatient routine service cost (line 9 x line 38)					63,854,802	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)					63,854,802	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	63,823,436	29,988	2,128.30	11,580	24,645,714	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	SPECIAL CARE NURSERY	24,625,342	19,081	1,290.57			47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					125,425,332	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					213,925,848	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					8,977,238	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,345,384	51
52	Total Program excludable cost (sum of lines 50 and 51)					17,322,622	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					196,603,226	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					14,765	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,195.85	88
89	Observation bed cost (line 87 x line 88) (see instructions)					17,656,725	89
		Cost	Routine Cost (from line 21)	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	23,711,432	225,754,180	0.105032	17,656,725	1,854,521	90
91	Nursing School						91
92	Allied Health	394,404	225,754,180	0.001747	17,656,725	30,846	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,094	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,094	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	8,094	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,451	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)	8,878,368	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)	8,878,368	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)	8,878,368	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,096.91	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,688,526	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)	2,688,526	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	512,006	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,200,532	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	383,483	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	39,689	51
52	Total Program excludable cost (sum of lines 50 and 51)	423,172	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,777,360	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	188,782	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	188,782	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)	174,017	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)	11,929	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)	24,288	15
16	Nursery days (title V or XIX only)	2,121	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)	225,678,910	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)	225,678,910	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	225,678,910	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,195.45	38
39	Program general inpatient routine service cost (line 9 x line 38)						14,260,523	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)						14,260,523	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	5,392,351	24,288	222.02	2,121	470,904		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	63,658,735	29,988	2,122.81	2,332	4,950,393		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	SPECIAL CARE NURSERY	24,618,878	19,081	1,290.23	3,668	4,732,564		47
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						24,414,384	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,365,752	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						2,365,752	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0281

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					14,765	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 21)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,094	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,094	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	8,094	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)	361	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)	8,876,042	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)	8,876,042	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)	8,876,042	37

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S281

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,096.62	38
39	Program general inpatient routine service cost (line 9 x line 38)	395,880	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)	395,880	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	395,880	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	56,482	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	56,482	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

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

PART I - NOT IN APPROVED TEACHING PROGRAM

	Cost Centers	Percent of Assigned Time	Expense Allocation	Total Inpatient Days All Patients	
		1	2	3	
1	Total cost of services rendered	100.00	1,035,878		1
	Hospital Inpatient Routine Services:				
2	Adults & pediatrics (general routine care)	95.01	984,188	188,782	2
3	Intensive Care Unit			29,988	3
4	Coronary Care Unit				4
5	Burn Intensive Care Unit				5
6	Surgical Intensive Care Unit				6
7	SPECIAL CARE NURSERY			19,081	7
8	Nursery			24,288	8
9	Subtotal (sum of lines 2 through 8)	95.01	984,188		9
10	IPF - Inpatient routine service			8,094	10
11	IRF - Inpatient routine service				11
12	SUB (Other) - Inpatient routine service				12
13	Skilled Nursing Facility				13
14	Nursing Facility				14
15	Other Long Term Care				15
16	Home Health Agency				16
17	CMHC				17
17.10	CORF				17.10
18	Ambulatory Surgical Center				18
19	Hospice				19
20	Subtotal (sum of lines 9-19)	95.01	984,188		20
	Hospital Outpatient Services:			Total Charges (from Wkst. C, Part I, col. 8, lns 88 thru 93)	
21	Rural Health Clinic (RHC)				21
22	Federally Qualified Health Center (FQHC)				22
23	Clinic	4.99	51,690	4,879,072	23
23.01	PSYCH CLINIC			7,826,687	23.01
23.02	TRANSPLANT CLINIC			7,008,267	23.02
23.03	OB CLINIC			1,691	23.03
24	Emergency			259,497,569	24
25	Observation Beds (Non-Distinct Part)			45,418,250	25
25.01	OBSERVATION BEDS-DISTINCT			12,050,358	25.01
26	Other Outpatient Service (specify)				26
27	Subtotal (sum of lines 21-26)	4.99	51,690		27
28	Total (sum of lines 20 & 27)	100.00	1,035,878		28

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

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

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

PART I - NOT IN APPROVED TEACHING PROGRAM

	Cost Centers	Average Cost Per Day	Health Care Program Inpatient Days			Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
			Title V	Title XVIII, Part B	Title XIX				
		4	5	6	7	8	9	10	
1	Total cost of services rendered								1
	Hospital Inpatient Routine Services:								1
2	Adults & pediatrics (general routine care)	5.21		3,184	11,929		16,589	62,150	2
3	Intensive Care Unit			11,580	2,332				3
4	Coronary Care Unit								4
5	Burn Intensive Care Unit								5
6	Surgical Intensive Care Unit								6
7	SPECIAL CARE NURSERY				3,668				7
8	Nursery				2,121				8
9	Subtotal (sum of lines 2-8)						16,589	62,150	9
10	IPF - Inpatient routine service			2,451	361				10
11	IRF - Inpatient routine service								11
12	SUB (Other) - Inpatient routine service								12
13	Skilled Nursing Facility								13
14	Nursing Facility								14
15	Other Long Term Care								15
16	Home Health Agency								16
17	CMHC								17
17.10	CORF								17.10
18	Ambulatory Surgical Center								18
19	Hospice								19
20	Subtotal (sum of lines 9-19)								20
			Titles V and XIX Outpatient and Title XVIII Part B Charges			Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Ratio of Cost to Charges (col. 2 ÷ col. 3)	Title V	Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
	Hospital Outpatient Services:								
21	Rural Health Clinic								21
22	Federally Qualified Health Center								22
23	Clinic	0.010594		1,324,273			14,029		23
23.01	PSYCH CLINIC			2,321,603					23.01
23.02	TRANSPLANT CLINIC			2,914,681					23.02
23.03	OB CLINIC			1,012					23.03
24	Emergency			57,725,868					24
25	Observation Beds (Non-Distinct Part)			18,864,103					25
25.01	OBSERVATION BEDS-DISTINCT			1,674,956					25.01
26	Other Outpatient Service (specify)								26
27	Subtotal (sum of lines 21-26)						14,029		27
28	Total (sum of lines 20 & 27)								28

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

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		115,062,581		30
31	Intensive Care Unit		48,124,031		31
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.103767	148,483,888	15,407,728	50
51	Recovery Room	0.300569	5,973,191	1,795,356	51
52	Delivery Room & Labor Room	0.267062	150,343	40,151	52
53	Anesthesiology	0.130085	11,964,941	1,556,459	53
54	Radiology-Diagnostic	0.149922	35,850,261	5,374,743	54
55	Radiology-Therapeutic	0.092378	4,025,654	371,882	55
56	Radioisotope	0.145051	3,149,936	456,901	56
57	CT Scan	0.038122	33,882,016	1,291,650	57
58	MRI	0.071969	16,398,159	1,180,159	58
59	Cardiac Catheterization	0.095621	15,988,651	1,528,851	59
59.01	VASCULAR LAB	0.070322	5,634,435	396,225	59.01
59.02	CARDIAC GRAPHICS	0.092956	22,808,486	2,120,186	59.02
59.03	PULMONARY FUNCTION	0.090279	862,850	77,897	59.03
59.04	EPS	0.128130	3,920,729	502,363	59.04
59.05	GI	0.141045	5,031,877	709,721	59.05
60	Laboratory	0.149555	91,480,402	13,681,352	60
62	Whole Blood & Packed Red Blood Cells	0.383246	11,606,740	4,448,237	62
63	Blood Storing, Processing & Trans.	0.272794	4,872,482	1,329,184	63
65	Respiratory Therapy	0.206719	26,651,369	5,509,344	65
66	Physical Therapy	0.460793	4,684,671	2,158,664	66
67	Occupational Therapy	0.440987	2,401,306	1,058,945	67
70	Electroencephalography	0.139854	7,947,308	1,111,463	70
71	Medical Supplies Charged to Patients	0.361840	28,986,552	10,488,494	71
72	Impl. Dev. Charged to Patients	0.467632	55,874,018	26,128,479	72
73	Drugs Charged to Patients	0.329540	64,179,087	21,149,576	73
76.97	CARDIAC REHABILITATION	0.189201			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.376616	36,856	50,737	90
90.01	PSYCH CLINIC	0.985791	14,334	14,130	90.01
90.02	TRANSPLANT CLINIC	0.545600	79,477	43,363	90.02
90.03	OB CLINIC	2.682436			90.03
91	Emergency	0.111776	25,538,479	2,854,589	91
92	Observation Beds (Non-Distinct Part)	0.388758	6,434,068	2,501,295	92
92.01	OBSERVATION BEDS-DISTINCT	0.501563	173,873	87,208	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		645,086,439	125,425,332	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		645,086,439		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF		4,602,700		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.103767	37,991	3,942	50
51	Recovery Room	0.300569	165,093	49,622	51
52	Delivery Room & Labor Room	0.267062			52
53	Anesthesiology	0.130085	17,059	2,219	53
54	Radiology-Diagnostic	0.149922	26,516	3,975	54
55	Radiology-Therapeutic	0.092378			55
56	Radioisotope	0.145051	5,430	788	56
57	CT Scan	0.038122	160,292	6,111	57
58	MRI	0.071969	147,629	10,625	58
59	Cardiac Catheterization	0.095621			59
59.01	VASCULAR LAB	0.070322	7,289	513	59.01
59.02	CARDIAC GRAPHICS	0.092956	22,909	2,130	59.02
59.03	PULMONARY FUNCTION	0.090279	270	24	59.03
59.04	EPS	0.128130			59.04
59.05	GI	0.141045			59.05
60	Laboratory	0.149555	467,933	69,982	60
62	Whole Blood & Packed Red Blood Cells	0.383246			62
63	Blood Storing, Processing & Trans.	0.272794			63
65	Respiratory Therapy	0.206719	15,548	3,214	65
66	Physical Therapy	0.460793	7,357	3,390	66
67	Occupational Therapy	0.440987	326,805	144,117	67
70	Electroencephalography	0.139854	108,880	15,227	70
71	Medical Supplies Charged to Patients	0.361840	26,929	9,744	71
72	Impl. Dev. Charged to Patients	0.467632			72
73	Drugs Charged to Patients	0.329540	211,110	69,569	73
76.97	CARDIAC REHABILITATION	0.189201			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.376616			90
90.01	PSYCH CLINIC	0.985791	30,968	30,528	90.01
90.02	TRANSPLANT CLINIC	0.545600			90.02
90.03	OB CLINIC	2.682436			90.03
91	Emergency	0.111776	673,038	75,229	91
92	Observation Beds (Non-Distinct Part)	0.388758			92
92.01	OBSERVATION BEDS-DISTINCT	0.501563	22,046	11,057	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,481,092	512,006	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,481,092		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.103653			50
51	Recovery Room	0.300391			51
52	Delivery Room & Labor Room	0.267062			52
53	Anesthesiology	0.129726			53
54	Radiology-Diagnostic	0.149810			54
55	Radiology-Therapeutic	0.092327			55
56	Radioisotope	0.145027			56
57	CT Scan	0.037970			57
58	MRI	0.071960			58
59	Cardiac Catheterization	0.095269			59
59.01	VASCULAR LAB	0.070322			59.01
59.02	CARDIAC GRAPHICS	0.092858			59.02
59.03	PULMONARY FUNCTION	0.090279			59.03
59.04	EPS	0.127331			59.04
59.05	GI	0.140795			59.05
60	Laboratory	0.149531			60
62	Whole Blood & Packed Red Blood Cells	0.383246			62
63	Blood Storing, Processing & Trans.	0.272787			63
65	Respiratory Therapy	0.206719			65
66	Physical Therapy	0.460584			66
67	Occupational Therapy	0.440987			67
70	Electroencephalography	0.139565			70
71	Medical Supplies Charged to Patients	0.361840			71
72	Impl. Dev. Charged to Patients	0.467632			72
73	Drugs Charged to Patients	0.329540			73
76.97	CARDIAC REHABILITATION	0.188729			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.376616			90
90.01	PSYCH CLINIC	0.985791			90.01
90.02	TRANSPLANT CLINIC	0.545600			90.02
90.03	OB CLINIC	2.682436			90.03
91	Emergency	0.111504			91
92	Observation Beds (Non-Distinct Part)	0.388758			92
92.01	OBSERVATION BEDS-DISTINCT	0.501563			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S281

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
35	SPECIAL CARE NURSERY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.103653			50
51	Recovery Room	0.300391			51
52	Delivery Room & Labor Room	0.267062			52
53	Anesthesiology	0.129726			53
54	Radiology-Diagnostic	0.149810			54
55	Radiology-Therapeutic	0.092327			55
56	Radioisotope	0.145027			56
57	CT Scan	0.037970			57
58	MRI	0.071960			58
59	Cardiac Catheterization	0.095269			59
59.01	VASCULAR LAB	0.070322			59.01
59.02	CARDIAC GRAPHICS	0.092858			59.02
59.03	PULMONARY FUNCTION	0.090279			59.03
59.04	EPS	0.127331			59.04
59.05	GI	0.140795			59.05
60	Laboratory	0.149531			60
62	Whole Blood & Packed Red Blood Cells	0.383246			62
63	Blood Storing, Processing & Trans.	0.272787			63
65	Respiratory Therapy	0.206719			65
66	Physical Therapy	0.460584			66
67	Occupational Therapy	0.440987			67
70	Electroencephalography	0.139565			70
71	Medical Supplies Charged to Patients	0.361840			71
72	Impl. Dev. Charged to Patients	0.467632			72
73	Drugs Charged to Patients	0.329540			73
76.97	CARDIAC REHABILITATION	0.188729			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.376616			90
90.01	PSYCH CLINIC	0.985791			90.01
90.02	TRANSPLANT CLINIC	0.545600			90.02
90.03	OB CLINIC	2.682436			90.03
91	Emergency	0.111504			91
92	Observation Beds (Non-Distinct Part)	0.388758			92
92.01	OBSERVATION BEDS-DISTINCT	0.501563			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check [] HEART [] LIVER [] PANCREAS [] ISLET
 Applicable [XX] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	274,202	38	1,195.85	131	156,656	1	
2	Intensive Care Unit	28,424	43	2,128.30	7	14,898	2	
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	SPECIAL CARE NURSERY		47	1,290.57			6	
7	TOTAL (sum of lines 1-6)	302,626			138	171,554	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.103653	3,925,065	406,845	8
9	Recovery Room	51	0.300391	289,867	87,073	9
10	Delivery Room & Labor Room	52	0.267062			10
11	Anesthesiology	53	0.129726	310,454	40,274	11
12	Radiology-Diagnostic	54	0.149810	280,756	42,060	12
13	Radiology-Therapeutic	55	0.092327			13
14	Radioisotope	56	0.145027	959,583	139,165	14
15	CT Scan	57	0.037970	1,277,323	48,500	15
16	MRI	58	0.071960	27,591	1,985	16
17	Cardiac Catheterization	59	0.095269			17
17.01	VASCULAR LAB	59.0 1	0.070322	4,388	309	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.092858	211,819	19,669	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.090279			17.03
17.04	EPS	59.0 4	0.127331			17.04
17.05	GI	59.0 5	0.140795			17.05
18	Laboratory	60	0.149531	2,338,087	349,616	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.383246			20
21	Blood Storing, Processing & Trans.	63	0.272787	4,936	1,346	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.206719	16,037	3,315	23
24	Physical Therapy	66	0.460584			24
25	Occupational Therapy	67	0.440987			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.139565			28
29	Medical Supplies Charged to Patients	71	0.361840	1,101,115	398,427	29
30	Impl. Dev. Charged to Patients	72	0.467632			30
31	Drugs Charged to Patients	73	0.329540	213,425	70,332	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.188729			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.376616			37
37.01	PSYCH CLINIC	90.0 1	0.985791			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.545600	375,398	204,817	37.02

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [XX] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.03	OB CLINIC	90.0 3	2.682436			37.03
38	Emergency	91	0.111504	25,803	2,877	38
39	Observation Beds (Non-Distinct Part)	92	0.388758			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.501563			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			11,361,647	1,816,610	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [XX] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.21	131	683	42
43	Intensive Care Unit	3		7		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			138	683	48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23	0.010594		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	375,398	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency	25,803	24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	401,201				55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [XX] KIDNEY [] LUNG [] INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,988,164		11,664,273		56
57	Interns and Residents (inpatient)	683				57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	14,752,451		14,752,451		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	16,741,298		26,416,724		61
62	Total Usable Organs (see instructions)		246			62
63	Medicare Usable Organs (see instructions)		134			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.544715			64
65	Medicare Cost/Charges (see instructions)	9,119,236		14,389,586		65
66	Revenue for Organs Sold	381,287				66
67	Subtotal (line 65 minus line 66)	8,737,949		14,389,586		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	8,737,949		14,389,586		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	114			70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		132		73
74	Total (sum of lines 70 thru 73)	114	132		74
75	Organs Transplanted	97	132		75
76	Organs Sold to Other Hospitals		5		76
77	Organs Sold to OPOs		12		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)	97	149		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,195.85				1
2	Intensive Care Unit	5,486	43	2,128.30		1	2,128	2
3	Coronary Care Unit		44					3
4	Burn Intensive Care Unit		45					4
5	Surgical Intensive Care Unit		46					5
6	SPECIAL CARE NURSERY		47	1,290.57				6
7	TOTAL (sum of lines 1-6)	5,486				1	2,128	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.103653	61,408	6,365	8
9	Recovery Room	51	0.300391			9
10	Delivery Room & Labor Room	52	0.267062			10
11	Anesthesiology	53	0.129726	4,180	542	11
12	Radiology-Diagnostic	54	0.149810	3,568	535	12
13	Radiology-Therapeutic	55	0.092327			13
14	Radioisotope	56	0.145027			14
15	CT Scan	57	0.037970	3,887	148	15
16	MRI	58	0.071960			16
17	Cardiac Catheterization	59	0.095269			17
17.01	VASCULAR LAB	59.0 1	0.070322			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.092858	11,083	1,029	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.090279			17.03
17.04	EPS	59.0 4	0.127331			17.04
17.05	GI	59.0 5	0.140795			17.05
18	Laboratory	60	0.149531	28,961	4,331	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.383246			20
21	Blood Storing, Processing & Trans.	63	0.272787	935	255	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.206719	3,821	790	23
24	Physical Therapy	66	0.460584			24
25	Occupational Therapy	67	0.440987			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.139565			28
29	Medical Supplies Charged to Patients	71	0.361840	4,753	1,720	29
30	Impl. Dev. Charged to Patients	72	0.467632			30
31	Drugs Charged to Patients	73	0.329540	3,169	1,044	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.188729			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.376616			37
37.01	PSYCH CLINIC	90.0 1	0.985791			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.545600			37.02

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check HEART LIVER PANCREAS ISLET
Applicable KIDNEY LUNG INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.03	OB CLINIC	90.0 3	1 2.682436	2	3	37.03
38	Emergency	91	0.111504			38
39	Observation Beds (Non-Distinct Part)	92	0.388758			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.501563			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			125,765	16,759	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.21	2	3	42
43	Intensive Care Unit	3		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	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	0.010594		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	18,887		131,251		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,339,354		3,339,354		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,358,241		3,470,605		61
62	Total Usable Organs (see instructions)		34			62
63	Medicare Usable Organs (see instructions)		9			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.264706			64
65	Medicare Cost/Charges (see instructions)	888,947		918,690		65
66	Revenue for Organs Sold	14,208				66
67	Subtotal (line 65 minus line 66)	874,739		918,690		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	874,739		918,690		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		30		73
74	Total (sum of lines 70 thru 73)		34		74
75	Organs Transplanted		30		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4		77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		34		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check [] HEART [XX] LIVER [] PANCREAS [] ISLET
 Applicable [] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	53,721	38	1,195.85	25	29,896	1	
2	Intensive Care Unit	79,787	43	2,128.30	19	40,438	2	
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	SPECIAL CARE NURSERY		47	1,290.57			6	
7	TOTAL (sum of lines 1-6)	133,508			44	70,334	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.103653	905,028	93,809	8
9	Recovery Room	51	0.300391	6,908	2,075	9
10	Delivery Room & Labor Room	52	0.267062			10
11	Anesthesiology	53	0.129726	66,547	8,633	11
12	Radiology-Diagnostic	54	0.149810	54,612	8,181	12
13	Radiology-Therapeutic	55	0.092327			13
14	Radioisotope	56	0.145027			14
15	CT Scan	57	0.037970	34,395	1,306	15
16	MRI	58	0.071960	343,265	24,701	16
17	Cardiac Catheterization	59	0.095269			17
17.01	VASCULAR LAB	59.0 1	0.070322	4,388	309	17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.092858	25,911	2,406	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.090279	3,400	307	17.03
17.04	EPS	59.0 4	0.127331			17.04
17.05	GI	59.0 5	0.140795	14,970	2,108	17.05
18	Laboratory	60	0.149531	846,538	126,584	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.383246			20
21	Blood Storing, Processing & Trans.	63	0.272787	5,691	1,552	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.206719	14,629	3,024	23
24	Physical Therapy	66	0.460584			24
25	Occupational Therapy	67	0.440987			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.139565			28
29	Medical Supplies Charged to Patients	71	0.361840	163,788	59,265	29
30	Impl. Dev. Charged to Patients	72	0.467632			30
31	Drugs Charged to Patients	73	0.329540	69,529	22,913	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.188729			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.376616			37
37.01	PSYCH CLINIC	90.0 1	0.985791			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.545600	39,519	21,562	37.02

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check [] HEART [xx] LIVER [] PANCREAS [] ISLET
 Applicable [] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.03	OB CLINIC	90.0 3	2.682436			37.03
38	Emergency	91	0.111504	11,280	1,258	38
39	Observation Beds (Non-Distinct Part)	92	0.388758			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.501563			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			2,610,398	379,993	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

Check [] HEART [xx] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.21	25	130	42
43	Intensive Care Unit	3		19		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	7				47
48	TOTAL (sum of lines 42-47)			44	130	48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23	0.010594		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	39,519	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency	11,280	24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	50,799				55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check [] HEART [XX] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	450,327		2,743,906		56
57	Interns and Residents (inpatient)	130				57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	5,627,768		5,627,768		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	6,078,225		8,371,674		61
62	Total Usable Organs (see instructions)		86			62
63	Medicare Usable Organs (see instructions)		31			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.360465			64
65	Medicare Cost/Charges (see instructions)	2,190,987		3,017,695		65
66	Revenue for Organs Sold	125,975				66
67	Subtotal (line 65 minus line 66)	2,065,012		3,017,695		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	2,065,012		3,017,695		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	20			70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		66		73
74	Total (sum of lines 70 thru 73)	20	66		74
75	Organs Transplanted	10	66		75
76	Organs Sold to Other Hospitals		2		76
77	Organs Sold to OPOs		8		77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	10	76		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check [] HEART [] LIVER [] PANCREAS [] ISLET
 Applicable [] KIDNEY [XX] LUNG [] INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,195.85				1
2	Intensive Care Unit	2,743	43	2,128.30		1	2,128	2
3	Coronary Care Unit		44					3
4	Burn Intensive Care Unit		45					4
5	Surgical Intensive Care Unit		46					5
6	SPECIAL CARE NURSERY		47	1,290.57				6
7	TOTAL (sum of lines 1-6)	2,743				1	2,128	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.103653	30,704	3,183	8
9	Recovery Room	51	0.300391			9
10	Delivery Room & Labor Room	52	0.267062			10
11	Anesthesiology	53	0.129726	2,090	271	11
12	Radiology-Diagnostic	54	0.149810	1,783	267	12
13	Radiology-Therapeutic	55	0.092327			13
14	Radioisotope	56	0.145027			14
15	CT Scan	57	0.037970	1,944	74	15
16	MRI	58	0.071960			16
17	Cardiac Catheterization	59	0.095269			17
17.01	VASCULAR LAB	59.0 1	0.070322			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.092858	5,541	515	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.090279			17.03
17.04	EPS	59.0 4	0.127331			17.04
17.05	GI	59.0 5	0.140795			17.05
18	Laboratory	60	0.149531	14,481	2,165	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.383246			20
21	Blood Storing, Processing & Trans.	63	0.272787	468	128	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.206719	1,910	395	23
24	Physical Therapy	66	0.460584			24
25	Occupational Therapy	67	0.440987			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.139565			28
29	Medical Supplies Charged to Patients	71	0.361840	2,377	860	29
30	Impl. Dev. Charged to Patients	72	0.467632			30
31	Drugs Charged to Patients	73	0.329540	1,584	522	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.188729			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.376616			37
37.01	PSYCH CLINIC	90.0 1	0.985791			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.545600			37.02

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [XX] LUNG [] INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I	2	3	
37.03	OB CLINIC	90.0 3	1 2.682436	2	3	37.03
38	Emergency	91	0.111504			38
39	Observation Beds (Non-Distinct Part)	92	0.388758			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.501563			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			62,882	8,380	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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 [XX] LUNG [] INTESTINE
Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.21			42
43	Intensive Care Unit	3		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	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	0.010594		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [XX] LUNG [] INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	10,508		65,625		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,745,349		1,745,349		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,755,857		1,810,974		61
62	Total Usable Organs (see instructions)		11			62
63	Medicare Usable Organs (see instructions)		5			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.454545			64
65	Medicare Cost/Charges (see instructions)	798,116		823,169		65
66	Revenue for Organs Sold	7,104				66
67	Subtotal (line 65 minus line 66)	791,012		823,169		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	791,012		823,169		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		9		73
74	Total (sum of lines 70 thru 73)	2	9		74
75	Organs Transplanted		9		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		2		77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		11		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check [] HEART [] LIVER [XX] PANCREAS [] ISLET
 Applicable [] KIDNEY [] LUNG [] INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,195.85				1
2	Intensive Care Unit	1,371	43	2,128.30		1	2,128	2
3	Coronary Care Unit		44					3
4	Burn Intensive Care Unit		45					4
5	Surgical Intensive Care Unit		46					5
6	SPECIAL CARE NURSERY		47	1,290.57				6
7	TOTAL (sum of lines 1-6)	1,371				1	2,128	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.103653	15,352	1,591	8
9	Recovery Room	51	0.300391			9
10	Delivery Room & Labor Room	52	0.267062			10
11	Anesthesiology	53	0.129726	1,045	136	11
12	Radiology-Diagnostic	54	0.149810	2,099	314	12
13	Radiology-Therapeutic	55	0.092327			13
14	Radioisotope	56	0.145027			14
15	CT Scan	57	0.037970	23,050	875	15
16	MRI	58	0.071960			16
17	Cardiac Catheterization	59	0.095269			17
17.01	VASCULAR LAB	59.0 1	0.070322			17.01
17.02	CARDIAC GRAPHICS	59.0 2	0.092858	3,635	338	17.02
17.03	PULMONARY FUNCTION	59.0 3	0.090279			17.03
17.04	EPS	59.0 4	0.127331			17.04
17.05	GI	59.0 5	0.140795			17.05
18	Laboratory	60	0.149531	48,495	7,252	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62	0.383246			20
21	Blood Storing, Processing & Trans.	63	0.272787	234	64	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.206719	955	197	23
24	Physical Therapy	66	0.460584			24
25	Occupational Therapy	67	0.440987			25
26	Speech Pathology	68				26
27	Electrocardiology	69				27
28	Electroencephalography	70	0.139565			28
29	Medical Supplies Charged to Patients	71	0.361840	1,189	430	29
30	Impl. Dev. Charged to Patients	72	0.467632			30
31	Drugs Charged to Patients	73	0.329540	1,592	525	31
32	Renal Dialysis	74				32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.9 7	0.188729			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.376616			37
37.01	PSYCH CLINIC	90.0 1	0.985791			37.01
37.02	TRANSPLANT CLINIC	90.0 2	0.545600	14,890	8,124	37.02

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check [] HEART [] LIVER [XX] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
37.03	OB CLINIC	90.0 3	2.682436			37.03
38	Emergency	91	0.111504			38
39	Observation Beds (Non-Distinct Part)	92	0.388758			39
39.01	OBSERVATION BEDS-DISTINCT	92.0 1	0.501563			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			112,536	19,846	41

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

Check [] HEART [] LIVER [XX] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2	5.21	2	3	42
43	Intensive Care Unit	3		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	SPECIAL CARE NURSERY	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	0.010594		51
51.0 1	PSYCH CLINIC		23.0 1			51.0 1
51.0 2	TRANSPLANT CLINIC	14,890	23.0 2			51.0 2
51.0 3	OB CLINIC		23.0 3			51.0 3
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.0 1	OBSERVATION BEDS-DISTINCT		25.0 1			53.0 1
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	14,890				55

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

**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 [XX] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	21,974		113,907		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,684,347		1,684,347		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,706,321		1,798,254		61
62	Total Usable Organs (see instructions)		21			62
63	Medicare Usable Organs (see instructions)		9			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.428571			64
65	Medicare Cost/Charges (see instructions)	731,280		770,680		65
66	Revenue for Organs Sold	74,357				66
67	Subtotal (line 65 minus line 66)	656,923		770,680		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	656,923		770,680		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)		1		71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		20		73
74	Total (sum of lines 70 thru 73)		21		74
75	Organs Transplanted		20		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1		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)		21		84

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	11,575,651			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	127,332,159			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	8,601,912			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	12,793,068			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	844.22			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	296.56			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.11			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	32.55			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	330.22			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	509.75			10
11	FTE count for residents in dental and podiatric programs	3.06			11
12	Current year allowable FTE (see instructions)	333.28			12
13	Total allowable FTE count for the prior year	333.28			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	332.45			14
15	Sum of lines 12 through 14 divided by 3	333.00			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	333.00			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.394447			19
20	Prior year resident to bed ratio (see instructions)	0.392600			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.392600			21
22	IME payment adjustment (see instructions)	26,916,722			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,478,964			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	179.53			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	26,916,722			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,478,964			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0656			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1826			31
32	Sum of lines 30 and 31	0.2482			32
33	Allowable disproportionate share percentage (see instructions)	0.0970			33
34	Disproportionate share adjustment (see instructions)	3,368,515			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	10,091,181		8,423,230	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	829,414		7,732,803	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,562,217			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	186,357,176			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	188,836,140			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	14,636,339			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	7,027,681			52
53	Nursing and allied health managed care payment	72,824			53
54	Special add-on payments for new technologies	224,271			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	13,125,635			55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	136,960			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	528,184			58
59	Total (sum of amounts on lines 49 through 58)	224,588,034			59
60	Primary payer payments	21,248			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	224,566,786			61
62	Deductibles billed to program beneficiaries	9,303,672			62
63	Coinsurance billed to program beneficiaries	1,161,552			63
64	Allowable bad debts (see instructions)	2,356,477			64
65	Adjusted reimbursable bad debts (see instructions)	1,531,710			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,205,880			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	215,633,272			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (RECONCILIATION)				70
70.01	OTHER ADJUSTMENTS				70.01
70.93	HVBP payment adjustment amount (see instructions)	-428,753			70.93
70.94	HRR adjustment amount (see instructions)	-1,533,870			70.94
70.99	HAC adjustment amount (see instructions)	2,148,597			70.99
71	Amount due provider (see instructions)	211,522,052			71
71.01	Sequestration adjustment (see instructions)	4,230,441			71.01
72	Interim payments	201,913,698			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	5,377,913			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

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

HVBP Adjustment for HSP Bonus Payment

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

HRR Adjustment for HSP Bonus Payment

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	(2.01)	On or after 10/1	(3.01)	Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	11,575,651	11,575,651			11,575,651	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	127,332,159		127,332,159		127,332,159	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	8,601,912	716,826		7,885,086	8,601,912	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	12,793,068	1,066,089		11,726,979	12,793,068	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.392600	0.392600		0.392600		5
6	IME payment adjustment	26,916,722	2,243,060		24,673,662	26,916,722	6
6.01	IME payment adjustment for managed care	2,478,964	206,580		2,272,384	2,478,964	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	26,916,722	2,243,060		24,673,662	26,916,722	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,478,964	206,580		2,272,384	2,478,964	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.0970	0.0970	0.0970	0.0970	0.0970	10
11	Disproportionate share adjustment	3,368,515	280,710		3,087,805	3,368,515	11
11.01	Uncompensated care payments	8,562,217	829,414		7,732,803	8,562,217	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	186,357,176	15,645,661		170,711,515	186,357,176	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	188,836,140	15,852,241		172,983,899	188,836,140	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	14,636,339	1,219,694		13,416,645	14,636,339	16
17	Special add-on payments for new technologies	224,271	18,689		205,582	224,271	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	13,125,635	12,049,766		1,075,869	13,125,635	17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		29,140,390		187,681,995	216,822,385	19
20	Capital DRG other than outlier	11,139,329	928,277		10,211,052	11,139,329	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	1,136,587	94,715		1,041,872	1,136,587	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	16.0300	16.0300		16.0300		22
23	Indirect medical education adjustment	1,785,634	148,803		1,636,831	1,785,634	23
24	Allowable disproportionate share percentage	0.0516	0.0516		0.0516		24
25	Disproportionate share adjustment	574,789	47,899		526,890	574,789	25
26	Total prospective capital payments	14,636,339	1,219,694		13,416,645	14,636,339	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-428,753	-35,729		-393,024	-428,753	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-1,533,870	-127,822		-1,406,048	-1,533,870	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		289,768		1,858,829	2,148,597	32

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	91,662			1
2	Medical and other services reimbursed under OPPS (see instructions)	97,390,874			2
3	PPS payments	82,405,528			3
4	Outlier payment (see instructions)	572,284			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.820			5
6	Line 2 times line 5	79,860,517			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	612,358			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	91,662			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	333,653			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)	333,653			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)	333,653			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	241,991			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)	91,662			21
22	Interns and residents (see instructions)	30,618			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)	83,590,170			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	15,881,306			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	404,709			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)	67,426,435			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,000,560			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	70,426,995			30
31	Primary payer payments	1,623			31
32	Subtotal (line 30 minus line 31)	70,425,372			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	2,830,336			34
35	Adjusted reimbursable bad debts (see instructions)	1,839,718			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,622,092			36
37	Subtotal (see instructions)	72,265,090			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	72,265,090			40
40.01	Sequestration adjustment (see instructions)	1,445,302			40.01
41	Interim payments	70,297,977			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	521,811			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	176,152			2
3	PPS payments	61,809			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	2			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)	61,811			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	12,311			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)	49,500			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	49,500			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	49,500			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)	49,500			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	49,500			40
40.01	Sequestration adjustment (see instructions)	990			40.01
41	Interim payments	48,250			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	260			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0281

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B				
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4			
1	Total interim payments paid to provider		19,804,313		4,928,233	1		
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero		183,662,026		65,436,676	2		
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)							
			.01			3.01		
			.02			3.02		
		Program	.03			3.03		
		to	.04			3.04		
		Provider	.05			3.05		
			.06			3.06		
			.07			3.07		
			.08			3.08		
			.09			3.09		
			.10			3.10		
			.50			3.50		
			.51	08/30/2016	1,552,641	08/30/2016	66,932	3.51
		Provider	.52				3.52	
		to	.53				3.53	
		Program	.54				3.54	
			.55				3.55	
			.56				3.56	
			.57				3.57	
			.58				3.58	
			.59				3.59	
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		-1,552,641		-66,932	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				201,913,698		70,297,977	4
TO BE COMPLETED BY CONTRACTOR								
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)							
			.01					5.01
			.02					5.02
		Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01		5,377,913		521,811	6.01
			.02					6.02
7	Total Medicare program liability (see instructions)				207,291,611		70,819,788	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)				8

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S281

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		1,913,587		48,250	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,913,587		48,250	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	119,885		260	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		2,033,472		48,510	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	43,829	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	64,977	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,742	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	223,086	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	5,338,488,737	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	96,061,625	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	2,079,570	1
2	Net IPF PPS Outlier payment	76,714	2
3	Net IPF PPS ECT payment	19,812	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	2.29	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	2.75	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)	2.29	8
9	Average daily census (see instructions)	22.114754	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$	0.052054	10
11	Teaching adjustment (line 1 multiplied by line 10)	108.250	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,284,346	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)	2,284,346	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,284,346	18
19	Deductibles	159,740	19
20	Subtotal (line 18 minus line 19)	2,124,606	20
21	Coinsurance	63,693	21
22	Subtotal (line 20 minus line 21)	2,060,913	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	11,143	23
24	Adjusted reimbursable bad debts (see instructions)	7,243	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,898	25
26	Subtotal (sum of lines 22 and 24)	2,068,156	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)	6,815	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)	2,074,971	31
31.01	Sequestration adjustment (see instructions)	41,499	31.01
32	Interim payments	1,913,587	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	119,885	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0281

**WORKSHEET E-3
PART VII**

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	24,414,384		1
2			2
3			3
4	24,414,384		4
5			5
6			6
7	24,414,384		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	24,414,384		18
19	62,150		19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	24,414,384		30
31	62,150		31
32			32
33			33
34			34
35			35
36	62,150		36
37			37
38	62,150		38
39			39
40	62,150		40
41			41
42	62,150		42
43			43

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S281

**WORKSHEET E-3
PART VII**

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	395,880		1
2			2
3			3
4	395,880		4
5			5
6			6
7	395,880		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	395,880		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	395,880		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		Primary Care	Other	Total	
		1	2	3	
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			318.27	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			1.11	2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			36.76	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			356.14	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			512.51	6
7	Enter the lesser of line 5 or line 6			356.14	7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	134.26	347.04	481.30	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	93.30	241.16	334.46	9
10	Weighted dental and podiatric resident FTE count for the current year		3.06		10
11	Total weighted FTE count	93.30	244.22		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	89.58	238.96		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	95.33	236.56		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	92.74	239.91		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	92.74	239.91		17
18	Per resident amount	99,895.58	95,343.76		18
19	Approved amount for resident costs	9,264,316	22,873,921	32,138,237	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			2.61	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			156.37	21
22	Allowable additional direct GME FTE resident count (see instructions)			2.45	22
23	Enter the locality adjustment national average per resident amount (see instructions)			101,646.00	23
24	Multiply line 22 times line 23			249.033	24
25	Total direct GME amount (sum of lines 19 and 24)			32,387,270	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	67,428	6,742	26	
27	Total inpatient days (see instructions)	236,463	236,463	27	
28	Ratio of inpatient days to total inpatient days	0.285152	0.028512	28	
29	Program direct GME amount	9,235,295	923,426	29	
30	Reduction for direct GME payments for Medicare Advantage		130,480	30	
31	Net Program direct GME amount			10,028,241	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)			217,126,380	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			13,125,635	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			21,248	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			230,230,767	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			98,301,666	42
43	Primary payer payments (see instructions)			1,623	43
44	Total Part B reasonable cost (line 42 minus line 43)			98,300,043	44
45	Total reasonable cost (sum of lines 41 and 44)			328,530,810	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.700789	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.299211	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			10,028,241	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,027,681	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			3,000,560	50

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		Primary Care	Other	Total
		1	2	3
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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 cap (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 the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	21,222	24,064	26
27	Total inpatient days (see instructions)	236,463	236,463	27
28	Ratio of inpatient days to total inpatient days	0.089748	0.101766	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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks		152,040,025	128,847,288	1
2	Temporary investments	118,649,162			2
3	Notes receivable				3
4	Accounts receivable	290,744,601			4
5	Other receivables	9,578,256			5
6	Allowances for uncollectible notes and accounts receivable	-48,025,236			6
7	Inventory	35,343,845			7
8	Prepaid expenses	5,114,031			8
9	Other current assets	51,942,974			9
10	Due from other funds	-79,503,119			10
11	Total current assets (sum of lines 1-10)	383,844,514	152,040,025	128,847,288	11
FIXED ASSETS					
12	Land	208,945,354			12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings	1,933,947,356			15
16	Accumulated depreciation	-983,333,845			16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	344,727,584			19
20	Accumulated depreciation	-257,983,457			20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment				23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	1,246,302,992			30
OTHER ASSETS					
31	Investments	2,098,546,331	-147,954,181	-119,420,062	31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	346,717,102			34
35	Total other assets (sum of lines 31-34)	2,445,263,433	-147,954,181	-119,420,062	35
36	Total assets (sum of lines 11, 30 and 35)	4,075,410,939	4,085,844	9,427,226	36
Liabilities and Fund Balances (Omit Cents)					
CURRENT LIABILITIES					
37	Accounts payable	85,217,840			37
38	Salaries, wages and fees payable	53,035,533			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)	15,515,000			40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	171,453,219			43
44	Other current liabilities	353,854,859			44
45	Total current liabilities (sum of lines 37 thru 44)	679,076,451			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	86,764,404			47
48	Unsecured loans				48
49	Other long term liabilities	1,062,809,610			49
50	Total long term liabilities (sum of lines 46 thru 49)	1,149,574,014			50
51	Total liabilities (sum of lines 45 and 50)	1,828,650,465			51
CAPITAL ACCOUNTS					
52	General fund balance	2,246,760,474			52
53	Specific purpose fund		4,085,844		53
54	Donor created - endowment fund balance - restricted			9,427,226	54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	1	2	3	4	
	(Omit Cents)					
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	2,246,760,474	4,085,844	9,427,226		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	4,075,410,939	4,085,844	9,427,226		60

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		2,275,980,275		152,040,025
2	Net income (loss) (from Worksheet G-3, line 29)		237,441,542		
3	Total (sum of line 1 and line 2)		2,513,421,817		152,040,025
4	Additions (credit adjustments) (specify)			38,280	
5	RECLASSIFICATIONS				
6	GIFTS, GRANTS AND OTHER REVENUE			2,784,794	
7	INVESTMENT INCOME-REALIZED GAINS			464,934	
8	NET INCOME FROM SUBSIDIARIES			17,810,504	
9	CHANGE IN VAL OF SPLT INT AGREMTS			200,218	
10	Total additions (sum of lines 4-9)				21,298,730
11	Subtotal (line 3 plus line 10)		2,513,421,817		173,338,755
12	Deductions (debit adjustments) (specify)				
13	CHANGE IN VALUE OF SPLIT INT AGREEM				
14	NET TRANSFERS TO AFFILIATES	266,661,343			
15	FOR OPERATING EXPENSES			20,833,992	
16	FOR PROPERTY AND EQUI ADDITIONS			251,943	
17	RVS OF 8.15.15 INTERET IN NET ASSET			148,166,976	
18	Total deductions (sum of lines 12-17)		266,661,343		169,252,911
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,246,760,474		4,085,844

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period		128,847,288		
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)		128,847,288		
4	Additions (credit adjustments) (specify)				
5	RECLASSIFICATIONS				
6	GIFTS, GRANTS AND OTHER REVENUE	1,001,582			
7	INVESTMENT INCOME-REALIZED GAINS				
8	NET INCOME FROM SUBSIDIARIES				
9	CHANGE IN VAL OF SPLT INT AGREMTS				
10	Total additions (sum of lines 4-9)		1,001,582		
11	Subtotal (line 3 plus line 10)		129,848,870		
12	Deductions (debit adjustments) (specify)				
13	CHANGE IN VALUE OF SPLIT INT AGREEM				
14	NET TRANSFERS TO AFFILIATES				
15	FOR OPERATING EXPENSES				
16	FOR PROPERTY AND EQUI ADDITIONS				
17	RVS OF 8.15.15 INTERET IN NET ASSET	120,421,644			
18	Total deductions (sum of lines 12-17)		120,421,644		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		9,427,226		

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	556,311,229		556,311,229	1
2	Subprovider IPF	15,470,757		15,470,757	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)	571,781,986		571,781,986	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	SPECIAL CARE NURSERY				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	571,781,986		571,781,986	17
18	Ancillary services	2,030,146,664	2,527,941,437	4,558,088,101	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)	2,601,928,650	2,527,941,437	5,129,870,087	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,465,306,526	29
30	Add (specify)			30
31				31
32	BAD DEBT			32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	**DEDUCT (SPECIFY)** NON OPERATING			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,465,306,526	43

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	5,129,870,087	1
2	Less contractual allowances and discounts on patients' accounts	3,630,793,560	2
3	Net patient revenues (line 1 minus line 2)	1,499,076,527	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,465,306,526	4
5	Net income from service to patients (line 3 minus line 4)	33,770,001	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	17,713,415	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	9,926,747	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	639,156	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.)	20,742	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	41,437,715	22
23	Governmental appropriations	586,284	23
24	Other (OTHER REVENUE, SHARED, NET ASSETS,)		24
24.1	Other (SHARED, TELECOM, OTHER)	158,770,305	24.1
1			1
25	Total other income (sum of lines 6-24)	229,094,364	25
26	Total (line 5 plus line 25)	262,864,365	26
27	Other expenses (OTHER EXPENSES)	25,422,823	27
28	Total other expenses (sum of line 27 and subscripts)	25,422,823	28
29	Net income (or loss) for the period (line 26 minus line 28)	237,441,542	29

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0281

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	11,139,329	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,136,587	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	632.20	3
4	Number of interns & residents (see instructions)	333.00	4
5	Indirect medical education percentage (see instructions)	16.03	5
6	Indirect medical education adjustment (see instructions)	1,785,634	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0656	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1826	8
9	Sum of lines 7 and 8	0.2482	9
10	Allowable disproportionate share percentage (see instructions)	0.0516	10
11	Disproportionate share adjustment (see instructions)	574,789	11
12	Total prospective capital payments (see instructions)	14,636,339	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(PHARMACY)						23
23.01	PARAMED ED PRGM-(CHAPLAINCY)						23.01
23.02	PARAMED ED PRGM-(NM SCHL)						23.02
23.03	PARAMED ED PRGM-(RAD THER)						23.03
23.04	PARAMED ED PRGM-(NUCLEAR MED)						23.04
23.05	PARAMED ED PRGM-(SONOGRAPHY)						23.05
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
35	SPECIAL CARE NURSERY						35
40	Subprovider - IPF						40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	VASCULAR LAB						59.01
59.02	CARDIAC GRAPHICS						59.02
59.03	PULMONARY FUNCTION						59.03
59.04	EPS						59.04
59.05	GI						59.05
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PSYCH CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	OB CLINIC						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm						100

KPMG LLP Compu-Max 2552-10

NORTHWESTERN MEMORIAL HOSPITAL Provider CCN: 14-0281	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/30/2017 Run Time: 10:26 Version: 2016.05 (06/27/2016)
---	---------------------------------------	--	--

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	
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
108	Lung Acquisition						108
109	Pancreas Acquisition						109
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
191.0	SPONSERED PROJECT						191.0
1							1
194	REAL ESTATE						194
194.0	MARKETING, OTHER NON-REIMB						194.0
1							1
194.0	OTHER COMPANY WIDE ACTIVITY						194.0
2							2
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202