

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**WORKSHEET S  
PARTS I, II & III**

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report      Date: 01/26/2018    Time: 14:41 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 ANN & ROBERT H. LURIE CHILDREN'S HOS (14-3300) (Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2016 and ending 08/31/2017, 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		1,253,032	-7,283		12,543,325	1
2	SUBPROVIDER - IPF					650,343	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		1,253,032	-7,283		13,193,668	200

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

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2016	To: 08 / 31 / 2017							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

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

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	1	2	3
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	45
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	46
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	47
		N	N	48

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

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

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

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

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

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

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

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

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

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

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

**Inpatient Psychiatric Facility PPS**

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

**Inpatient Rehabilitation Facility PPS**

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

**Long Term Care Hospital PPS**

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

**TEFRA Providers**

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

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**WORKSHEET S-2  
PART I**

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

**Rural Providers**

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	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.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.		Y		121
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.	01 / 01 / 1980			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 23 / 2009			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10 / 26 / 2000			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2  
PART I**

All Providers

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

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: PREM	Last name: TUTEJA	Title: DIRECTOR OF THIRD PARTY	41
42	Employer: ANN & ROBERT H. LURIE CHILDREN'S HOS			42
43	Phone number: 312-227-7134	E-mail Address: PTUTEJA@LURIECHILDRENS.ORG		43

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	108	54,618			292	8,934	38,198	1
2	HMO and other (see instructions)							26,541		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		108	54,618			292	8,934	38,198	7
8	Intensive Care Unit	31	40	14,600			40	3,669	12,491	8
9	Coronary Care Unit	32	36	13,140			22	1,306	10,621	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	44	16,060				2,581	14,973	12
13	Nursery	43								13
14	Total (see instructions)		228	98,418			354	16,490	76,283	14
15	CAH Visits									15
16	Subprovider - IPF	40	12	4,380				917	3,512	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)		240							27
28	Observation Bed Days								6,151	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					58	1,650	11,995	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATOLOGY								12
13	Nursery								13
14	Total (see instructions)	239.99	3,796.30			58	1,650	11,995	14
15	CAH Visits								15
16	Subprovider - IPF						83	551	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)	239.99	3,796.30						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt		43,912,988	43,912,988		43,912,988	-2,318,420	41,594,568	1
1.01	00101	CAP REL COSTS-INT EXP		21,692,569	21,692,569		21,692,569		21,692,569	1.01
2	00200	Cap Rel Costs-Mvble Equip		25,798,646	25,798,646		25,798,646		25,798,646	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		30,062,054	30,062,054	-26,627,019	3,435,035		3,435,035	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	5,098,116	5,230,830	10,328,946	32,800,310	43,129,256	-975	43,128,281	4.01
5.01	00590	ADMINISTRATION & GENERAL	46,977,981	64,507,648	111,485,629	-227,653	111,257,976	-28,592,877	82,665,099	5.01
5.02	00591	ADMIN & GENERAL CHCRC	3,364,821	1,122,328	4,487,149	137,973	4,625,122		4,625,122	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	15,056,035	41,790,526	56,846,561	-2,792,942	54,053,619	-4,559,754	49,493,865	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	8,706,977	22,812,321	31,519,298	-45,289	31,474,009	-75,982	31,398,027	7
8	00800	Laundry & Linen Service		1,279,472	1,279,472		1,279,472		1,279,472	8
9	00900	Housekeeping	4,020,342	3,819,304	7,839,646		7,839,646	-120,000	7,719,646	9
10	01000	Dietary	2,058,642	3,163,914	5,222,556	-4,191,056	1,031,500		1,031,500	10
11	01100	Cafeteria				4,191,056	4,191,056	-2,154,044	2,037,012	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	174,135	32,079	206,214		206,214		206,214	12.01
13	01300	Nursing Administration	7,510,059	1,756,103	9,266,162	192,765	9,458,927	-13,675	9,445,252	13
14	01400	Central Services & Supply	897,892	576,872	1,474,764	-226,454	1,248,310		1,248,310	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,350,519	1,795,664	4,146,183	3,149	4,149,332	-168,966	3,980,366	16
17	01700	Social Service	1,764,153	1,082,594	2,846,747	3,739,801	6,586,548		6,586,548	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,173,285	1,009,440	5,182,725		5,182,725		5,182,725	21
22	02200	I&R Services-Other Prgm Costs Apprvd	8,119,490	2,798,220	10,917,710	4,324,389	15,242,099		15,242,099	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	30,706,578	5,929,321	36,635,899	-384,134	36,251,765	-177,660	36,074,105	30
31	03100	Intensive Care Unit	12,008,433	5,571,595	17,580,028	-1,323,816	16,256,212	-201,139	16,055,073	31
32	03200	Coronary Care Unit	8,974,248	2,518,364	11,492,612	-283,379	11,209,233	-155,752	11,053,481	32
35	02060	NEONATOLOGY	13,269,664	3,703,156	16,972,820	-385,323	16,587,497	-889,291	15,698,206	35
40	04000	Subprovider - IPF	2,296,009	183,369	2,479,378	67,995	2,547,373	-6,109	2,541,264	40
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	14,218,370	23,099,829	37,318,199	-14,130,738	23,187,461	-1,520,789	21,666,672	50
51	05100	Recovery Room	2,151,120	325,968	2,477,088	-68,093	2,408,995		2,408,995	51
53	05300	Anesthesiology	1,638,687	4,145,905	5,784,592	-1,043,220	4,741,372	-1,591,593	3,149,779	53
54	05400	Radiology-Diagnostic	2,913,370	797,761	3,711,131	49,336	3,760,467	-971	3,759,496	54
57	05700	CT Scan	415,816	85,232	501,048	137,176	638,224		638,224	57
58	05800	MRI	1,031,652	605,754	1,637,406	445,779	2,083,185		2,083,185	58
59	05900	Cardiac Catheterization	2,940,970	2,725,909	5,666,879	-1,914,228	3,752,651	-21,756	3,730,895	59
60	06000	Laboratory	12,521,360	20,918,072	33,439,432	3,366,147	36,805,579	-1,380,972	35,424,607	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	6,152,164	4,781,322	10,933,486	-91,101	10,842,385	-72,079	10,770,306	65
66	06600	Physical Therapy	3,037,499	962,897	4,000,396	-249,237	3,751,159	-66,044	3,685,115	66
67	06700	Occupational Therapy	968,842	87,223	1,056,065	70,827	1,126,892	-47,926	1,078,966	67
68	06800	Speech Pathology	2,435,256	1,153,436	3,588,692	-12,838	3,575,854	-58,711	3,517,143	68
69	06900	Electrocardiology	1,281,995	406,908	1,688,903	908,658	2,597,561		2,597,561	69
70	07000	Electroencephalography	1,546,022	411,538	1,957,560	887,740	2,845,300		2,845,300	70
71	07100	Medical Supplies Charged to Patients				14,987,689	14,987,689		14,987,689	71
72	07200	Impl. Dev. Charged to Patients				9,340,400	9,340,400		9,340,400	72
73	07300	Drugs Charged to Patients	8,410,248	35,263,878	43,674,126	-55,007	43,619,119	-137,881	43,481,238	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		1,050,261	1,050,261		1,050,261		1,050,261	74
76	03550	PSYCHIATRY	4,481,486	1,270,878	5,752,364	-185,213	5,567,151	-171,034	5,396,117	76
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	16,089,918	2,951,304	19,041,222	40,864	19,082,086	-652,521	18,429,565	90
90.01	09001	OFFSITE CLINICS	9,051,973	6,065,867	15,117,840	-1,353,943	13,763,897	-1,672,605	12,091,292	90.01
91	09100	Emergency	7,494,012	3,060,226	10,554,238	36,690	10,590,928	-1,080,000	9,510,928	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,106,861	187,745	1,294,606	-30,262	1,264,344		1,264,344	92.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	Ambulance Services	2,861,252	414,002	3,275,254	-14,452	3,260,802	-478,525	2,782,277	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
105	10500	Kidney Acquisition	268,135	870,130	1,138,265	-146,192	992,073		992,073	105
106	10600	Heart Acquisition	480,140	1,193,884	1,674,024	-260,123	1,413,901	-50,000	1,363,901	106
107	10700	Liver Acquisition	471,405	978,568	1,449,973	-375,520	1,074,453	-8,000	1,066,453	107

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
110	11000	Intestinal Acquisition	122,298	84,288	206,586	-88,783	117,803		117,803	110
118		SUBTOTALS (sum of lines 1-117)	281,618,230	406,048,162	687,666,392	19,222,729	706,889,121	-48,446,051	658,443,070	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
191	19100	Research	5,977,693	3,724,259	9,701,952	13,859,048	23,561,000	-2,231,396	21,329,604	191
191.01	19101	OSA				11,564,273	11,564,273		11,564,273	191.01
192	19200	Physicians' Private Offices	2,393,669	1,614,680	4,008,349	56,095	4,064,444	-611,129	3,453,315	192
192.01	19201	OFFSITE FACILITIES								192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES								193.01
193.02	19302	NON-REIMBURSABLE CLINICS								193.02
194	07950	ENDOWMENTS & OTHER SERVICES	32,718,965	33,136,567	65,855,532	-45,001,300	20,854,232		20,854,232	194
194.01	07951	NON-REIMBURSABLE CLINICS	8,082,009	1,316,465	9,398,474	299,155	9,697,629	-1,387,108	8,310,521	194.01
194.02	07952	KOHL HOUSE	1,328	5,870	7,198		7,198		7,198	194.02
200		TOTAL (sum of lines 118-199)	330,791,894	445,846,003	776,637,897		776,637,897	-52,675,684	723,962,213	200

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	APPORTION PHYSICIAN TO IP PSYCH	A	Subprovider - IPF	40	67,995		1
500	Total reclassifications				67,995		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	141,764	17,671	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	359,937	50,103	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	555,854	74,651	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	491,629	91,516	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					6
7	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Adults & Pediatrics	30		2,476	8
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Clinic	90		10,347	9
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B	NON-REIMBURSABLE CLINICS	194.01		8,595	10
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Coronary Care Unit	32		11,816	11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		16,282	12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		8,385	13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		7,069	14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		10,734	15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		2,492	16
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B					17
500	Total reclassifications				1,549,184	312,137	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	742	65	2
3	APPORTION REHAB ADMIN	C	Physical Therapy	66	4,939	431	3
4	APPORTION REHAB ADMIN	C					4
5	APPORTION REHAB ADMIN	C	Speech Pathology	68	79,336	6,924	5
6	APPORTION REHAB ADMIN	C	Speech Pathology	68	49,817	4,348	6
7	APPORTION REHAB ADMIN	C	Physical Therapy	66	81,383	7,102	7
8	APPORTION REHAB ADMIN	C	Occupational Therapy	67	36,784	3,210	8
9	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	22	2	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	52	5	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	22,610	1,973	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	37,634	3,284	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	27,130	2,368	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	9,701	847	14
15	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	5,630	491	15
16	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	15,495	1,352	16
17	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	24,672	2,153	17
18	APPORTION REHAB ADMIN	C	Speech Pathology	68	44,393	3,874	18
19	APPORTION REHAB ADMIN	C	Physical Therapy	66	53,059	4,630	19
20	APPORTION REHAB ADMIN	C	Occupational Therapy	67	29,091	2,539	20
21	APPORTION REHAB ADMIN	C	Speech Pathology	68	12,399	1,082	21
22	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,987	610	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	9,257	808	23
24	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,912	603	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	7,313	638	25
26	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	4,751	415	26
27	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	4,068	355	27
28	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	13,149	1,148	28
29	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	5,421	473	29
30	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	4,450	388	30
500	Total reclassifications				597,197	52,118	500
	Code Letter - C						
1	RECLASS RENTAL-104007 RES & FELLOW	D					1
2	RECLASS RENTAL-107017 SPEC ID	D					2
500	Total reclassifications						500
	Code Letter - D						
1	RECLASS DIETARY TO CAFETERIA	E	Cafeteria	11	1,652,043	2,539,013	1
500	Total reclassifications				1,652,043	2,539,013	500
	Code Letter - E						
1	RECLASS SPEC NUTR	F					1
500	Total reclassifications						500
	Code Letter - F						
1	RECLASS SPEC PURP FNDS	G	Laboratory	60		4,167	1
2	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	137,923	263	2
3	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30		83,967	3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	157,815	15,967	4
5	RECLASS SPEC PURP FNDS	G	Operating Room	50	122,717	29,712	5
6	RECLASS SPEC PURP FNDS	G	Operating Room	50		18,522	6

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
7	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	431,558	534,480	7
8	RECLASS SPEC PURP FNDS	G	Social Service	17	2,688,320	1,108,540	8
9	RECLASS SPEC PURP FNDS	G	Emergency	91	77,258	419,973	9
10	RECLASS SPEC PURP FNDS	G	Laboratory	60	181,600	60,028	10
11	RECLASS SPEC PURP FNDS	G	Operating Room	50	94,869	38,207	11
12	RECLASS SPEC PURP FNDS	G	Operating Room	50	365,339	45,142	12
13	RECLASS SPEC PURP FNDS	G					13
14	RECLASS SPEC PURP FNDS	G	Radiology-Diagnostic	54	56,085		14
15	RECLASS SPEC PURP FNDS	G	Laboratory	60	26,120	9,311	15
16	RECLASS SPEC PURP FNDS	G	Laboratory	60	153,422	192,936	16
17	RECLASS SPEC PURP FNDS	G	Laboratory	60	1,181,828	1,913,461	17
18	RECLASS SPEC PURP FNDS	G	Medical Records & Library	16		3,149	18
19	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	117,638	261,813	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	22,614	123,026	20
21	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	617,798	306,148	21
22	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	100,200	25,654	22
23	RECLASS SPEC PURP FNDS	G	Nursing Administration	13		76,708	23
24	RECLASS SPEC PURP FNDS	G	Nursing Administration	13		117,687	24
25	RECLASS SPEC PURP FNDS	G	Operating Room	50	421,800	403,829	25
26	RECLASS SPEC PURP FNDS	G	Operating Room	50	53,920	15,975	26
27	RECLASS SPEC PURP FNDS	G	Physical Therapy	66		4,580	27
28	RECLASS SPEC PURP FNDS	G	Ambulance Services	95		8,674	28
29	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		6,173,291	29
30	RECLASS SPEC PURP FNDS	G	Research	191	8,494,921	5,364,127	30
31	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		1,290	31
32	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		2,683	32
33	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	60,270	45,607	33
34	RECLASS SPEC PURP FNDS	G	OSA	191.01	7,266,412	4,297,861	34
35	RECLASS SPEC PURP FNDS	G	Laboratory	60	9,403	669	35
36	RECLASS SPEC PURP FNDS	G	I&R Services-Other Prgm Costs	22	85,149	78,679	36
37	RECLASS SPEC PURP FNDS	G	Intensive Care Unit	31		6,027	37
38	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65	23,108	8,385	38
39	RECLASS SPEC PURP FNDS	G	Clinic	90	15,375	44,379	39
40	RECLASS SPEC PURP FNDS	G	Operating Room	50		18,591	40
41	RECLASS SPEC PURP FNDS	G	Operating Room	50	155,663	10,967	41
42	RECLASS SPEC PURP FNDS	G	Clinic	90		7,700	42
500	Total reclassifications				23,119,125	21,882,175	500
	Code Letter - G						
1	SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		397,400	1
2	SPACE RECOV	H					2
3	SPACE RECOV	H					3
4	SPACE RECOV	H					4
5	SPACE RECOV	H					5
6	SPACE RECOV	H					6
7	SPACE RECOV	H					7
8	SPACE RECOV	H					8
9	SPACE RECOV	H					9
10	SPACE RECOV	H					10
11	SPACE RECOV	H					11
12	SPACE RECOV	H					12
13	SPACE RECOV	H					13
14	SPACE RECOV	H					14
15	SPACE RECOV	H					15
16	SPACE RECOV	H					16
17	SPACE RECOV	H					17
18	SPACE RECOV	H					18
19	SPACE RECOV	H					19
20	SPACE RECOV	H					20
21	SPACE RECOV	H					21
22	SPACE RECOV	H					22
500	Total reclassifications					397,400	500
	Code Letter - H						
1	FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		26,627,019	1
500	Total reclassifications					26,627,019	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	65,963		1
500	Total reclassifications				65,963		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		72,010	1
500	Total reclassifications					72,010	500
	Code Letter - K						

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		4,160,561	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
500	Total reclassifications					4,160,561	500
	Code Letter - L						
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25			Drugs Charged to Patients	73		16,617	25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36			Medical Supplies Charged to P	71		14,987,689	36
500	Total reclassifications					15,004,306	500
	Code Letter - M						
1							1
2							2
3							3
500	Total reclassifications					9,340,400	500
	Code Letter - N						
1							1
2							2
3							3
1	APPORTION IMAGING ADMINISTRATION	O	OFFSITE CLINICS	90.01	8,909	1,142	1
2			OFFSITE CLINICS	90.01	8,016	1,027	2
3			OFFSITE CLINICS	90.01	8,936	1,145	3
4			OFFSITE CLINICS	90.01	10,674	1,368	4
5			Radiology-Diagnostic	54	12,123	1,554	5
6			Radiology-Diagnostic	54	135,347	17,346	6
7			Radiology-Diagnostic	54	164,882	21,131	7
8			CT Scan	57	127,944	16,397	8
9			MRI	58	378,344	48,487	9
10			Cardiac Catheterization	59	84,409	10,818	10

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
11			OFFSITE CLINICS	90.01	3,764	482	11
12			Radiology-Diagnostic	54	17,260	2,212	12
13			Radiology-Diagnostic	54	25,254	3,236	13
14			Radiology-Diagnostic	54	45,677	5,854	14
15			MRI	58	38,748	4,966	15
16			OFFSITE CLINICS	90.01	42,510	5,448	16
17			Physicians' Private Offices	192	3,694	473	17
18			Physicians' Private Offices	192	4,317	553	18
19			Physicians' Private Offices	192	1,135	145	19
20			Cardiac Catheterization	59	90,284	11,571	20
21			Clinic	90	1,534	196	21
500	Total reclassifications				1,213,761	155,551	500
	Code Letter - O						
	<b>GRAND TOTAL (Increases)</b>				<b>28,265,268</b>	<b>80,542,690</b>	

(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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	67,995		1	
500	Total reclassifications				67,995		500	
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	611,274	157,047	1	
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	222,044	44,501	2	
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	147,848	620	3	
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	351,323	26,512	4	
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	84,039	5,261	5	
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Social Service	17	57,059		6	
7	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Drugs Charged to Patients	73	75,597		7	
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B					8	
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B					9	
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B					10	
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B					11	
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		9,860	12	
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		6,109	13	
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		7,069	14	
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		8,221	15	
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		1,975	16	
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Operation of Plant	7		44,962	17	
500	Total reclassifications				1,549,184	312,137	500	
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMIN & GEN PATIENT RELATED	5.03	597,197	52,118	1	
2	APPORTION REHAB ADMIN	C					2	
3	APPORTION REHAB ADMIN	C					3	
4	APPORTION REHAB ADMIN	C					4	
5	APPORTION REHAB ADMIN	C					5	
6	APPORTION REHAB ADMIN	C					6	
7	APPORTION REHAB ADMIN	C					7	
8	APPORTION REHAB ADMIN	C					8	
9	APPORTION REHAB ADMIN	C					9	
10	APPORTION REHAB ADMIN	C					10	
11	APPORTION REHAB ADMIN	C					11	
12	APPORTION REHAB ADMIN	C					12	
13	APPORTION REHAB ADMIN	C					13	
14	APPORTION REHAB ADMIN	C					14	
15	APPORTION REHAB ADMIN	C					15	
16	APPORTION REHAB ADMIN	C					16	
17	APPORTION REHAB ADMIN	C					17	
18	APPORTION REHAB ADMIN	C					18	
19	APPORTION REHAB ADMIN	C					19	
20	APPORTION REHAB ADMIN	C					20	
21	APPORTION REHAB ADMIN	C					21	
22	APPORTION REHAB ADMIN	C					22	
23	APPORTION REHAB ADMIN	C					23	
24	APPORTION RENAB ADMIN	C					24	
25	APPORTION REHAB ADMIN	C					25	
26	APPORTION REHAB ADMIN	C					26	
27	APPORTION REHAB ADMIN	C					27	
28	APPORTION REHAB ADMIN	C					28	
29	APPORTION REHAB ADMIN	C					29	
30	APPORTION REHAB ADMIN	C					30	
500	Total reclassifications				597,197	52,118	500	
	Code letter - C							
1	RECLASS RENTAL-104007 RES & FELLOW	D					10	
2	RECLASS RENTAL-107017 SPEC ID	D					2	
500	Total reclassifications						500	
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	1,652,043	2,539,013	1	
500	Total reclassifications				1,652,043	2,539,013	500	
	Code letter - E							
1	RECALSS SPEC NUTR	F					1	
500	Total reclassifications						500	
	Code letter - F							
1	RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	23,119,125	21,882,175	1	
2	RECLASS SPEC PURP FNDS	G					2	
3	RECLASS SPEC PURP FNDS	G					3	
4	RECLASS SPEC PURP FNDS	G					4	
5	RECLASS SPEC PURP FNDS	G					5	

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
6	RECLASS SPEC PURP FNDS	G					6	
7	RECLASS SPEC PURP FNDS	G					7	
8	RECLASS SPEC PURP FNDS	G					8	
9	RECLASS SPEC PURP FNDS	G					9	
10	RECLASS SPEC PURP FNDS	G					10	
11	RECLASS SPEC PURP FNDS	G					11	
12	RECLASS SPEC PURP FNDS	G					12	
13	RECLASS SPEC PURP FNDS	G					13	
14	RECLASS SPEC PURP FNDS	G					14	
15	RECLASS SPEC PURP FNDS	G					15	
16	RECLASS SPEC PURP FNDS	G					16	
17	RECLASS SPEC PURP FNDS	G					17	
18	RECLASS SPEC PURP FNDS	G					18	
19	RECLASS SPEC PURP FNDS	G					19	
20	RECLASS SPEC PURP FNDS	G					20	
21	RECLASS SPEC PURP FNDS	G					21	
22	RECLASS SPEC PURP FNDS	G					22	
23	RECLASS SPEC PURP FNDS	G					23	
24	RECLASS SPEC PURP FNDS	G					24	
25	RECLASS SPEC PURP FNDS	G					25	
26	RECLASS SPEC PURP FNDS	G					26	
27	RECLASS SPEC PURP FNDS	G					27	
28	RECLASS SPEC PURP FNDS	G					28	
29	RECLASS SPEC PURP FNDS	G					29	
30	RECLASS SPEC PURP FNDS	G					30	
31	RECLASS SPEC PURP FNDS	G					31	
32	RECLASS SPEC PURP FNDS	G					32	
33	RECLASS SPEC PURP FNDS	G					33	
34	RECLASS SPEC PURP FNDS	G					34	
35	RECLASS SPEC PURP FNDS	G					35	
36	RECLASS SPEC PURP FNDS	G					36	
37	RECLASS SPEC PURP FNDS	G					37	
38	RECLASS SPEC PURP FNDS	G					38	
39	RECLASS SPEC PURP FNDS	G					39	
40	RECLASS SPEC PURP FNDS	G					40	
41	RECLASS SPEC PURP FNDS	G					41	
42	RECLASS SPEC PURP FNDS	G					42	
500	Total reclassifications				23,119,125	21,882,175	500	
	Code letter - G							
1	SPACE RECOV	H					1	
2	SPACE RECOV	H	Laboratory	60		17,632	2	
3	SPACE RECOV	H	Intensive Care Unit	31		2,205	3	
4	SPACE RECOV	H	NEONATOLOGY	35		11,658	4	
5	SPACE RECOV	H	Electrocardiology	69		46,980	5	
6	SPACE RECOV	H	Clinic	90		13,572	6	
7	SPACE RECOV	H	Laboratory	60		13,386	7	
8	SPACE RECOV	H	Operating Room	50		16,704	8	
9	SPACE RECOV	H	Laboratory	60		18,444	9	
10	SPACE RECOV	H	Laboratory	60		19,024	10	
11	SPACE RECOV	H	Laboratory	60		65,656	11	
12	SPACE RECOV	H	Clinic	90		38,745	12	
13	SPACE RECOV	H	Laboratory	60		17,516	13	
14	SPACE RECOV	H	Operating Room	50		7,959	14	
15	SPACE RECOV	H	Operating Room	50		21,338	15	
16	SPACE RECOV	H	Electroencephalography	70		26,332	16	
17	SPACE RECOV	H	Operating Room	50		6,207	17	
18	SPACE RECOV	H	Operating Room	50		14,113	18	
19	SPACE RECOV	H	Operating Room	50		7,390	19	
20	SPACE RECOV	H	Operating Room	50		7,671	20	
21	SPACE RECOV	H	Operating Room	50		7,248	21	
22	SPACE RECOV	H	Operating Room	50		17,620	22	
500	Total reclassifications					397,400	500	
	Code letter - H							
1	FRINGE BENEFITS FOR FTE ALLOC	I	Employee Benefits Department	4		26,627,019	1	
500	Total reclassifications					26,627,019	500	
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	65,963		1	
500	Total reclassifications				65,963		500	
	Code letter - J							
1	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		72,010	1	
500	Total reclassifications					72,010	500	

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.
		1	6	7	8	9	10
	Code letter - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L					1
2			ADMINISTRATION & GENERAL	5.01		625,026	2
3			Intensive Care Unit	31		272,003	3
4			Coronary Care Unit	32		74,183	4
5			NEONATOLOGY	35		478,065	5
6			Operating Room	50		630,447	6
7			Anesthesiology	53		932,482	7
8			Radiology-Diagnostic	54		438,178	8
9			Laboratory	60		286,088	9
10			Respiratory Therapy	65		57,776	10
11			Electrocardiology	69		10,353	11
12			Electroencephalography	70		4,565	12
13			PSYCHIATRY	76		222,654	13
14			Clinic	90		4,894	14
15			OFFSITE CLINICS	90.01		9,622	15
16			Emergency	91		72,990	16
17			Ambulance Services	95		22,198	17
18			NON-REIMBURSABLE CLINICS	194.01		19,037	18
500	Total reclassifications					4,160,561	500
	Code letter - L						
1	CENTRAL SUPPLY CHARGED TO PATIENT	M					1
2			ADMINISTRATION & GENERAL	5.01		27	2
3			ADMIN & GEN PATIENT RELATED	5.03		5,994	3
4			Operation of Plant	7		327	4
5			Nursing Administration	13		1,630	5
6			Central Services & Supply	14		226,454	6
7			Adults & Pediatrics	30		803,794	7
8			Intensive Care Unit	31		1,055,635	8
9			Coronary Care Unit	32		804,157	9
10			NEONATOLOGY	35		400,905	10
11			Operating Room	50		6,685,422	11
12			Recovery Room	51		68,093	12
13			Anesthesiology	53		248,924	13
14			Radiology-Diagnostic	54		20,447	14
15			CT Scan	57		7,165	15
16			MRI	58		24,766	16
17			Cardiac Catheterization	59		2,104,968	17
18			Laboratory	60		8,729	18
19			Respiratory Therapy	65		64,818	19
20			Physical Therapy	66		406,168	20
21			Occupational Therapy	67		797	21
22			Speech Pathology	68		215,011	22
23			Electrocardiology	69		47	23
24			Electroencephalography	70		5,309	24
25							25
26			PSYCHIATRY	76		441	26
27			Clinic	90		611,961	27
28			OFFSITE CLINICS	90.01		772,957	28
29			Emergency	91		387,551	29
30			OBSERVATION BEDS-DISTINCT	92.01		30,262	30
31			Ambulance Services	95		928	31
32			Liver Acquisition	107		198	32
33							33
34			Physicians' Private Offices	192		11,988	34
35			NON-REIMBURSABLE CLINICS	194.01		28,433	35
36							36
500	Total reclassifications					15,004,306	500
	Code letter - M						
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		8,503,872	1
2			Cardiac Catheterization	59		6,342	2
3			OFFSITE CLINICS	90.01		830,186	3
500	Total reclassifications					9,340,400	500
	Code letter - N						
1	APPORTION IMAGING ADMINISTRATION	O	ADMIN & GEN PATIENT RELATED	5.03	1,213,761	155,551	1
2							2
3							3
4							4
5							5
6							6
7							7

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
500	Total reclassifications				1,213,761	155,551	500	
	Code letter - O							
	<b>GRAND TOTAL (Decreases)</b>				<b>28,265,268</b>	<b>80,542,690</b>		

(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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**RECONCILIATION OF CAPITAL COST CENTERS**

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

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	34,812,506					34,812,506		1
2	Land Improvements	231,355					231,355		2
3	Buildings and Fixtures	892,468,314	13,758,527		13,758,527		906,226,841		3
4	Building Improvements	17,138,211	28,185		28,185		17,166,396		4
5	Fixed Equipment	18,338,827	3,562,007		3,562,007		21,900,834		5
6	Movable Equipment	273,552,715	19,464,487		19,464,487	667,778	292,349,424		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,236,541,928	36,813,206		36,813,206	667,778	1,272,687,356		8
9	Reconciling Items	-6,155,314	-6,808,908		-6,808,908		-12,964,222		9
10	Total (line 7 minus line 9)	1,242,697,242	43,622,114		43,622,114	667,778	1,285,651,578		10

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

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	42,030,476	1,066,386		816,126			43,912,988	1
1.01	CAP REL COSTS-INT EXP			21,692,569				21,692,569	1.01
2	Cap Rel Costs-Mvble Equip	25,798,646						25,798,646	2
3	Total (sum of lines 1-2)	67,829,122	1,066,386	21,692,569	816,126			91,404,203	3

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

COMPUTATION OF RATIOS										
	Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL				
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
1.01	CAP REL COSTS-INT EXP				0.000000					1.01
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	39,292,867	1,066,386	419,189	816,126			41,594,568	1
1.01	CAP REL COSTS-INT EXP			21,692,569				21,692,569	1.01
2	Cap Rel Costs-Mvble Equip	25,798,646						25,798,646	2
3	Total (sum of lines 1-2)	65,091,513	1,066,386	22,111,758	816,126			89,085,783	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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)	B	-3,717,000	ADMIN & GEN PATIENT RELATED	5.03	3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)	B	-3,285,677	ADMINISTRATION & GENERAL	5.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-5,762,981			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-2,124,940	Cafeteria	11	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	B	-29,104	Cafeteria	11	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-2,737,609	Cap Rel Costs-Bldg & Fixt	1	9
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	MISCELLANEOUS INCOME	B	-975	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02	MISCELLANEOUS INCOME	B	-365,895	ADMINISTRATION & GENERAL	5.01	33.02
33.03	MISCELLANEOUS INCOME	B	-707,500	ADMIN & GEN PATIENT RELATED	5.03	33.03
33.04	MISCELLANEOUS INCOME	B	-2,445	Operation of Plant	7	33.04
33.05	MISCELLANEOUS INCOME	B	-120,000	Housekeeping	9	33.05
33.06	MISCELLANEOUS INCOME	B	-13,675	Nursing Administration	13	33.06
33.07	MISCELLANEOUS INCOME	B	-168,966	Medical Records & Library	16	33.07
33.08	MISCELLANEOUS INCOME	B	-1,100,552	Operating Room	50	33.08
33.09	MISCELLANEOUS INCOME	B	-971	Radiology-Diagnostic	54	33.09
33.10	MISCELLANEOUS INCOME	B	-21,756	Cardiac Catheterization	59	33.10
33.11	MISCELLANEOUS INCOME	B	-134,161	Laboratory	60	33.11
33.12	MISCELLANEOUS INCOME	B	-66,044	Physical Therapy	66	33.12
33.13	MISCELLANEOUS INCOME	B	-47,926	Occupational Therapy	67	33.13
33.14	MISCELLANEOUS INCOME	B	-58,711	Speech Pathology	68	33.14
33.15	MISCELLANEOUS INCOME	B	-517	Drugs Charged to Patients	73	33.15
33.16	MISCELLANEOUS INCOME	B	-2,700	PSYCHIATRY	76	33.16
33.17	MISCELLANEOUS INCOME	B	-11,501	Clinic	90	33.17
33.18	MISCELLANEOUS INCOME	B	-9,485	Physicians' Private Offices	192	33.18
33.19	MISCELLANEOUS INCOME	B	-12,008	NON-REIMBURSABLE CLINICS	194.01	33.19
33.20	VENDOR REBATES	B	-1,756,588	ADMINISTRATION & GENERAL	5.01	33.20
33.21	VENDOR REBATES	B	-54,678	Drugs Charged to Patients	73	33.21
34						34
35	ADVERTISING	A	-2,619,031	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT CONTRACT REVENUE	B	-478,525	Ambulance Services	95	36
37						37
37.01	SPECIMEN REVENUE NON PATIENT	B	-6,109	Subprovider - IPF	40	37.01
37.02	SPECIMEN REVENUE NON PATIENT	B	-283,833	Laboratory	60	37.02
38						14
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	Cap Rel Costs-Bldg & Fixt	1	11
39						39
40						40
41	NON-PATIENT CARE COSTS	A	-696,514	ADMINISTRATION & GENERAL	5.01	41

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
42							42
42.01	RENTAL INCOME PROPERTIES	B	-488,035	ADMINISTRATION & GENERAL	5.01		42.01
42.02	RENTAL INCOME PROPERTIES	B	-110,040	ADMIN & GEN PATIENT RELATED	5.03		42.02
42.03	RENTAL INCOME PROPERTIES	B	-73,537	Operation of Plant	7		42.03
42.04	RENTAL INCOME PROPERTIES	B	-82,686	Drugs Charged to Patients	73		42.04
42.05	RENTAL INCOME PROPERTIES	B	-1,664,905	OFFSITE CLINICS	90.01		42.05
42.06	RENTAL INCOME PROPERTIES	B	-601,644	Physicians' Private Offices	192		42.06
43							43
44	STATE ASSESSMENT TAX	A	-19,218,966	ADMINISTRATION & GENERAL	5.01		44
45							45
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-25,214	ADMIN & GEN PATIENT RELATED	5.03		45.01
45.02	CONTRACT REVENUE-VALET	B	-162,171	ADMINISTRATION & GENERAL	5.01		45.02
46							46
47	RECHARGE CENTER OFFSET	A	-2,231,396	Research	191		47
48							48
49							49
49.01	CLINIC SPACE RECOVERY	B	-3,300	Operating Room	50		49.01
49.02	CLINIC SPACE RECOVERY	B	-10,782	Anesthesiology	53		49.02
49.03	CLINIC SPACE RECOVERY	B	-641,020	Clinic	90		49.03
49.04	CLINIC SPACE RECOVERY	B	-7,700	OFFSITE CLINICS	90.01		49.04
49.05	CLINIC SPACE RECOVERY	B	-1,375,100	NON-REIMBURSABLE CLINICS	194.01		49.05
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-52,675,684				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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**

**WORKSHEET A-8-1**

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1								1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12							5

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

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

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

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

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

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

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	31	Intensive Care Unit PEDIATRICIAN	571,093		571,093	140,600	5,473	369,954	18,498	1
2	35	NEONATOLOGY PEDIATRICIAN	1,183,740	180,000	1,003,740	140,600	4,356	294,449	14,722	2
3	50	Operating Room SURGEON	1,329,837		1,329,837	208,000	9,129	912,900	45,645	3
4	53	Anesthesiology ANESTHESIOLOGIS	1,783,518		1,783,518	200,300	2,105	202,707	10,135	4
5	54	Radiology-Diagnostic RADIOLOGIST	111,818		111,818	225,300	2,323	251,621	12,581	5
6	60	Laboratory PATHOLOGIST	2,337,132		2,337,132	215,700	13,251	1,374,154	68,708	6
7	65	Respiratory Therapy PEDIATRICIAN	87,220		87,220	140,600	224	15,141	757	7
8	69	Electrocardiology PEDIATRICIAN	89,643		89,643	140,600	1,351	91,322	4,566	8
9	70	Electroencephalogram PEDIATRICIAN	10,435		10,435	140,600	285	19,265	963	9
10	76	PSYCHIATRY PSYCHIATRIST	579,366	42,744	536,622	154,100	5,548	411,032	20,552	10
11	90	Clinic PEDIATRICIAN	3,110		3,110	140,600	794	53,671	2,684	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	20,378		20,378	140,600	1,256	84,901	4,245	12
13	91	Emergency PEDIATRICIAN	1,167,006	1,080,000	87,006	140,600	11,154	753,968	37,698	13
14	95	Ambulance Services PEDIATRICIAN	27,806		27,806	140,600	688	46,506	2,325	14
15	107	Liver Acquisition	10,200		10,200	208,000	22	2,200	110	15
16	30	Adults & Pediatrics AGGREGATE	177,660	177,660						16
17	106	Heart Acquisition AGGREGATE	50,000	50,000		208,000				17
18	32	Coronary Care Unit PEDIATRICIAN	155,752	155,752		140,600	472	31,905	1,595	18
19										19
20										20
200		TOTAL	9,695,714	1,686,156	8,009,558		58,431	4,915,696	245,784	200

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	31	Intensive Care Unit PEDIATRICIAN					369,954	201,139	201,139	1
2	35	NEONATOLOGY PEDIATRICIAN					294,449	709,291	889,291	2
3	50	Operating Room SURGEON					912,900	416,937	416,937	3
4	53	Anesthesiology ANESTHESIOLOGIS					202,707	1,580,811	1,580,811	4
5	54	Radiology-Diagnostic RADIOLOGIST					251,621			5
6	60	Laboratory PATHOLOGIST					1,374,154	962,978	962,978	6
7	65	Respiratory Therapy PEDIATRICIAN					15,141	72,079	72,079	7
8	69	Electrocardiology PEDIATRICIAN					91,322			8
9	70	Electroencephalogram PEDIATRICIAN					19,265			9
10	76	PSYCHIATRY PSYCHIATRIST					411,032	125,590	168,334	10
11	90	Clinic PEDIATRICIAN					53,671			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN					84,901			12
13	91	Emergency PEDIATRICIAN					753,968		1,080,000	13
14	95	Ambulance Services PEDIATRICIAN					46,506			14
15	107	Liver Acquisition					2,200	8,000	8,000	15
16	30	Adults & Pediatrics AGGREGATE							177,660	16
17	106	Heart Acquisition AGGREGATE							50,000	17
18	32	Coronary Care Unit PEDIATRICIAN					31,905		155,752	18
19										19
20										20
200		TOTAL					4,915,696	4,076,825	5,762,981	200

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	41,594,568	41,594,568					1
1.01	CAP REL COSTS-INT EXP	21,692,569		21,692,569				1.01
2	Cap Rel Costs-Mvble Equip	25,798,646			25,798,646			2
4	Employee Benefits Department	3,435,035				3,435,035		4
4.01	EMPLOYEE BENEFITS FTE BASED	43,128,281	387,509	247,207	149,802	52,939	43,965,738	4.01
5.01	ADMINISTRATION & GENERAL	82,665,099	1,983,583	1,244,333	9,957,790	487,911	3,938,239	5.01
5.02	ADMIN & GENERAL CHCRC	4,625,122	554,812		89,799	35,625	396,109	5.02
5.03	ADMIN & GEN PATIENT RELATED	49,493,865	39,317	268,859	116,327	131,189	2,592,670	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	31,398,027	1,039,486	645,579	2,699,872	90,413	1,483,848	7
8	Laundry & Linen Service	1,279,472	119,200	71,020				8
9	Housekeeping	7,719,646	368,354	222,798	22,641	41,747	1,439,561	9
10	Dietary	1,031,500	142,051	438,829	26,751	4,222	141,341	10
11	Cafeteria	2,037,012	577,183		108,695	17,155	574,435	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	206,214	77,483	43,151	1,845	1,808	35,335	12.01
13	Nursing Administration	9,445,252	62,985	40,180	245,582	77,984	648,521	13
14	Central Services & Supply	1,248,310	291,832	186,171	274,851	9,324	269,726	14
15	Pharmacy							15
16	Medical Records & Library	3,980,366	165,047	105,289	121,111	24,408	486,450	16
17	Social Service	6,586,548	909,292	545,833	22,045	45,642	683,385	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,182,725			996	43,335	1,060	21
22	I&R Services-Other Prgm Costs Apprvd	15,242,099	76,618	48,878		85,197	57,714	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	36,074,105	6,152,281	3,924,775	1,041,748	321,968	4,639,883	30
31	Intensive Care Unit	16,055,073	1,924,151	1,227,489	319,407	124,696	1,740,147	31
32	Coronary Care Unit	11,053,481	1,362,570	869,235	534,514	98,294	1,353,107	32
35	NEONATOLOGY	15,698,206	1,693,576	1,080,396	658,469	140,054	1,751,454	35
40	Subprovider - IPF	2,541,264	534,649	341,073		24,548	422,610	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	21,666,672	3,897,413	2,447,995	2,415,916	160,253	2,195,384	50
51	Recovery Room	2,408,995	476,273	303,833	91,249	22,337	280,798	51
53	Anesthesiology	3,149,779	378,052	241,174	222,134	18,448	252,530	53
54	Radiology-Diagnostic	3,759,496	961,956	436,164	1,386,743	34,994	540,866	54
57	CT Scan	638,224	166,919	81,126	396,052	5,646	81,860	57
58	MRI	2,083,185	531,913	234,160	1,124,336	15,044	194,815	58
59	Cardiac Catheterization	3,730,895	758,744	406,948	1,158,987	32,353	407,887	59
60	Laboratory	35,424,607	2,374,405	1,010,203	787,037	145,692	2,407,395	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	10,770,306	260,148	150,890	180,680	64,124	955,114	65
66	Physical Therapy	3,685,115	594,225	123,205	18,209	32,996	461,008	66
67	Occupational Therapy	1,078,966	31,156		3,134	10,745	148,526	67
68	Speech Pathology	3,517,143	286,311	123,266	85,517	27,219	397,640	68
69	Electrocardiology	2,597,561	81,707	41,436	71,124	17,794	349,584	69
70	Electroencephalography	2,845,300	408,392	202,126	117,910	22,469	347,817	70
71	Medical Supplies Charged to Patients	14,987,689						71
72	Impl. Dev. Charged to Patients	9,340,400						72
73	Drugs Charged to Patients	43,481,238	563,933	355,957	53,846	86,547	1,106,702	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,050,261	14,546	9,279	1,541			74
76	PSYCHIATRY	5,396,117	1,078,948	467,034	52,170	46,456	716,718	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	18,429,565	1,793,669	942,031	163,228	173,025	2,598,560	90
90.01	OFFSITE CLINICS	12,091,292	722,115	35,740	288,301	96,435	1,381,729	90.01
91	Emergency	9,510,928	1,149,373	733,229	433,983	78,620	1,087,268	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,264,344	270,757	172,726		11,494	157,949	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	2,782,277	367,730	234,589	43,914	29,711	315,191	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	992,073			202	1,249	15,430	105
106	Heart Acquisition	1,363,901			209	2,680	36,042	106
107	Liver Acquisition	1,066,453			179	1,247	20,259	107
110	Intestinal Acquisition	117,803			57	397	4,240	110
118	SUBTOTALS (sum of lines 1-117)	658,443,070	35,630,664	20,304,206	25,488,903	2,996,434	39,116,907	118

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research	21,329,604	3,091,431	180,750	17,363	150,284	1,611,762	191
191.01	OSA	11,564,273	166,247	77,482	973	75,454	1,071,367	191.01
192	Physicians' Private Offices	3,453,315	3,264		59,067	25,503	381,504	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	20,854,232				99,685	505,177	194
194.01	NON-REIMBURSABLE CLINICS	8,310,521	2,690,816	1,122,383	232,340	87,661	1,278,079	194.01
194.02	KOHL HOUSE	7,198	12,146	7,748		14	942	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	723,962,213	41,594,568	21,692,569	25,798,646	3,435,035	43,965,738	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	100,276,955	100,276,955					5.01
5.02	ADMIN & GENERAL CHCRC	5,701,467	916,688	6,618,155				5.02
5.03	ADMIN & GEN PATIENT RELATED	52,642,227	8,464,084		61,106,311			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	37,357,225	6,006,332		4,339,811	47,703,368		7
8	Laundry & Linen Service	1,469,692	236,299		170,735	136,025	2,012,751	8
9	Housekeeping	9,814,747	1,578,025		1,140,185	420,345		9
10	Dietary	1,784,694	286,945		207,329	162,101		10
11	Cafeteria	3,314,480	532,905		385,045	658,649		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	365,836	58,819		42,499	88,419		12.01
13	Nursing Administration	10,520,504	1,691,497		1,222,173	71,875		13
14	Central Services & Supply	2,280,214	366,615		264,894	333,022		14
15	Pharmacy							15
16	Medical Records & Library	4,882,671	785,041		567,223	188,397		16
17	Social Service	8,792,745	1,413,706		1,021,458	1,037,634		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,228,116	840,582		607,353			21
22	I&R Services-Other Prgm Costs Apprvd	15,510,506	2,493,795		1,801,865	87,433		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	52,154,760	8,385,494		6,058,895	7,020,638	754,294	30
31	Intensive Care Unit	21,390,963	3,439,260		2,485,001	2,195,734	176,933	31
32	Coronary Care Unit	15,271,201	2,455,319		1,774,064	1,554,889	124,747	32
35	NEONATOLOGY	21,022,155	3,379,963		2,442,156	1,932,614	77,637	35
40	Subprovider - IPF	3,864,144	621,281		448,900	610,112	11,933	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	32,783,633	5,270,985		3,808,494	5,118,484	139,596	50
51	Recovery Room	3,583,485	576,156		416,296	543,496	99,875	51
53	Anesthesiology	4,262,117	685,267		495,133	431,411		53
54	Radiology-Diagnostic	7,120,219	1,144,796		827,160	1,097,675	43,818	54
57	CT Scan	1,369,827	220,242		159,134	190,478	22,557	57
58	MRI	4,183,453	672,620		485,994	607,099	35,646	58
59	Cardiac Catheterization	6,495,814	1,044,403		754,623	865,891	32,098	59
60	Laboratory	42,149,339	6,776,813		4,896,514	3,154,261	44,192	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,381,262	1,990,672		1,438,339	488,276		65
66	Physical Therapy	4,914,758	790,200		570,950	681,548	256	66
67	Occupational Therapy	1,272,527	204,598		147,830	37,197		67
68	Speech Pathology	4,437,096	713,401		515,460	331,269		68
69	Electrocardiology	3,159,206	507,940		367,007	93,240		69
70	Electroencephalography	3,944,014	634,123		458,178	466,034	31,109	70
71	Medical Supplies Charged to Patients	14,987,689	2,409,736		1,741,129			71
72	Impl. Dev. Charged to Patients	9,340,400	1,501,759		1,085,080			72
73	Drugs Charged to Patients	45,648,223	7,339,367		5,302,981	643,529		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,075,627	172,940		124,956	16,599		74
76	PSYCHIATRY	7,757,443	1,247,249		901,187	1,231,235		76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	24,100,078	3,874,835		2,799,720	2,599,151	2,797	90
90.01	OFFSITE CLINICS	14,615,612	2,349,913		1,697,904	2,006,570	63,257	90.01
91	Emergency	12,993,401	2,089,092		1,509,451	1,616,957	293,719	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,877,270	301,829		218,084	308,973	25,074	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	3,773,412	606,693		438,360	419,633		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	1,008,954	162,221		117,211			105
106	Heart Acquisition	1,402,832	225,549		162,968			106
107	Liver Acquisition	1,088,138	174,952		126,410			107
110	Intestinal Acquisition	122,497	19,695		14,231			110
118	SUBTOTALS (sum of lines 1-117)	645,493,628	87,660,696		56,560,370	39,446,893	1,979,538	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research	26,381,194	4,241,595	4,291,458		3,527,768		191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
191.01	OSA	12,955,796	2,083,046	2,326,697		529,910		191.01
192	Physicians' Private Offices	3,922,653	630,688		455,697	700,119	33,213	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	21,459,094	3,450,215		2,492,916			194
194.01	NON-REIMBURSABLE CLINICS	13,721,800	2,206,205		1,594,070	3,484,818		194.01
194.02	KOHL HOUSE	28,048	4,510		3,258	13,860		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	723,962,213	100,276,955	6,618,155	61,106,311	47,703,368	2,012,751	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	12,953,302						9
10	Dietary	50,003	2,491,072					10
11	Cafeteria	203,170		5,094,249				11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	27,274		5,390	588,237			12.01
13	Nursing Administration	22,171		98,915	684	13,627,819		13
14	Central Services & Supply	102,726		41,140			3,388,611	14
15	Pharmacy							15
16	Medical Records & Library	58,114		74,196				16
17	Social Service	320,074		104,233	306,872	33,867		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			162				21
22	I&R Services-Other Prgm Costs Apprvd	26,970		8,803		1,125		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,165,625	1,685,146	707,695	111,819	3,668,920		30
31	Intensive Care Unit	677,308	100,813	265,415	19,676	1,568,585		31
32	Coronary Care Unit	479,629	181,385	206,382	16,002	1,212,809		32
35	NEONATOLOGY	596,144		267,140	47,631	1,557,783		35
40	Subprovider - IPF	188,198	238,972	64,458	24,868	118,929		40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,371,919	5,158	334,850	15,809	916,780		50
51	Recovery Room	167,650		42,829	6,420	228,857		51
53	Anesthesiology	133,075		38,517		87,425		53
54	Radiology-Diagnostic	338,595		82,495		675		54
57	CT Scan	58,756		12,486				57
58	MRI	187,269		29,714				58
59	Cardiac Catheterization	267,097		62,213		96,539		59
60	Laboratory	835,798		367,187		53,108		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	91,556		145,678		338		65
66	Physical Therapy	210,234		70,315	9,304	675		66
67	Occupational Therapy	11,474		22,654				67
68	Speech Pathology	102,185		60,650	2,468			68
69	Electrocardiology	28,761		53,320		6,076		69
70	Electroencephalography	143,755		53,051	2,970	57,496		70
71	Medical Supplies Charged to Patients						2,088,110	71
72	Impl. Dev. Charged to Patients						1,300,501	72
73	Drugs Charged to Patients	198,506		168,799		338		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	5,120						74
76	PSYCHIATRY	379,793	52,057	109,317	684	18,790		76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	631,597	123,076	396,344	3,984	1,410,725		90
90.01	OFFSITE CLINICS	38,816		210,748	3,963	385,592		90.01
91	Emergency	404,566	25,399	165,835	8,300	652,818		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	95,307	79,066	24,091	3,728	139,520		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	129,442		48,074	203	161,798		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition			2,353		3,488		105
106	Heart Acquisition			5,497		14,177		106
107	Liver Acquisition			3,090		5,963		107
110	Intestinal Acquisition			647		1,125		110
118	SUBTOTALS (sum of lines 1-117)	10,748,677	2,491,072	4,354,683	585,385	12,404,321	3,388,611	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research	1,088,194		245,833		121,967		191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
191.01	OSA	163,459		163,410		91,700		191.01
192	Physicians' Private Offices	1,521		58,189	2,190	117,917		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES			77,052		43,206		194
194.01	NON-REIMBURSABLE CLINICS	947,176		194,938	662	848,708		194.01
194.02	KOHL HOUSE	4,275		144				194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,953,302	2,491,072	5,094,249	588,237	13,627,819	3,388,611	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		16	17	21	22	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	6,555,642						16
17	Social Service		13,030,589					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			6,676,213				21
22	I&R Services-Other Prgm Costs Apprvd				19,930,497			22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,775,923	4,977,685	1,362,283	4,066,821	94,895,998	-5,429,104	30
31	Intensive Care Unit	520,518	377,887	508,804	1,518,933	35,245,830	-2,027,737	31
32	Coronary Care Unit	443,161				23,719,588		32
35	NEONATOLOGY	624,097	495,162	171,363	511,571	33,125,416	-682,934	35
40	Subprovider - IPF					6,191,795		40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	282,548		974,211	2,908,313	53,930,780	-3,882,524	50
51	Recovery Room					5,665,064		51
53	Anesthesiology			530,503	1,583,710	8,247,158	-2,114,213	53
54	Radiology-Diagnostic			326,870	975,805	11,958,108	-1,302,675	54
57	CT Scan					2,033,480		57
58	MRI					6,201,795		58
59	Cardiac Catheterization			95,975	286,513	10,001,166	-382,488	59
60	Laboratory			581,133	1,734,856	60,593,201	-2,315,989	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			78,449	234,193	16,848,763	-312,642	65
66	Physical Therapy					7,248,240		66
67	Occupational Therapy					1,696,280		67
68	Speech Pathology					6,162,529		68
69	Electrocardiology			145,770	435,167	4,796,487	-580,937	69
70	Electroencephalography			266,225	794,762	6,851,717	-1,060,987	70
71	Medical Supplies Charged to Patients					21,226,664		71
72	Impl. Dev. Charged to Patients					13,227,740		72
73	Drugs Charged to Patients					59,301,743		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			85,960	256,616	1,737,818	-342,576	74
76	PSYCHIATRY			253,150	755,729	12,706,634	-1,008,879	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			149,665	446,794	36,538,766	-596,459	90
90.01	OFFSITE CLINICS			303,780	906,875	22,583,030	-1,210,655	90.01
91	Emergency	368,427	1,485,487	717,166	2,140,957	24,471,575	-2,858,123	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					3,072,942		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services					5,577,615		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition					1,294,227		105
106	Heart Acquisition					1,811,023		106
107	Liver Acquisition					1,398,553		107
110	Intestinal Acquisition					158,195		110
118	SUBTOTALS (sum of lines 1-117)	4,014,674	7,336,221	6,551,307	19,557,615	600,519,920	-26,108,922	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research					39,898,009		191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		16	17	21	22	24	25	
191.01	OSA					18,314,018		191.01
192	Physicians' Private Offices					5,922,187		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	70,145				27,592,628		194
194.01	NON-REIMBURSABLE CLINICS	2,470,823	5,694,368	124,906	372,882	31,661,356	-497,788	194.01
194.02	KOHL HOUSE					54,095		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,555,642	13,030,589	6,676,213	19,930,497	723,962,213	-26,606,710	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Cap Rel Costs-Bldg & Fixt					1
1.01	CAP REL COSTS-INT EXP					1.01
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
4.01	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	ADMINISTRATION & GENERAL					5.01
5.02	ADMIN & GENERAL CHCRC					5.02
5.03	ADMIN & GEN PATIENT RELATED					5.03
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
12.01	VOLUNTEERS					12.01
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics	89,466,894				30
31	Intensive Care Unit	33,218,093				31
32	Coronary Care Unit	23,719,588				32
35	NEONATOLOGY	32,442,482				35
40	Subprovider - IPF	6,191,795				40
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	50,048,256				50
51	Recovery Room	5,665,064				51
53	Anesthesiology	6,132,945				53
54	Radiology-Diagnostic	10,655,433				54
57	CT Scan	2,033,480				57
58	MRI	6,201,795				58
59	Cardiac Catheterization	9,618,678				59
60	Laboratory	58,277,212				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	16,536,121				65
66	Physical Therapy	7,248,240				66
67	Occupational Therapy	1,696,280				67
68	Speech Pathology	6,162,529				68
69	Electrocardiology	4,215,550				69
70	Electroencephalography	5,790,730				70
71	Medical Supplies Charged to Patients	21,226,664				71
72	Impl. Dev. Charged to Patients	13,227,740				72
73	Drugs Charged to Patients	59,301,743				73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	1,395,242				74
76	PSYCHIATRY	11,697,755				76
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	35,942,307				90
90.01	OFFSITE CLINICS	21,372,375				90.01
91	Emergency	21,613,452				91
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT	3,072,942				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services	5,577,615				95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	Kidney Acquisition	1,294,227				105
106	Heart Acquisition	1,811,023				106
107	Liver Acquisition	1,398,553				107
110	Intestinal Acquisition	158,195				110
118	SUBTOTALS (sum of lines 1-117)	574,410,998				118
	<b>NONREIMBURSABLE COST CENTERS</b>					
191	Research	39,898,009				191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

COST CENTER DESCRIPTIONS		TOTAL					
		26					
191.01	OSA	18,314,018					191.01
192	Physicians' Private Offices	5,922,187					192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES	27,592,628					194
194.01	NON-REIMBURSABLE CLINICS	31,163,568					194.01
194.02	KOHL HOUSE	54,095					194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	697,355,503					202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED		387,509	247,207	149,802	784,518	784,518	4.01
5.01	ADMINISTRATION & GENERAL		1,983,583	1,244,333	9,957,790	13,185,706	70,273	5.01
5.02	ADMIN & GENERAL CHCRC		554,812		89,799	644,611	7,068	5.02
5.03	ADMIN & GEN PATIENT RELATED		39,317	268,859	116,327	424,503	46,263	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		1,039,486	645,579	2,699,872	4,384,937	26,478	7
8	Laundry & Linen Service		119,200	71,020		190,220		8
9	Housekeeping		368,354	222,798	22,641	613,793	25,687	9
10	Dietary		142,051	438,829	26,751	607,631	2,522	10
11	Cafeteria		577,183		108,695	685,878	10,250	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		77,483	43,151	1,845	122,479	631	12.01
13	Nursing Administration		62,985	40,180	245,582	348,747	11,572	13
14	Central Services & Supply		291,832	186,171	274,851	752,854	4,813	14
15	Pharmacy							15
16	Medical Records & Library		165,047	105,289	121,111	391,447	8,680	16
17	Social Service		909,292	545,833	22,045	1,477,170	12,194	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				996	996	19	21
22	I&R Services-Other Prgm Costs Apprvd		76,618	48,878		125,496	1,030	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		6,152,281	3,924,775	1,041,748	11,118,804	82,797	30
31	Intensive Care Unit		1,924,151	1,227,489	319,407	3,471,047	31,051	31
32	Coronary Care Unit		1,362,570	869,235	534,514	2,766,319	24,145	32
35	NEONATOLOGY		1,693,576	1,080,396	658,469	3,432,441	31,253	35
40	Subprovider - IPF		534,649	341,073		875,722	7,541	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		3,897,413	2,447,995	2,415,916	8,761,324	39,174	50
51	Recovery Room		476,273	303,833	91,249	871,355	5,011	51
53	Anesthesiology		378,052	241,174	222,134	841,360	4,506	53
54	Radiology-Diagnostic		961,956	436,164	1,386,743	2,784,863	9,651	54
57	CT Scan		166,919	81,126	396,052	644,097	1,461	57
58	MRI		531,913	234,160	1,124,336	1,890,409	3,476	58
59	Cardiac Catheterization		758,744	406,948	1,158,987	2,324,679	7,278	59
60	Laboratory		2,374,405	1,010,203	787,037	4,171,645	42,957	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		260,148	150,890	180,680	591,718	17,043	65
66	Physical Therapy		594,225	123,205	18,209	735,639	8,226	66
67	Occupational Therapy		31,156		3,134	34,290	2,650	67
68	Speech Pathology		286,311	123,266	85,517	495,094	7,095	68
69	Electrocardiology		81,707	41,436	71,124	194,267	6,238	69
70	Electroencephalography		408,392	202,126	117,910	728,428	6,206	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		563,933	355,957	53,846	973,736	19,748	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		14,546	9,279	1,541	25,366		74
76	PSYCHIATRY		1,078,948	467,034	52,170	1,598,152	12,789	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		1,793,669	942,031	163,228	2,898,928	46,368	90
90.01	OFFSITE CLINICS		722,115	35,740	288,301	1,046,156	24,655	90.01
91	Emergency		1,149,373	733,229	433,983	2,316,585	19,401	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		270,757	172,726		443,483	2,818	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		367,730	234,589	43,914	646,233	5,624	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition				202	202	275	105
106	Heart Acquisition				209	209	643	106
107	Liver Acquisition				179	179	361	107
110	Intestinal Acquisition				57	57	76	110
118	SUBTOTALS (sum of lines 1-117)		35,630,664	20,304,206	25,488,903	81,423,773	697,997	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research		3,091,431	180,750	17,363	3,289,544	28,760	191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
191.01	OSA		166,247	77,482	973	244,702	19,117	191.01
192	Physicians' Private Offices		3,264		59,067	62,331	6,807	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES						9,014	194
194.01	NON-REIMBURSABLE CLINICS		2,690,816	1,122,383	232,340	4,045,539	22,806	194.01
194.02	KOHL HOUSE		12,146	7,748		19,894	17	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		41,594,568	21,692,569	25,798,646	89,085,783	784,518	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	13,255,979						5.01
5.02	ADMIN & GENERAL CHCRC	121,179	772,858					5.02
5.03	ADMIN & GEN PATIENT RELATED	1,119,034		1,589,800				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	793,990		112,921	5,318,326			7
8	Laundry & Linen Service	31,237		4,442	15,165	241,064		8
9	Housekeeping	208,603		29,667	46,863		924,613	9
10	Dietary	37,932		5,395	18,072		3,569	10
11	Cafeteria	70,446		10,019	73,431		14,502	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	7,775		1,106	9,858		1,947	12.01
13	Nursing Administration	223,603		31,801	8,013		1,583	13
14	Central Services & Supply	48,464		6,892	37,128		7,333	14
15	Pharmacy							15
16	Medical Records & Library	103,776		14,759	21,004		4,148	16
17	Social Service	186,881		26,578	115,683		22,847	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	111,118		15,803				21
22	I&R Services-Other Prgm Costs Apprvd	329,660		46,884	9,748		1,925	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,108,497		157,485	782,712	90,341	154,582	30
31	Intensive Care Unit	454,644		64,659	244,797	21,191	48,347	31
32	Coronary Care Unit	324,574		46,161	173,351	14,941	34,236	32
35	NEONATOLOGY	446,805		63,544	215,462	9,298	42,553	35
40	Subprovider - IPF	82,129		11,680	68,020	1,429	13,434	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	696,783		99,096	570,647	16,719	97,928	50
51	Recovery Room	76,163		10,832	60,593	11,962	11,967	51
53	Anesthesiology	90,587		12,883	48,097		9,499	53
54	Radiology-Diagnostic	151,333		21,522	122,377	5,248	24,169	54
57	CT Scan	29,114		4,141	21,236	2,702	4,194	57
58	MRI	88,915		12,645	67,684	4,269	13,367	58
59	Cardiac Catheterization	138,062		19,635	96,536	3,844	19,066	59
60	Laboratory	895,842		127,406	351,661	5,293	59,660	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	263,151		37,425	54,437		6,535	65
66	Physical Therapy	104,458		14,856	75,984	31	15,007	66
67	Occupational Therapy	27,046		3,846	4,147		819	67
68	Speech Pathology	94,306		13,412	36,932		7,294	68
69	Electrocardiology	67,146		9,549	10,395		2,053	69
70	Electroencephalography	83,826		11,922	51,957	3,726	10,261	70
71	Medical Supplies Charged to Patients	318,548		45,304				71
72	Impl. Dev. Charged to Patients	198,521		28,233				72
73	Drugs Charged to Patients	970,207		137,982	71,745		14,169	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	22,861		3,251	1,851		365	74
76	PSYCHIATRY	164,877		23,449	137,267		27,110	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	512,223		72,848	289,773	335	45,084	90
90.01	OFFSITE CLINICS	310,640		44,179	223,707	7,576	2,771	90.01
91	Emergency	276,162		39,275	180,270	35,178	28,878	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	39,899		5,674	34,447	3,003	6,803	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	80,200		11,406	46,784		9,240	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	21,444		3,050				105
106	Heart Acquisition	29,816		4,240				106
107	Liver Acquisition	23,127		3,289				107
110	Intestinal Acquisition	2,604		370				110
118	SUBTOTALS (sum of lines 1-117)	11,588,208		1,471,516	4,397,834	237,086	767,245	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research	560,706	501,155		393,302		77,676	191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.01	5.02	5.03	7	8	9	
191.01	OSA	275,362	271,703		59,078		11,668	191.01
192	Physicians' Private Offices	83,372		11,857	78,054	3,978	109	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	456,092		64,865				194
194.01	NON-REIMBURSABLE CLINICS	291,643		41,477	388,513		67,610	194.01
194.02	KOHL HOUSE	596		85	1,545		305	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	13,255,979	772,858	1,589,800	5,318,326	241,064	924,613	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	675,121						10
11	Cafeteria		864,526					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		915	144,711				12.01
13	Nursing Administration		16,787	168	642,274			13
14	Central Services & Supply		6,982			864,466		14
15	Pharmacy							15
16	Medical Records & Library		12,591				556,405	16
17	Social Service		17,689	75,492	1,596			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		27					21
22	I&R Services-Other Prgm Costs Apprvd		1,494		53			22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	456,702	120,100	27,508	172,916		150,730	30
31	Intensive Care Unit	27,322	45,043	4,841	73,927		44,179	31
32	Coronary Care Unit	49,158	35,024	3,937	57,159		37,613	32
35	NEONATOLOGY		45,335	11,718	73,418		52,970	35
40	Subprovider - IPF	64,765	10,939	6,118	5,605			40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,398	56,826	3,889	43,207		23,981	50
51	Recovery Room		7,268	1,579	10,786			51
53	Anesthesiology		6,537		4,120			53
54	Radiology-Diagnostic		14,000		32			54
57	CT Scan		2,119					57
58	MRI		5,043					58
59	Cardiac Catheterization		10,558		4,550			59
60	Laboratory		62,314		2,503			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		24,723		16			65
66	Physical Therapy		11,933	2,289	32			66
67	Occupational Therapy		3,845					67
68	Speech Pathology		10,293	607				68
69	Electrocardiology		9,049		286			69
70	Electroencephalography		9,003	731	2,710			70
71	Medical Supplies Charged to Patients					532,695		71
72	Impl. Dev. Charged to Patients					331,771		72
73	Drugs Charged to Patients		28,646		16			73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	14,108	18,552	168	886			76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	33,356	67,262	980	66,487			90
90.01	OFFSITE CLINICS		35,765	975	18,173			90.01
91	Emergency	6,884	28,143	2,042	30,767		31,270	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	21,428	4,088	917	6,576			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		8,159	50	7,625			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition		399		164			105
106	Heart Acquisition		933		668			106
107	Liver Acquisition		524		281			107
110	Intestinal Acquisition		110		53			110
118	SUBTOTALS (sum of lines 1-117)	675,121	739,018	144,009	584,612	864,466	340,743	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research		41,719		5,748			191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
191.01	OSA		27,732		4,322			191.01
192	Physicians' Private Offices		9,875	539	5,557			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		13,076		2,036		5,954	194
194.01	NON-REIMBURSABLE CLINICS		33,082	163	39,999		209,708	194.01
194.02	KOHL HOUSE		24					194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	675,121	864,526	144,711	642,274	864,466	556,405	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	1,936,130						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		127,963					21
22	I&R Services-Other Prgm Costs Apprvd			516,290				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	739,602			15,162,776		15,162,776	30
31	Intensive Care Unit	56,148			4,587,196		4,587,196	31
32	Coronary Care Unit				3,566,618		3,566,618	32
35	NEONATOLOGY	73,573			4,498,370		4,498,370	35
40	Subprovider - IPF				1,147,382		1,147,382	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room				10,410,972		10,410,972	50
51	Recovery Room				1,067,516		1,067,516	51
53	Anesthesiology				1,017,589		1,017,589	53
54	Radiology-Diagnostic				3,133,195		3,133,195	54
57	CT Scan				709,064		709,064	57
58	MRI				2,085,808		2,085,808	58
59	Cardiac Catheterization				2,624,208		2,624,208	59
60	Laboratory				5,719,281		5,719,281	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy				995,048		995,048	65
66	Physical Therapy				968,455		968,455	66
67	Occupational Therapy				76,643		76,643	67
68	Speech Pathology				665,033		665,033	68
69	Electrocardiology				298,983		298,983	69
70	Electroencephalography				908,770		908,770	70
71	Medical Supplies Charged to Patients				896,547		896,547	71
72	Impl. Dev. Charged to Patients				558,525		558,525	72
73	Drugs Charged to Patients				2,216,249		2,216,249	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis				53,694		53,694	74
76	PSYCHIATRY				1,997,358		1,997,358	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic				4,033,644		4,033,644	90
90.01	OFFSITE CLINICS				1,714,597		1,714,597	90.01
91	Emergency	220,719			3,215,574		3,215,574	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				569,136		569,136	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services				815,321		815,321	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition				25,534		25,534	105
106	Heart Acquisition				36,509		36,509	106
107	Liver Acquisition				27,761		27,761	107
110	Intestinal Acquisition				3,270		3,270	110
118	SUBTOTALS (sum of lines 1-117)	1,090,042			75,806,626		75,806,626	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
191	Research				4,898,610		4,898,610	191

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
191.01	OSA				913,684		913,684	191.01
192	Physicians' Private Offices				262,479		262,479	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				551,037		551,037	194
194.01	NON-REIMBURSABLE CLINICS	846,088			5,986,628		5,986,628	194.01
194.02	KOHL HOUSE				22,466		22,466	194.02
200	Cross Foot Adjustments		127,963	516,290	644,253		644,253	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,936,130	127,963	516,290	89,085,783		89,085,783	202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
		1	1.01	2	4	4.01	5A.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	866,435						1
1.01	CAP REL COSTS-INT EXP		708,324					1.01
2	Cap Rel Costs-Mvble Equip			25,886,893				2
4	Employee Benefits Department				330,791,894			4
4.01	EMPLOYEE BENEFITS FTE BASED	8,072	8,072	150,314	5,098,116	373,273		4.01
5.01	ADMINISTRATION & GENERAL	41,319	40,631	9,991,854	46,977,981	33,436	-100,276,955	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		90,106	3,430,784	3,363		5.02
5.03	ADMIN & GEN PATIENT RELATED	819	8,779	116,725	12,633,803	22,012		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	21,653	21,080	2,709,107	8,706,977	12,598		7
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	7,673	7,275	22,718	4,020,342	12,222		9
10	Dietary	2,959	14,329	26,843	406,599	1,200		10
11	Cafeteria	12,023		109,067	1,652,043	4,877		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,614	1,409	1,851	174,135	300		12.01
13	Nursing Administration	1,312	1,312	246,422	7,510,059	5,506		13
14	Central Services & Supply	6,079	6,079	275,791	897,892	2,290		14
15	Pharmacy							15
16	Medical Records & Library	3,438	3,438	121,525	2,350,519	4,130		16
17	Social Service	18,941	17,823	22,120	4,395,414	5,802		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			999	4,173,285	9		21
22	I&R Services-Other Prgm Costs Apprvd	1,596	1,596		8,204,639	490		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	128,155	128,155	1,045,311	31,006,157	39,393		30
31	Intensive Care Unit	40,081	40,081	320,500	12,008,433	14,774		31
32	Coronary Care Unit	28,383	28,383	536,342	9,465,877	11,488		32
35	NEONATOLOGY	35,278	35,278	660,721	13,487,502	14,870		35
40	Subprovider - IPF	11,137	11,137		2,364,004	3,588		40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	81,185	79,934	2,424,180	15,432,678	18,639		50
51	Recovery Room	9,921	9,921	91,561	2,151,120	2,384		51
53	Anesthesiology	7,875	7,875	222,894	1,776,610	2,144		53
54	Radiology-Diagnostic	20,038	14,242	1,391,487	3,369,998	4,592		54
57	CT Scan	3,477	2,649	397,407	543,760	695		57
58	MRI	11,080	7,646	1,128,182	1,448,744	1,654		58
59	Cardiac Catheterization	15,805	13,288	1,162,952	3,115,663	3,463		59
60	Laboratory	49,460	32,986	789,729	14,030,384	20,439		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,419	4,927	181,298	6,175,272	8,109		65
66	Physical Therapy	12,378	4,023	18,271	3,177,622	3,914		66
67	Occupational Therapy	649		3,145	1,034,717	1,261		67
68	Speech Pathology	5,964	4,025	85,810	2,621,201	3,376		68
69	Electrocardiology	1,702	1,353	71,367	1,713,553	2,968		69
70	Electroencephalography	8,507	6,600	118,313	2,163,820	2,953		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623	54,030	8,334,651	9,396		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303	1,546				74
76	PSYCHIATRY	22,475	15,250	52,348	4,473,761	6,085		76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	37,363	30,760	163,786	16,662,681	22,062		90
90.01	OFFSITE CLINICS	15,042	1,167	289,287	9,286,907	11,731		90.01
91	Emergency	23,942	23,942	435,468	7,571,270	9,231		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640		1,106,861	1,341		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	7,660	7,660	44,064	2,861,252	2,676		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition			203	120,287	131		105
106	Heart Acquisition			210	258,096	306		106
107	Liver Acquisition			180	120,082	172		107
110	Intestinal Acquisition			57	38,259	36		110
118	SUBTOTALS (sum of lines 1-117)	742,204	662,990	25,576,091	288,553,810	332,106	-100,276,955	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION	
		1	1.01	2	4	4.01	5A.01	
191	Research	64,396	5,902	17,422	14,472,614	13,684		191
191.01	OSA	3,463	2,530	976	7,266,412	9,096		191.01
192	Physicians' Private Offices	68		59,269	2,455,944	3,239		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				9,599,840	4,289		194
194.01	NON-REIMBURSABLE CLINICS	56,051	36,649	233,135	8,441,946	10,851		194.01
194.02	KOHL HOUSE	253	253		1,328	8		194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	41,594,568	21,692,569	25,798,646	3,435,035	43,965,738		202
203	Unit Cost Multiplier (Wkst. B, Part I)	48.006565	30.625207	0.996591	0.010384	117.784404		203
204	Cost to be allocated (Per Wkst. B, Part II)					784,518		204
205	Unit Cost Multiplier (Wkst. B, Part II)					2.101727		205

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	623,685,258						5.01
5.02	ADMIN & GENERAL CHCRC	5,701,467	32,893,877					5.02
5.03	ADMIN & GEN PATIENT RELATED	52,642,227		443,876,531				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	37,357,225		31,524,432	870,779			7
8	Laundry & Linen Service	1,469,692		1,240,221	2,483	1,690,525		8
9	Housekeeping	9,814,747		8,282,316	7,673		766,537	9
10	Dietary	1,784,694		1,506,040	2,959		2,959	10
11	Cafeteria	3,314,480		2,796,972	12,023		12,023	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	365,836		308,716	1,614		1,614	12.01
13	Nursing Administration	10,520,504		8,877,879	1,312		1,312	13
14	Central Services & Supply	2,280,214		1,924,191	6,079		6,079	14
15	Pharmacy							15
16	Medical Records & Library	4,882,671		4,120,312	3,439		3,439	16
17	Social Service	8,792,745		7,419,884	18,941		18,941	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,228,116		4,411,821				21
22	I&R Services-Other Prgm Costs Apprvd	15,510,506		13,088,764	1,596		1,596	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	52,154,760		44,011,547	128,155	633,537	128,155	30
31	Intensive Care Unit	21,390,963		18,051,072	40,081	148,607	40,081	31
32	Coronary Care Unit	15,271,201		12,886,823	28,383	104,776	28,383	32
35	NEONATOLOGY	21,022,155		17,739,848	35,278	65,208	35,278	35
40	Subprovider - IPF	3,864,144		3,260,814	11,137	10,023	11,137	40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	32,783,633		27,664,941	93,433	117,248	81,186	50
51	Recovery Room	3,583,485		3,023,975	9,921	83,886	9,921	51
53	Anesthesiology	4,262,117		3,596,649	7,875		7,875	53
54	Radiology-Diagnostic	7,120,219		6,008,499	20,037	36,803	20,037	54
57	CT Scan	1,369,827		1,155,948	3,477	18,946	3,477	57
58	MRI	4,183,453		3,530,267	11,082	29,939	11,082	58
59	Cardiac Catheterization	6,495,814		5,481,586	15,806	26,959	15,806	59
60	Laboratory	42,149,339		35,568,326	57,578	37,117	49,460	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,381,262		10,448,106	8,913		5,418	65
66	Physical Therapy	4,914,758		4,147,389	12,441	215	12,441	66
67	Occupational Therapy	1,272,527		1,073,840	679		679	67
68	Speech Pathology	4,437,096		3,744,307	6,047		6,047	68
69	Electrocardiology	3,159,206		2,665,941	1,702		1,702	69
70	Electroencephalography	3,944,014		3,328,213	8,507	26,129	8,507	70
71	Medical Supplies Charged to Patients	14,987,689		12,647,577				71
72	Impl. Dev. Charged to Patients	9,340,400		7,882,031				72
73	Drugs Charged to Patients	45,648,223		38,520,910	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,075,627		907,683	303		303	74
76	PSYCHIATRY	7,757,443		6,546,230	22,475		22,475	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	24,100,078		20,337,198	47,445	2,349	37,376	90
90.01	OFFSITE CLINICS	14,615,612		12,333,595	36,628	53,130	2,297	90.01
91	Emergency	12,993,401		10,964,668	29,516	246,697	23,941	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,877,270		1,584,161	5,640	21,060	5,640	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services	3,773,412		3,184,248	7,660		7,660	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition	1,008,954		851,420				105
106	Heart Acquisition	1,402,832		1,183,800				106
107	Liver Acquisition	1,088,138		918,241				107
110	Intestinal Acquisition	122,497		103,371				110
118	SUBTOTALS (sum of lines 1-117)	545,216,673		410,854,772	720,065	1,662,629	636,074	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL  ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
191	Research	26,381,194	21,329,604		64,396		64,396	191
191.01	OSA	12,955,796	11,564,273		9,673		9,673	191.01
192	Physicians' Private Offices	3,922,653		3,310,187	12,780	27,896	90	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	21,459,094		18,108,565				194
194.01	NON-REIMBURSABLE CLINICS	13,721,800		11,579,338	63,612		56,051	194.01
194.02	KOHL HOUSE	28,048		23,669	253		253	194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	100,276,955	6,618,155	61,106,311	47,703,368	2,012,751	12,953,302	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.160781	0.201197	0.137665	54.782405	1.190607	16.898469	203
204	Cost to be allocated (Per Wkst. B, Part II)	13,255,979	772,858	1,589,800	5,318,326	241,064	924,613	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.021254	0.023495	0.003582	6.107550	0.142597	1.206221	205

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED	FTEs	HOURS OF SERVICE				
		10	11	12.01	13	14	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	120,732						10
11	Cafeteria		283,565					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		300	55,068				12.01
13	Nursing Administration		5,506	64	121,119			13
14	Central Services & Supply		2,290			24,337,499		14
15	Pharmacy							15
16	Medical Records & Library		4,130				10,000	16
17	Social Service		5,802	28,728	301			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		9					21
22	I&R Services-Other Prgm Costs Apprvd		490			10		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	81,672	39,393	10,468	32,608		2,709	30
31	Intensive Care Unit	4,886	14,774	1,842	13,941		794	31
32	Coronary Care Unit	8,791	11,488	1,498	10,779		676	32
35	NEONATOLOGY		14,870	4,459	13,845		952	35
40	Subprovider - IPF	11,582	3,588	2,328	1,057			40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	250	18,639	1,480	8,148		431	50
51	Recovery Room		2,384	601	2,034			51
53	Anesthesiology		2,144		777			53
54	Radiology-Diagnostic		4,592		6			54
57	CT Scan		695					57
58	MRI		1,654					58
59	Cardiac Catheterization		3,463		858			59
60	Laboratory		20,439		472			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,109		3			65
66	Physical Therapy		3,914	871	6			66
67	Occupational Therapy		1,261					67
68	Speech Pathology		3,376	231				68
69	Electrocardiology		2,968		54			69
70	Electroencephalography		2,953	278	511			70
71	Medical Supplies Charged to Patients					14,997,099		71
72	Impl. Dev. Charged to Patients					9,340,400		72
73	Drugs Charged to Patients		9,396			3		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	2,523	6,085	64	167			76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	5,965	22,062	373	12,538			90
90.01	OFFSITE CLINICS		11,731	371	3,427			90.01
91	Emergency	1,231	9,231	777	5,802		562	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,832	1,341	349	1,240			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		2,676	19	1,438			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition		131		31			105
106	Heart Acquisition		306		126			106
107	Liver Acquisition		172		53			107
110	Intestinal Acquisition		36		10			110
118	SUBTOTALS (sum of lines 1-117)	120,732	242,398	54,801	110,245	24,337,499	6,124	118
	<b>NONREIMBURSABLE COST CENTERS</b>							

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY  MEALS SERVED	CAFETERIA  FTEs	VOLUNTEERS  HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		10	11	12.01	13	14	16	
191	Research		13,684		1,084			191
191.01	OSA		9,096		815			191.01
192	Physicians' Private Offices		3,239	205	1,048			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		4,289		384		107	194
194.01	NON-REIMBURSABLE CLINICS		10,851	62	7,543		3,769	194.01
194.02	KOHL HOUSE		8					194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,491,072	5,094,249	588,237	13,627,819	3,388,611	6,555,642	202
203	Unit Cost Multiplier (Wkst. B, Part I)	20.633072	17.965013	10.682011	112.515947	0.139234	655.564200	203
204	Cost to be allocated (Per Wkst. B, Part II)	675,121	864,526	144,711	642,274	864,466	556,405	204
205	Unit Cost Multiplier (Wkst. B, Part II)	5.591898	3.048775	2.627860	5.302834	0.035520	55.640500	205

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	VOLUNTEERS						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	10,000					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		23,999				21
22	I&R Services-Other Prgm Costs Apprvd			23,999			22
23	Paramed Ed Prgm-(specify)						23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	3,820	4,897	4,897			30
31	Intensive Care Unit	290	1,829	1,829			31
32	Coronary Care Unit						32
35	NEONATOLOGY	380	616	616			35
40	Subprovider - IPF						40
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		3,502	3,502			50
51	Recovery Room						51
53	Anesthesiology		1,907	1,907			53
54	Radiology-Diagnostic		1,175	1,175			54
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization		345	345			59
60	Laboratory		2,089	2,089			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		282	282			65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology		524	524			69
70	Electroencephalography		957	957			70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis		309	309			74
76	PSYCHIATRY		910	910			76
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		538	538			90
90.01	OFFSITE CLINICS		1,092	1,092			90.01
91	Emergency	1,140	2,578	2,578			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
<b>SPECIAL PURPOSE COST CENTERS</b>							
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
110	Intestinal Acquisition						110

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		17	21	22			
118	SUBTOTALS (sum of lines 1-117)	5,630	23,550	23,550			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
191	Research						191
191.01	OSA						191.01
192	Physicians' Private Offices						192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES						194
194.01	NON-REIMBURSABLE CLINICS	4,370	449	449			194.01
194.02	KOHL HOUSE						194.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	13,030,589	6,676,213	19,930,497			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,303,058900	278,187133	830,471978			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,936,130	127,963	516,290			204
205	Unit Cost Multiplier (Wkst. B, Part II)	193.613000	5.332014	21.512980			205

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS				
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics	89,466,894		89,466,894		30
31	Intensive Care Unit	33,218,093		33,218,093		31
32	Coronary Care Unit	23,719,588		23,719,588		32
35	NEONATOLOGY	32,442,482		32,442,482		35
40	Subprovider - IPF	6,191,795		6,191,795		40
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	50,048,256		50,048,256		50
51	Recovery Room	5,665,064		5,665,064		51
53	Anesthesiology	6,132,945		6,132,945		53
54	Radiology-Diagnostic	10,655,433		10,655,433		54
57	CT Scan	2,033,480		2,033,480		57
58	MRI	6,201,795		6,201,795		58
59	Cardiac Catheterization	9,618,678		9,618,678		59
60	Laboratory	58,277,212		58,277,212		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	16,536,121		16,536,121		65
66	Physical Therapy	7,248,240		7,248,240		66
67	Occupational Therapy	1,696,280		1,696,280		67
68	Speech Pathology	6,162,529		6,162,529		68
69	Electrocardiology	4,215,550		4,215,550		69
70	Electroencephalography	5,790,730		5,790,730		70
71	Medical Supplies Charged to Patients	21,226,664		21,226,664		71
72	Impl. Dev. Charged to Patients	13,227,740		13,227,740		72
73	Drugs Charged to Patients	59,301,743		59,301,743		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	1,395,242		1,395,242		74
76	PSYCHIATRY	11,697,755		11,697,755		76
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	35,942,307		35,942,307		90
90.01	OFFSITE CLINICS	21,372,375		21,372,375		90.01
91	Emergency	21,613,452		21,613,452		91
92	Observation Beds (Non-Distinct Part)	12,408,658		12,408,658		92
92.01	OBSERVATION BEDS-DISTINCT	3,072,942		3,072,942		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	Ambulance Services	5,577,615		5,577,615		95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
105	Kidney Acquisition	1,294,227		1,294,227		105
106	Heart Acquisition	1,811,023		1,811,023		106
107	Liver Acquisition	1,398,553		1,398,553		107
110	Intestinal Acquisition	158,195		158,195		110
200	Subtotal (sum of lines 30 thru 199)	586,819,656		586,819,656		12,408,658 200
201	Less Observation Beds	12,408,658		12,408,658		12,408,658 201
202	Total (line 200 minus line 201)	574,410,998		574,410,998		202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	171,021,038		171,021,038				30
31	Intensive Care Unit	91,340,480		91,340,480				31
32	Coronary Care Unit	67,199,660		67,199,660				32
35	NEONATOLOGY	110,952,734		110,952,734				35
40	Subprovider - IPF	11,744,649		11,744,649				40
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	75,944,980	114,278,454	190,223,434	0.263102	0.263102		50
51	Recovery Room	5,369,936	18,195,288	23,565,224	0.240399	0.240399		51
53	Anesthesiology	14,334,562	27,092,615	41,427,177	0.148042	0.148042		53
54	Radiology-Diagnostic	20,011,538	43,454,775	63,466,313	0.167891	0.167891		54
57	CT Scan	7,829,474	12,443,345	20,272,819	0.100306	0.100306		57
58	MRI	13,879,541	52,209,020	66,088,561	0.093841	0.093841		58
59	Cardiac Catheterization	23,441,260	37,860,641	61,301,901	0.156907	0.156907		59
60	Laboratory	127,365,638	137,764,877	265,130,515	0.219806	0.219806		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Therapy	91,327,694	2,569,928	93,897,622	0.176108	0.176108		65
66	Physical Therapy	3,292,883	6,592,698	9,885,581	0.733213	0.733213		66
67	Occupational Therapy	1,958,555	2,688,898	4,647,453	0.364991	0.364991		67
68	Speech Pathology	2,060,554	11,057,836	13,118,390	0.469763	0.469763		68
69	Electrocardiology	2,307,953	5,402,533	7,710,486	0.546729	0.546729		69
70	Electroencephalography	1,868,554	11,600,711	13,469,265	0.429922	0.429922		70
71	Medical Supplies Charged to Patients	132,141,714	42,161,063	174,302,777	0.121780	0.121780		71
72	Impl. Dev. Charged to Patients	17,649,433	13,014,066	30,663,499	0.431384	0.431384		72
73	Drugs Charged to Patients	289,993,920	105,572,788	395,566,708	0.149916	0.149916		73
73.01	<b>OUTPATIENT PHARMACY</b>							73.01
74	Renal Dialysis	3,951,544	180,710	4,132,254	0.337647	0.337647		74
76	PSYCHIATRY	339,053	11,225,217	11,564,270	1.011543	1.011543		76
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	910,413	20,688,537	21,598,950	1.664077	1.664077		90
90.01	<b>OFFSITE CLINICS</b>							90.01
91	Emergency	10,535,431	52,532,972	63,068,403	0.342699	0.342699		91
92	Observation Beds (Non-Distinct Part)							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	Ambulance Services		1,277	1,277	4,367.748630	4,367.748630		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	2,019,996		2,019,996				105
106	Heart Acquisition	1,560,906		1,560,906				106
107	Liver Acquisition	1,739,345		1,739,345				107
110	Intestinal Acquisition	91,818		91,818				110
200	Subtotal (sum of lines 30 thru 199)	1,305,046,881	814,827,239	2,119,874,120				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,305,046,881	814,827,239	2,119,874,120				202

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	15,162,776		15,162,776	44,349	341.90	292	99,835	30
31	Intensive Care Unit	4,587,196		4,587,196	12,491	367.24	40	14,690	31
32	Coronary Care Unit	3,566,618		3,566,618	10,621	335.81	22	7,388	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,498,370		4,498,370	14,973	300.43			35
40	Subprovider - IPF	1,147,382		1,147,382	3,512	326.70			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	28,962,342		28,962,342	85,946		354	121,913	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-3300**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	10,410,972	190,223,434	0.054730	486,124	26,606	50
51	Recovery Room	1,067,516	23,565,224	0.045300	52,137	2,362	51
53	Anesthesiology	1,017,589	41,427,177	0.024563	107,293	2,635	53
54	Radiology-Diagnostic	3,133,195	63,466,313	0.049368	88,410	4,365	54
57	CT Scan	709,064	20,272,819	0.034976	43,785	1,531	57
58	MRI	2,085,808	66,088,561	0.031561	128,804	4,065	58
59	Cardiac Catheterization	2,624,208	61,301,901	0.042808	159,890	6,845	59
60	Laboratory	5,719,281	265,130,515	0.021572	703,311	15,172	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	995,048	93,897,622	0.010597	323,096	3,424	65
66	Physical Therapy	968,455	9,885,581	0.097966	6,721	658	66
67	Occupational Therapy	76,643	4,647,453	0.016491	4,497	74	67
68	Speech Pathology	665,033	13,118,390	0.050695	1,092	55	68
69	Electrocardiology	298,983	7,710,486	0.038776	21,772	844	69
70	Electroencephalography	908,770	13,469,265	0.067470	35,343	2,385	70
71	Medical Supplies Charged to Pat	896,547	174,302,777	0.005144	543,579	2,796	71
72	Impl. Dev. Charged to Patients	558,525	30,663,499	0.018215	134,677	2,453	72
73	Drugs Charged to Patients	2,216,249	395,566,708	0.005603	1,196,416	6,704	73
73.01	<b>OUTPATIENT PHARMACY</b>						73.01
74	Renal Dialysis	53,694	4,132,254	0.012994	274,820	3,571	74
76	PSYCHIATRY	1,997,358	11,564,270	0.172718	673	116	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	4,033,644	21,598,950	0.186752	48	9	90
90.01	<b>OFFSITE CLINICS</b>						90.01
91	Emergency	1,714,597	60,656,813	0.028267			91
92	Observation Beds (Non-Distinct	3,215,574	63,068,403	0.050985	66,342	3,382	92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services	569,136	26,443,802	0.021522	43,203	930	95
200	Total (sum of lines 50-199)	48,038,896	1,662,202,217		4,422,033	90,982	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-3300**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-3300**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	190,223,434			486,124		152,623		50
51	Recovery Room	23,565,224			52,137		32,746		51
53	Anesthesiology	41,427,177			107,293		38,430		53
54	Radiology-Diagnostic	63,466,313			88,410		71,828		54
57	CT Scan	20,272,819			43,785		35,682		57
58	MRI	66,088,561			128,804		286,023		58
59	Cardiac Catheterization	61,301,901			159,890		151,477		59
60	Laboratory	265,130,515			703,311		990,086		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	93,897,622			323,096		34,201		65
66	Physical Therapy	9,885,581			6,721		886		66
67	Occupational Therapy	4,647,453			4,497				67
68	Speech Pathology	13,118,390			1,092		7,740		68
69	Electrocardiology	7,710,486			21,772		21,355		69
70	Electroencephalography	13,469,265			35,343				70
71	Medical Supplies Charged to Pat	174,302,777			543,579		66,362		71
72	Impl. Dev. Charged to Patients	30,663,499			134,677		22,533		72
73	Drugs Charged to Patients	395,566,708			1,196,416		1,708,449		73
73.01	<b>OUTPATIENT PHARMACY</b>								73.01
74	Renal Dialysis	4,132,254			274,820		8,478		74
76	PSYCHIATRY	11,564,270			673				76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	21,598,950			48		46,107		90
90.01	<b>OFFSITE CLINICS</b>	60,656,813					53,425		90.01
91	Emergency	63,068,403			66,342		56,083		91
92	Observation Beds (Non-Distinct								92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	26,443,802			43,203		57,170		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,662,202,217			4,422,033		3,841,684		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.263102	152,623			40,155			50
51	Recovery Room	0.240399	32,746			7,872			51
53	Anesthesiology	0.148042	38,430			5,689			53
54	Radiology-Diagnostic	0.167891	71,828			12,059			54
57	CT Scan	0.100306	35,682			3,579			57
58	MRI	0.093841	286,023			26,841			58
59	Cardiac Catheterization	0.156907	151,477			23,768			59
60	Laboratory	0.219806	990,086			217,627			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.176108	34,201			6,023			65
66	Physical Therapy	0.733213	886			650			66
67	Occupational Therapy	0.364991							67
68	Speech Pathology	0.469763	7,740			3,636			68
69	Electrocardiology	0.546729	21,355			11,675			69
70	Electroencephalography	0.429922							70
71	Medical Supplies Charged to Pat	0.121780	66,362			8,082			71
72	Impl. Dev. Charged to Patients	0.431384	22,533			9,720			72
73	Drugs Charged to Patients	0.149916	1,708,449			256,124			73
73.01	<b>OUTPATIENT PHARMACY</b>								73.01
74	Renal Dialysis	0.337647	8,478			2,863			74
76	PSYCHIATRY	1.011543							76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.664077	46,107			76,726			90
90.01	<b>OFFSITE CLINICS</b>	0.352349	53,425			18,824			90.01
91	Emergency	0.342699	56,083			19,220			91
92	Observation Beds (Non-Distinct								92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	0.116207	57,170			6,644			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	4,367.748630							95
200	Subtotal (see instructions)		3,841,684			757,777			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		3,841,684			757,777			202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	15,162,776		15,162,776	44,349	341.90	8,934	3,054,535	30
31	Intensive Care Unit	4,587,196		4,587,196	12,491	367.24	3,669	1,347,404	31
32	Coronary Care Unit	3,566,618		3,566,618	10,621	335.81	1,306	438,568	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,498,370		4,498,370	14,973	300.43	2,581	775,410	35
40	Subprovider - IPF	1,147,382		1,147,382	3,512	326.70	917	299,584	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	28,962,342		28,962,342	85,946		17,407	5,915,501	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D  
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	10,410,972	190,223,434	0.054730	12,760,716	698,394	50
51	Recovery Room	1,067,516	23,565,224	0.045300	743,515	33,681	51
53	Anesthesiology	1,017,589	41,427,177	0.024563	2,048,678	50,322	53
54	Radiology-Diagnostic	3,133,195	63,466,313	0.049368	3,986,355	196,798	54
57	CT Scan	709,064	20,272,819	0.034976	1,255,482	43,912	57
58	MRI	2,085,808	66,088,561	0.031561	1,939,134	61,201	58
59	Cardiac Catheterization	2,624,208	61,301,901	0.042808	4,415,355	189,013	59
60	Laboratory	5,719,281	265,130,515	0.021572	23,337,672	503,440	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	995,048	93,897,622	0.010597	38,655,155	409,629	65
66	Physical Therapy	968,455	9,885,581	0.097966	862,915	84,536	66
67	Occupational Therapy	76,643	4,647,453	0.016491	426,799	7,038	67
68	Speech Pathology	665,033	13,118,390	0.050695	416,655	21,122	68
69	Electrocardiology	298,983	7,710,486	0.038776	411,446	15,954	69
70	Electroencephalography	908,770	13,469,265	0.067470	1,829,791	123,456	70
71	Medical Supplies Charged to Pat	896,547	174,302,777	0.005144	22,043,502	113,392	71
72	Impl. Dev. Charged to Patients	558,525	30,663,499	0.018215	2,158,769	39,322	72
73	Drugs Charged to Patients	2,216,249	395,566,708	0.005603	63,343,831	354,915	73
73.01	<b>OUTPATIENT PHARMACY</b>						73.01
74	Renal Dialysis	53,694	4,132,254	0.012994	781,725	10,158	74
76	PSYCHIATRY	1,997,358	11,564,270	0.172718	53,117	9,174	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	4,033,644	21,598,950	0.186752	222,990	41,644	90
90.01	<b>OFFSITE CLINICS</b>						90.01
91	Emergency	1,714,597	60,656,813	0.028267			91
92	Observation Beds (Non-Distinct	3,215,574	63,068,403	0.050985	1,823,813	92,987	92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services	569,136	26,443,802	0.021522	333,370	7,175	95
200	Total (sum of lines 50-199)	48,038,896	1,662,202,217		183,850,785	3,107,263	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	44,349		8,934		30
31	Intensive Care Unit	12,491		3,669		31
32	Coronary Care Unit	10,621		1,306		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	14,973		2,581		35
40	Subprovider - IPF	3,512		917		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)	85,946		17,407		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-3300**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-3300**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	190,223,434			12,760,716				50
51	Recovery Room	23,565,224			743,515				51
53	Anesthesiology	41,427,177			2,048,678				53
54	Radiology-Diagnostic	63,466,313			3,986,355				54
57	CT Scan	20,272,819			1,255,482				57
58	MRI	66,088,561			1,939,134				58
59	Cardiac Catheterization	61,301,901			4,415,355				59
60	Laboratory	265,130,515			23,337,672				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	93,897,622			38,655,155				65
66	Physical Therapy	9,885,581			862,915				66
67	Occupational Therapy	4,647,453			426,799				67
68	Speech Pathology	13,118,390			416,655				68
69	Electrocardiology	7,710,486			411,446				69
70	Electroencephalography	13,469,265			1,829,791				70
71	Medical Supplies Charged to Pat	174,302,777			22,043,502				71
72	Impl. Dev. Charged to Patients	30,663,499			2,158,769				72
73	Drugs Charged to Patients	395,566,708			63,343,831				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	4,132,254			781,725				74
76	PSYCHIATRY	11,564,270			53,117				76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	21,598,950			222,990				90
90.01	OFFSITE CLINICS	60,656,813							90.01
91	Emergency	63,068,403			1,823,813				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	26,443,802			333,370				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,662,202,217			183,850,785				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.263102							50
51	Recovery Room	0.240399							51
53	Anesthesiology	0.148042							53
54	Radiology-Diagnostic	0.167891							54
57	CT Scan	0.100306							57
58	MRI	0.093841							58
59	Cardiac Catheterization	0.156907							59
60	Laboratory	0.219806							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.176108							65
66	Physical Therapy	0.733213							66
67	Occupational Therapy	0.364991							67
68	Speech Pathology	0.469763							68
69	Electrocardiology	0.546729							69
70	Electroencephalography	0.429922							70
71	Medical Supplies Charged to Pat	0.121780							71
72	Impl. Dev. Charged to Patients	0.431384							72
73	Drugs Charged to Patients	0.149916							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.337647							74
76	PSYCHIATRY	1.011543							76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.664077							90
90.01	OFFSITE CLINICS	0.352349							90.01
91	Emergency	0.342699							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.116207							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	4,367.748630							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S300**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	10,410,972	190,223,434	0.054730	695	38	50
51	Recovery Room	1,067,516	23,565,224	0.045300			51
53	Anesthesiology	1,017,589	41,427,177	0.024563	1,526	37	53
54	Radiology-Diagnostic	3,133,195	63,466,313	0.049368	7,027	347	54
57	CT Scan	709,064	20,272,819	0.034976			57
58	MRI	2,085,808	66,088,561	0.031561	7,118	225	58
59	Cardiac Catheterization	2,624,208	61,301,901	0.042808			59
60	Laboratory	5,719,281	265,130,515	0.021572	88,774	1,915	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	995,048	93,897,622	0.010597	1,076	11	65
66	Physical Therapy	968,455	9,885,581	0.097966	234	23	66
67	Occupational Therapy	76,643	4,647,453	0.016491	1,872	31	67
68	Speech Pathology	665,033	13,118,390	0.050695	414	21	68
69	Electrocardiology	298,983	7,710,486	0.038776	4,392	170	69
70	Electroencephalography	908,770	13,469,265	0.067470	3,420	231	70
71	Medical Supplies Charged to Pat	896,547	174,302,777	0.005144	1,866	10	71
72	Impl. Dev. Charged to Patients	558,525	30,663,499	0.018215			72
73	Drugs Charged to Patients	2,216,249	395,566,708	0.005603	161,825	907	73
73.01	<b>OUTPATIENT PHARMACY</b>						73.01
74	Renal Dialysis	53,694	4,132,254	0.012994			74
76	PSYCHIATRY	1,997,358	11,564,270	0.172718			76
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	4,033,644	21,598,950	0.186752			90
90.01	<b>OFFSITE CLINICS</b>	1,714,597	60,656,813	0.028267			90.01
91	Emergency	3,215,574	63,068,403	0.050985	12,724	649	91
92	Observation Beds (Non-Distinct						92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	569,136	26,443,802	0.021522	262,067	5,640	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	45,935,889	1,662,202,217		555,030	10,255	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S300**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S300**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	190,223,434			695				50
51	Recovery Room	23,565,224							51
53	Anesthesiology	41,427,177			1,526				53
54	Radiology-Diagnostic	63,466,313			7,027				54
57	CT Scan	20,272,819							57
58	MRI	66,088,561			7,118				58
59	Cardiac Catheterization	61,301,901							59
60	Laboratory	265,130,515			88,774				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	93,897,622			1,076				65
66	Physical Therapy	9,885,581			234				66
67	Occupational Therapy	4,647,453			1,872				67
68	Speech Pathology	13,118,390			414				68
69	Electrocardiology	7,710,486			4,392				69
70	Electroencephalography	13,469,265			3,420				70
71	Medical Supplies Charged to Pat	174,302,777			1,866				71
72	Impl. Dev. Charged to Patients	30,663,499							72
73	Drugs Charged to Patients	395,566,708			161,825				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	4,132,254							74
76	PSYCHIATRY	11,564,270							76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	21,598,950							90
90.01	OFFSITE CLINICS	60,656,813							90.01
91	Emergency	63,068,403			12,724				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	26,443,802			262,067				92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,662,202,217			555,030				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S300

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.263102							50
51	Recovery Room	0.240399							51
53	Anesthesiology	0.148042							53
54	Radiology-Diagnostic	0.167891							54
57	CT Scan	0.100306							57
58	MRI	0.093841							58
59	Cardiac Catheterization	0.156907							59
60	Laboratory	0.219806							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.176108							65
66	Physical Therapy	0.733213							66
67	Occupational Therapy	0.364991							67
68	Speech Pathology	0.469763							68
69	Electrocardiology	0.546729							69
70	Electroencephalography	0.429922							70
71	Medical Supplies Charged to Pat	0.121780							71
72	Impl. Dev. Charged to Patients	0.431384							72
73	Drugs Charged to Patients	0.149916							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.337647							74
76	PSYCHIATRY	1.011543							76
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.664077							90
90.01	OFFSITE CLINICS	0.352349							90.01
91	Emergency	0.342699							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.116207							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	Ambulance Services	4,367.748630							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1  
PART I

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/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)	44,349	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	44,349	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)	38,198	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)	292	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)	89,466,894	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)	89,466,894	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)	89,466,894	37

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					2,017.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					589,063	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)					589,063	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	33,218,093	12,491	2,659.36	40	106,374	43	
44	Coronary Care Unit	23,719,588	10,621	2,233.27	22	49,132	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATOLOGY	32,442,482	14,973	2,166.73			47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					883,365	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,627,934	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					121,913	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					90,982	51
52	Total Program excludable cost (sum of lines 50 and 51)					212,895	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,415,039	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges					58	54
55	Target amount per discharge					19,491	55
56	Target amount (line 54 x line 55)					1,130,457	56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-284,582	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)					85,768	62
63	Allowable Inpatient cost plus incentive payment (see instructions)					1,429,120	63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,151	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,017.34	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,408,658	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	15,162,776	89,466,894	0.169479	12,408,658	2,103,007	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-3300**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/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)	44,349	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	44,349	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)	38,198	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)	8,934	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)	89,466,894	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)	89,466,894	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)	89,466,894	37

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					2,017.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					18,022,916	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)					18,022,916	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	33,218,093	12,491	2,659.36	3,669	9,757,192	43	
44	Coronary Care Unit	23,719,588	10,621	2,233.27	1,306	2,916,651	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATOLOGY	32,442,482	14,973	2,166.73	2,581	5,592,330	47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,906,919	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					70,196,008	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,615,917	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,107,263	51
52	Total Program excludable cost (sum of lines 50 and 51)					8,723,180	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,151	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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,512	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,512	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,512	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)	917	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)	6,191,795	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)	6,191,795	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)	6,191,795	37

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,763.04	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,616,708	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,616,708	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	86,181	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,702,889	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	299,584	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,255	51
52	Total Program excludable cost (sum of lines 50 and 51)	309,839	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		835,988		30
31	Intensive Care Unit		277,680		31
32	Coronary Care Unit		139,508		32
35	NEONATOLOGY				35
40	Subprovider - IPF				40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.263102	486,124	127,900	50
51	Recovery Room	0.240399	52,137	12,534	51
53	Anesthesiology	0.148042	107,293	15,884	53
54	Radiology-Diagnostic	0.167891	88,410	14,843	54
57	CT Scan	0.100306	43,785	4,392	57
58	MRI	0.093841	128,804	12,087	58
59	Cardiac Catheterization	0.156907	159,890	25,088	59
60	Laboratory	0.219806	703,311	154,592	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.176108	323,096	56,900	65
66	Physical Therapy	0.733213	6,721	4,928	66
67	Occupational Therapy	0.364991	4,497	1,641	67
68	Speech Pathology	0.469763	1,092	513	68
69	Electrocardiology	0.546729	21,772	11,903	69
70	Electroencephalography	0.429922	35,343	15,195	70
71	Medical Supplies Charged to Patients	0.121780	543,579	66,197	71
72	Impl. Dev. Charged to Patients	0.431384	134,677	58,098	72
73	Drugs Charged to Patients	0.149916	1,196,416	179,362	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.337647	274,820	92,792	74
76	PSYCHIATRY	1.011543	673	681	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.664077	48	80	90
90.01	OFFSITE CLINICS	0.352349			90.01
91	Emergency	0.342699	66,342	22,735	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116207	43,203	5,020	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		4,422,033	883,365	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		4,422,033		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		20,544,996		30
31	Intensive Care Unit		22,623,127		31
32	Coronary Care Unit		10,680,388		32
35	NEONATOLOGY		22,243,985		35
40	Subprovider - IPF				40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.263102	12,760,716	3,357,370	50
51	Recovery Room	0.240399	743,515	178,740	51
53	Anesthesiology	0.148042	2,048,678	303,290	53
54	Radiology-Diagnostic	0.167891	3,986,355	669,273	54
57	CT Scan	0.100306	1,255,482	125,932	57
58	MRI	0.093841	1,939,134	181,970	58
59	Cardiac Catheterization	0.156907	4,415,355	692,800	59
60	Laboratory	0.219806	23,337,672	5,129,760	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.176108	38,655,155	6,807,482	65
66	Physical Therapy	0.733213	862,915	632,700	66
67	Occupational Therapy	0.364991	426,799	155,778	67
68	Speech Pathology	0.469763	416,655	195,729	68
69	Electrocardiology	0.546729	411,446	224,949	69
70	Electroencephalography	0.429922	1,829,791	786,667	70
71	Medical Supplies Charged to Patients	0.121780	22,043,502	2,684,458	71
72	Impl. Dev. Charged to Patients	0.431384	2,158,769	931,258	72
73	Drugs Charged to Patients	0.149916	63,343,831	9,496,254	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.337647	781,725	263,947	74
76	PSYCHIATRY	1.011543	53,117	53,730	76
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.664077	222,990	371,073	90
90.01	OFFSITE CLINICS	0.352349			90.01
91	Emergency	0.342699	1,823,813	625,019	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116207	333,370	38,740	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		183,850,785	33,906,919	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		183,850,785		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S300

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATOLOGY				35
40	Subprovider - IPF		2,109,099		40
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.263102	695	183	50
51	Recovery Room	0.240399			51
53	Anesthesiology	0.148042	1,526	226	53
54	Radiology-Diagnostic	0.167891	7,027	1,180	54
57	CT Scan	0.100306			57
58	MRI	0.093841	7,118	668	58
59	Cardiac Catheterization	0.156907			59
60	Laboratory	0.219806	88,774	19,513	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.176108	1,076	189	65
66	Physical Therapy	0.733213	234	172	66
67	Occupational Therapy	0.364991	1,872	683	67
68	Speech Pathology	0.469763	414	194	68
69	Electrocardiology	0.546729	4,392	2,401	69
70	Electroencephalography	0.429922	3,420	1,470	70
71	Medical Supplies Charged to Patients	0.121780	1,866	227	71
72	Impl. Dev. Charged to Patients	0.431384			72
73	Drugs Charged to Patients	0.149916	161,825	24,260	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.337647			74
76	PSYCHIATRY	1.011543			76
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.664077			90
90.01	OFFSITE CLINICS	0.352349			90.01
91	Emergency	0.342699	12,724	4,361	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.116207	262,067	30,454	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		555,030	86,181	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		555,030		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4  
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	5,686	38	2,017.34	2	4,035	1	
2	Intensive Care Unit	25,685	43	2,659.36	4	10,637	2	
3	Coronary Care Unit		44	2,233.27			3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	NEONATOLOGY		47	2,166.73			6	
7	TOTAL (sum of lines 1-6)	31,371			6	14,672	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	0.263102	88,709	23,340	8
9	Recovery Room	51	0.240399			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.148042	8,228	1,218	11
12	Radiology-Diagnostic	54	0.167891	8,257	1,386	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.100306			15
16	MRI	58	0.093841			16
17	Cardiac Catheterization	59	0.156907			17
18	Laboratory	60	0.219806	86,677	19,052	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.176108	19,703	3,470	23
24	Physical Therapy	66	0.733213			24
25	Occupational Therapy	67	0.364991			25
26	Speech Pathology	68	0.469763			26
27	Electrocardiology	69	0.546729	4,107	2,245	27
28	Electroencephalography	70	0.429922			28
29	Medical Supplies Charged to Patients	71	0.121780	27,147	3,306	29
30	Impl. Dev. Charged to Patients	72	0.431384			30
31	Drugs Charged to Patients	73	0.149916	45,556	6,830	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.337647			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.011543			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.664077			37
37.01	OFFSITE CLINICS	90.01	0.352349			37.01
38	Emergency	91	0.342699			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116207			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			288,384	60,847	41

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4 PART II**

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	I			
42	Adults & Pediatrics	2		2		42
43	Intensive Care Unit	3		4		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			6		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)	
		I	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES  
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	75,519		319,755		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,294,227		1,294,227		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,369,746		1,613,982		61
62	Total Usable Organs (see instructions)		41			62
63	Medicare Usable Organs (see instructions)		23			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.560976			64
65	Medicare Cost/Charges (see instructions)	768,395		905,405		65
66	Revenue for Organs Sold	34,417		34,417		66
67	Subtotal (line 65 minus line 66)	733,978		870,988		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	733,978		870,988		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)	10			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		11		73
74	Total (sum of lines 70 thru 73)	10	31		74
75	Organs Transplanted	10	11		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		20	34,417	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	31		84

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4  
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics		38	2,017.34			1
2	Intensive Care Unit	3,471	43	2,659.36	1	2,659	2
3	Coronary Care Unit		44	2,233.27			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,166.73			6
7	TOTAL (sum of lines 1-6)	3,471			1	2,659	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	0.263102	5,559	1,463	8
9	Recovery Room	51	0.240399			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.148042	1,313	194	11
12	Radiology-Diagnostic	54	0.167891	109	18	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.100306			15
16	MRI	58	0.093841			16
17	Cardiac Catheterization	59	0.156907			17
18	Laboratory	60	0.219806	7,478	1,644	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.176108	4,843	853	23
24	Physical Therapy	66	0.733213			24
25	Occupational Therapy	67	0.364991			25
26	Speech Pathology	68	0.469763			26
27	Electrocardiology	69	0.546729	962	526	27
28	Electroencephalography	70	0.429922			28
29	Medical Supplies Charged to Patients	71	0.121780	1,605	195	29
30	Impl. Dev. Charged to Patients	72	0.431384			30
31	Drugs Charged to Patients	73	0.149916	5,204	780	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.337647			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.011543			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.664077			37
37.01	OFFSITE CLINICS	90.01	0.352349			37.01
38	Emergency	91	0.342699			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116207			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			27,073	5,673	41

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4 PART II**

Check                     HEART                     LIVER                     PANCREAS                     ISLET  
Applicable             KIDNEY                     LUNG                     INTESTINE  
Box:

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

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

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

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES  
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	8,332		30,544		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,811,023		1,811,023		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,819,355		1,841,567		61
62	Total Usable Organs (see instructions)		20			62
63	Medicare Usable Organs (see instructions)		3			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.150000			64
65	Medicare Cost/Charges (see instructions)	272,903		276,235		65
66	Revenue for Organs Sold	2,500		2,500		66
67	Subtotal (line 65 minus line 66)	270,403		273,735		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	270,403		273,735		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		17		73
74	Total (sum of lines 70 thru 73)		20		74
75	Organs Transplanted		17		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	2,500	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)		20		84

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4  
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	2,843	38	2,017.34	1	2,017	1	
2	Intensive Care Unit	9,372	43	2,659.36	1	2,659	2	
3	Coronary Care Unit		44	2,233.27			3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	NEONATOLOGY		47	2,166.73			6	
7	TOTAL (sum of lines 1-6)	12,215			2	4,676	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	0.263102	26,664	7,015	8
9	Recovery Room	51	0.240399			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.148042	4,114	609	11
12	Radiology-Diagnostic	54	0.167891	3,044	511	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.100306			15
16	MRI	58	0.093841			16
17	Cardiac Catheterization	59	0.156907			17
18	Laboratory	60	0.219806	29,811	6,553	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.176108	8,351	1,471	23
24	Physical Therapy	66	0.733213			24
25	Occupational Therapy	67	0.364991			25
26	Speech Pathology	68	0.469763			26
27	Electrocardiology	69	0.546729	2,052	1,122	27
28	Electroencephalography	70	0.429922			28
29	Medical Supplies Charged to Patients	71	0.121780	11,064	1,347	29
30	Impl. Dev. Charged to Patients	72	0.431384			30
31	Drugs Charged to Patients	73	0.149916	17,580	2,636	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.337647			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.011543			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.664077			37
37.01	OFFSITE CLINICS	90.01	0.352349			37.01
38	Emergency	91	0.342699			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.116207			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			102,680	21,264	41

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4  
PART II**

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	I			
42	Adults & Pediatrics	2		1		42
43	Intensive Care Unit	3		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			2		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)	
		I	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES  
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

**PART III - SUMMARY OF COSTS AND CHARGES**

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	25,940		114,895		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,398,553		1,398,553		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,424,493		1,513,448		61
62	Total Usable Organs (see instructions)		24			62
63	Medicare Usable Organs (see instructions)		6			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000			64
65	Medicare Cost/Charges (see instructions)	356,123		378,362		65
66	Revenue for Organs Sold	9,708		9,708		66
67	Subtotal (line 65 minus line 66)	346,415		368,654		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	346,415		368,654		69

**PART IV - STATISTICS**

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		6		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	3			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		15		73
74	Total (sum of lines 70 thru 73)	3	21		74
75	Organs Transplanted	3	15		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		6	9,708	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)	3	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**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E  
PART B

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPSS (see instructions)	757,777			2
3	PPS payments	878,872			3
4	Outlier payment (see instructions)	4,989			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.920			5
6	Line 2 times line 5	697,155			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
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
	<b>CUSTOMARY CHARGES</b>				
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) (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)	883,861			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	78,457			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	805,404			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	10,820			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	816,224			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	816,224			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	816,224			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	816,224			40
40.01	Sequestration adjustment (see instructions)	16,324			40.01
41	Interim payments	807,183			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-7,283			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-3300

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,467,180		807,702
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02	03/30/2017	13,708	3.02
		.03			3.03
		.04			3.04
		.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51		03/30/2017	519
		.52			3.52
		.53			3.53
		.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		13,708	-519
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)			1,480,888	807,183
	<b>TO BE COMPLETED BY CONTRACTOR</b>				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

## PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER - TEFRA

1	Inpatient hospital services (see instructions)	1,429,120	1
1.01	Nursing and allied health managed care payment (see instructions)		1.01
2	Organ acquisition	1,350,796	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 through 3)	2,779,916	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	2,779,916	6
7	Deductibles	32,732	7
8	Subtotal (line 6 minus line 7)	2,747,184	8
9	Coinsurance		9
10	Subtotal (line 8 minus line 9)	2,747,184	10
11	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11
12	Adjusted reimbursable bad debts (see instructions)		12
13	Allowable bad debts for dual eligible beneficiaries (see instructions)		13
14	Subtotal (sum of lines 10 and 12)	2,747,184	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	42,530	15
16	Other pass through costs (see instructions) DO NOT USE THIS LINE		16
17	Other adjustments (specify) (see instructions)		17
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		17.50
18	Total amount payable to the provider (see instructions)	2,789,714	18
18.01	Sequestration adjustment (see instructions)	55,794	18.01
19	Interim payments	1,480,888	19
20	Tentative settlement (for contractor use only)		20
21	Balance due provider/program (line 18 minus lines 18.01, 19 and 20)	1,253,032	21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		22

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3  
PART II

Check  Hospital  
Applicable  Subprovider IPF  
Box:

**PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS**

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)		1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)		9
10	Teaching adjustment factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)		16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)		18
19	Deductibles		19
20	Subtotal (line 18 minus line 19)		20
21	Coinsurance		21
22	Subtotal (line 20 minus line 21)		22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)		26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)		31
31.01	Sequestration adjustment (see instructions)		31.01
32	Interim payments		32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

**TO BE COMPLETED BY CONTRACTOR**

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





**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		143.97	1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		5.49	2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE 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)		149.46	5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		236.04	6	
7	Enter the lesser of line 5 or line 6		149.46	7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	91.69	101.84	193.53	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	58.06	64.48	122.54	9
10	Weighted dental and podiatric resident FTE count for the current year		2.97		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	58.06	67.45		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	55.56	68.16		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.17	64.59		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	56.26	66.73		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	56.26	66.73		17
18	Per resident amount	97,784.56	97,784.56		18
19	Approved amount for resident costs	5,501.359	6,525.164	12,026.523	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)			86.58	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)			12,026.523	25
	<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	354			26
27	Total inpatient days (see instructions)	79,795			27
28	Ratio of inpatient days to total inpatient days	0.004436	0.000000		28
29	Program direct GME amount	53,350			29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount			53,350	31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)			4,132,254	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
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>				
	<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)			1,627,934	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			1,350,796	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)			2,978,730	41
	<b>Part B Reasonable Cost</b>				
42	Reasonable cost (see instructions)			757,777	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			757,777	44
45	Total reasonable cost (sum of lines 41 and 44)			3,736,507	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.797196	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.202804	47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48	Total program GME payment (line 31)			53,350	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			42,530	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			10,820	50

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE 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
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	17,407	26,541	
27	Total inpatient days (see instructions)	79,795	79,795	
28	Ratio of inpatient days to total inpatient days	0.218147	0.332615	
29	Program direct GME amount			
30	Reduction for direct GME payments for Medicare Advantage			
31	Net Program direct GME amount			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			
43	Primary payer payments (see instructions)			
44	Total Part B reasonable cost (line 42 minus line 43)			
45	Total reasonable cost (sum of lines 41 and 44)			
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	30,170,875				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	168,396,575				4
5	Other receivables	15,000,000				5
6	Allowances for uncollectible notes and accounts receivable	-19,684,757				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	38,517,623				9
10	Due from other funds	166,260				10
11	Total current assets (sum of lines 1-10)	232,566,576				11
<b>FIXED ASSETS</b>						
12	Land	34,812,506				12
13	Land improvements	231,356				13
14	Accumulated depreciation					14
15	Buildings	919,191,062				15
16	Accumulated depreciation	-223,521,708				16
17	Leasehold improvements	17,166,395				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	314,250,259				23
24	Accumulated depreciation	-224,152,053				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)	837,977,817				30
<b>OTHER ASSETS</b>						
31	Investments	909,682,440	233,762,028	174,881,284		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	45,011,340				34
35	Total other assets (sum of lines 31-34)	954,693,780	233,762,028	174,881,284		35
36	Total assets (sum of lines 11, 30 and 35)	2,025,238,173	233,762,028	174,881,284		36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	121,942,617				37
38	Salaries, wages and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	56,740,718				44
45	Total current liabilities (sum of lines 37 thru 44)	178,683,335				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	358,083,396				47
48	Unsecured loans					48
49	Other long term liabilities	124,622,402				49
50	Total long term liabilities (sum of lines 46 thru 49)	482,705,798				50
51	Total liabilities (sum of lines 45 and 50)	661,389,133				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	1,363,849,040				52
53	Specific purpose fund		233,762,028			53
54	Donor created - endowment fund balance - restricted			174,881,284		54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,363,849,040	233,762,028	174,881,284		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,025,238,173	233,762,028	174,881,284		60

**KPMG LLP Compu-Max 2552-10**

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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		1,281,220,001		207,628,025	1
2	Net income (loss) (from Worksheet G-3, line 29)		162,299,911			2
3	Total (sum of line 1 and line 2)		1,443,519,912		207,628,025	3
4	Additions (credit adjustments) (specify)	17,502,603		79,086,224		4
5	GRANTS					5
6	INVESTMENT RETURN			15,172,436		6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	Total additions (sum of lines 4-9)		17,502,603		94,258,660	10
11	Subtotal (line 3 plus line 10)		1,461,022,515		301,886,685	11
12	Deductions (debit adjustments) (specify)	9,182		67,181,679		12
13	TRANSFER TO AFFILIATES	97,164,293				13
14	CAPITAL ASSETS			942,978		14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		97,173,475		68,124,657	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,363,849,040		233,762,028	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period		167,652,660			1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)		167,652,660			3
4	Additions (credit adjustments) (specify)	7,228,624				4
5	GRANTS					5
6	INVESTMENT RETURN					6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	Total additions (sum of lines 4-9)		7,228,624			10
11	Subtotal (line 3 plus line 10)		174,881,284			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFER TO AFFILIATES					13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		174,881,284			19

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	136,713,592		136,713,592	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	136,713,592		136,713,592	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	91,234,784		91,234,784	11
12	Coronary Care Unit	66,901,313		66,901,313	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	110,953,415		110,953,415	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	269,089,512		269,089,512	16
17	Total inpatient routine care services (sum of lines 10 and 16)	405,803,104		405,803,104	17
18	Ancillary services	888,030,275	836,640,747	1,724,671,022	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,293,833,379	836,640,747	2,130,474,126	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		776,637,897	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		776,637,897	43

# KPMG LLP Compu-Max 2552-10

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## STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,130,474,126	1
2	Less contractual allowances and discounts on patients' accounts	1,391,079,336	2
3	Net patient revenues (line 1 minus line 2)	739,394,790	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	776,637,897	4
5	Net income from service to patients (line 3 minus line 4)	-37,243,107	5

## OTHER INCOME

6	Contributions, donations, bequests, etc.	65,855,532	6
7	Income from investments	63,384,180	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,836,480	11
12	Parking lot receipts	3,285,678	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,298,266	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	29,104	21
22	Rental of hosptial space	5,058,750	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	3,717,000	24.01
24.02	Other (INTEREST INCOME)	4,571,288	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	768,467	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	9,377,423	24.05
24.06	Other (CMRI)	24,453,024	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	38,108	24.08
24.09	Other (SHUTTLE REVENUE)	124,063	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,340,811	24.12
24.13	Other (CDH REVENUE)	10,786,638	24.13
24.14	Other (INDIRECT COST RECOVERY)	1,809,274	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	808,932	24.15
25	Total other income (sum of lines 6-24)	199,543,018	25
26	Total (line 5 plus line 25)	162,299,911	26
27.01	Other expenses (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	Other expenses (OTHER EXPENSE)		27.02
27.03	Other expenses (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	Other expenses (INTEREST RATE SWAP)		27.04
27.05	Other expenses (AFFILIATE TRANSFERS)		27.05
29	Net income (or loss) for the period (line 26 minus line 28)	162,299,911	29

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

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

**KPMG LLP Compu-Max 2552-10**

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/26/2018 Run Time: 14:41 Version: 2017.10 (12/21/2017)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1  
PART I**

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