

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 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.	Date: 01/26/2017 Time: 15:17
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 09/01/2015 and ending 08/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII						
		TITLE V	PART A	PART B	HIT	TITLE XIX		
		1	2	3	4	5		
1	HOSPITAL		-142,324	-25,764		6,482,731	1	
2	SUBPROVIDER - IPF					418,559	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		-142,324	-25,764		6,901,290	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 / 2015	To: 08 / 31 / 2016							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

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

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
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					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	1	2	3	
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.	Y			56
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			57
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			58
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			59
		Y/N	IME	Direct GME	60
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

KPMG LLP Compu-Max 2552-10

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

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

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**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 N	2	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	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. (see instructions)				N	171

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	156	57,096			246	10,126	37,489	1
2	HMO and other (see instructions)							21,411		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		156	57,096			246	10,126	37,489	7
8	Intensive Care Unit	31	40	14,640			18	5,332	11,526	8
9	Coronary Care Unit	32	36	13,176			58	1,362	10,626	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	44	16,104				3,101	14,925	12
13	Nursery	43								13
14	Total (see instructions)		276	101,016			322	19,921	74,566	14
15	CAH Visits									15
16	Subprovider - IPF	40	12	4,392				632	3,502	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		288							27
28	Observation Bed Days								5,155	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	2,409	11,913	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)	247.08	3,572.29			58	2,409	11,913	14
15	CAH Visits								15
16	Subprovider - IPF							509	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)	247.08	3,572.29						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	Cap Rel Costs-Bldg & Fixt		43,846,699	43,846,699		43,846,699	-4,245,453	39,601,246	1
1.01	00101	CAP REL COSTS-INT EXP		22,215,302	22,215,302		22,215,302		22,215,302	1.01
2	00200	Cap Rel Costs-Mvble Equip		24,249,596	24,249,596		24,249,596		24,249,596	2
3	00300	Other Cap Rel Costs								3
4	00400	Employee Benefits Department	32,929	35,689,869	35,722,798	-34,571,418	1,151,380		1,151,380	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	4,363,948	2,114,362	6,478,310	40,834,203	47,312,513	-4,295	47,308,218	4.01
5.01	00590	ADMINISTRATION & GENERAL	37,390,242	60,071,519	97,461,761	-249,868	97,211,893	-21,490,919	75,720,974	5.01
5.02	00591	ADMIN & GENERAL CHCRC	4,124,119	893,875	5,017,994	485,167	5,503,161		5,503,161	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	14,579,252	39,219,926	53,799,178	-3,282,431	50,516,747	-4,733,312	45,783,435	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	8,183,060	19,886,432	28,069,492	-615	28,068,877	-66,062	28,002,815	7
8	00800	Laundry & Linen Service		1,497,384	1,497,384		1,497,384		1,497,384	8
9	00900	Housekeeping	3,881,812	3,368,708	7,250,520		7,250,520	-120,000	7,130,520	9
10	01000	Dietary	1,745,825	3,449,997	5,195,822	-4,345,641	850,181		850,181	10
11	01100	Cafeteria				4,345,641	4,345,641	-2,323,061	2,022,580	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	163,107	51,703	214,810		214,810		214,810	12.01
13	01300	Nursing Administration	6,795,747	1,551,585	8,347,332	178,309	8,525,641	-17,304	8,508,337	13
14	01400	Central Services & Supply				262,038	262,038		262,038	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,474,389	1,858,656	4,333,045	6,985	4,340,030	-204,658	4,135,372	16
17	01700	Social Service	1,644,471	1,078,764	2,723,235	4,032,448	6,755,683		6,755,683	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,101,958	1,053,788	5,155,746		5,155,746		5,155,746	21
22	02200	I&R Services-Other Prgm Costs Apprvd	7,793,034	2,601,377	10,394,411	4,106,815	14,501,226	-5,664	14,495,562	22
23	02300	Paramed Ed Prgm-(specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	27,020,860	4,651,108	31,671,968	-165,446	31,506,522	-177,360	31,329,162	30
31	03100	Intensive Care Unit	10,783,057	3,393,860	14,176,917	-1,068,112	13,108,805		13,108,805	31
32	03200	Coronary Care Unit	7,974,664	2,310,841	10,285,505	-364,984	9,920,521	-186,150	9,734,371	32
35	02060	NEONATOLOGY	12,422,213	2,892,392	15,314,605	51,510	15,366,115	-266,680	15,099,435	35
40	04000	Subprovider - IPF	2,474,671	175,818	2,650,489	75,928	2,726,417	-6,580	2,719,837	40
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	13,316,717	21,384,036	34,700,753	-12,612,610	22,088,143	-790,587	21,297,556	50
51	05100	Recovery Room	2,156,247	251,280	2,407,527	-37,398	2,370,129		2,370,129	51
53	05300	Anesthesiology	1,306,865	4,108,573	5,415,438	-1,364,193	4,051,245	-1,656,872	2,394,373	53
54	05400	Radiology-Diagnostic	2,600,953	795,634	3,396,587	293,723	3,690,310	-2,728	3,687,582	54
57	05700	CT Scan	384,972	73,326	458,298	168,502	626,800		626,800	57
58	05800	MRI	1,037,434	425,952	1,463,386	535,651	1,999,037		1,999,037	58
59	05900	Cardiac Catheterization	2,784,277	3,132,580	5,916,857	-2,265,175	3,651,682	-36,797	3,614,885	59
60	06000	Laboratory	11,879,611	18,597,129	30,476,740	2,010,769	32,487,509	-1,996,529	30,490,980	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	5,955,906	4,595,781	10,551,687	-61,104	10,490,583	-21,949	10,468,634	65
66	06600	Physical Therapy	3,186,433	774,762	3,961,195	-119,488	3,841,707	-64,148	3,777,559	66
67	06700	Occupational Therapy	892,884	78,457	971,341	96,518	1,067,859	-10,764	1,057,095	67
68	06800	Speech Pathology	2,483,815	1,122,852	3,606,667	-93,916	3,512,751	-39,995	3,472,756	68
69	06900	Electrocardiology	1,142,360	420,896	1,563,256	548,667	2,111,923	-1,387	2,110,536	69
70	07000	Electroencephalography	1,415,433	245,134	1,660,567	1,069,475	2,730,042		2,730,042	70
71	07100	Medical Supplies Charged to Patients	723,443	515,852	1,239,295	14,106,693	15,345,988		15,345,988	71
72	07200	Impl. Dev. Charged to Patients				8,422,479	8,422,479		8,422,479	72
73	07300	Drugs Charged to Patients	8,050,091	26,827,138	34,877,229	-26,675	34,850,554	-105,383	34,745,171	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		818,043	818,043		818,043		818,043	74
76	03550	PSYCHIATRY	4,232,594	1,264,999	5,497,593	-231,731	5,265,862	-87,407	5,178,455	76
OUTPATIENT SERVICE COST CENTERS										
90	09000	Clinic	11,471,329	2,790,368	14,261,697	251,340	14,513,037	-618,732	13,894,305	90
90.01	09001	OFFSITE CLINICS	10,920,180	5,624,596	16,544,776	-894,817	15,649,959	-1,609,024	14,040,935	90.01
91	09100	Emergency	6,978,197	2,885,059	9,863,256	-344,498	9,518,758	-1,080,000	8,438,758	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	937,251	181,277	1,118,528	-23,046	1,095,482		1,095,482	92.01
OTHER REIMBURSABLE COST CENTERS										
95	09500	Ambulance Services	2,839,303	314,784	3,154,087	5,749	3,159,836	-278,325	2,881,511	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
SPECIAL PURPOSE COST CENTERS										
105	10500	Kidney Acquisition	253,895	594,498	848,393	-153,910	694,483		694,483	105
106	10600	Heart Acquisition	386,201	1,201,184	1,587,385	-221,628	1,365,757	-50,000	1,315,757	106
107	10700	Liver Acquisition	434,487	993,499	1,427,986	-356,394	1,071,592		1,071,592	107

KPMG LLP Compu-Max 2552-10

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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	175,806	20,295	196,101	-139,506	56,595		56,595	110
118		SUBTOTALS (sum of lines 1-117)	255,896,042	378,161,545	634,057,587	18,894,006	652,951,593	-42,298,125	610,653,468	118
		NONREIMBURSABLE COST CENTERS								
191	19100	Research	3,679,905	3,190,490	6,870,395	13,293,403	20,163,798	-361,658	19,802,140	191
191.01	19101	OSA				10,312,101	10,312,101		10,312,101	191.01
192	19200	Physicians' Private Offices	1,942,370	1,302,656	3,245,026	64,548	3,309,574	-516,549	2,793,025	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	33,315,258	30,221,659	63,536,917	-42,758,093	20,778,824		20,778,824	194
194.01	07951	NON-REIMBURSABLE CLINICS	7,560,228	1,327,178	8,887,406	194,035	9,081,441	-1,374,911	7,706,530	194.01
194.02	07952	KOHL HOUSE	33,903	199,618	233,521		233,521		233,521	194.02
200		TOTAL (sum of lines 118-199)	302,427,706	414,403,146	716,830,852		716,830,852	-44,551,243	672,279,609	200

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	APPORTION PHYSICIAN TO IP PSYCH	A	Subprovider - IPF	40	75,928		1
500	Total reclassifications				75,928		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	192,687	23,707	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	392,766	59,222	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	531,260	83,921	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	384,583	81,294	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					5
6							6
500	Total reclassifications				1,501,296	248,144	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	729	59	2
3	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	33	3	3
4	APPORTION REHAB ADMIN	C	Speech Pathology	68	104,756	8,411	4
5	APPORTION REHAB ADMIN	C	Speech Pathology	68	70,960	5,697	5
6	APPORTION REHAB ADMIN	C	Physical Therapy	66	6,927	556	6
7	APPORTION REHAB ADMIN	C	Physical Therapy	66	111,933	8,986	7
8	APPORTION REHAB ADMIN	C	Occupational Therapy	67	52,204	4,191	8
9	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	9,539	766	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	71	6	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	29,103	2,337	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	48,184	3,869	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	32,329	2,596	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	12,825	1,030	14
15	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	7,607	611	15
16	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	16,906	1,357	16
17	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	25,451	2,043	17
18	APPORTION REHAB ADMIN	C	Speech Pathology	68	56,184	4,511	18
19	APPORTION REHAB ADMIN	C	Physical Therapy	66	70,264	5,641	19
20	APPORTION REHAB ADMIN	C	Occupational Therapy	67	37,569	3,016	20
21	APPORTION REHAB ADMIN	C	Speech Pathology	68	15,728	1,263	21
22	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,781	866	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	8,048	646	23
24	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	9,501	763	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	2,879	231	25
26	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	4,209	338	26
27	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	14,391	1,155	27
28	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	5,033	404	28
29	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	2,970	238	29
500	Total reclassifications				767,114	61,590	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	1,460,160	2,885,481	1
500	Total reclassifications				1,460,160	2,885,481	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		6,760	1
2	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	85,764	13,686	2
3	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30		54,657	3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	113,008	82,743	4
5	RECLASS SPEC PURP FNDS	G	Operating Room	50	55,384	21,154	5
6	RECLASS SPEC PURP FNDS	G	Operating Room	50	124,682	38,276	6
7	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	336,943	269,151	7
8	RECLASS SPEC PURP FNDS	G	Social Service	17	2,958,803	1,168,937	8
9	RECLASS SPEC PURP FNDS	G	Emergency	91	45,111	35,200	9
10	RECLASS SPEC PURP FNDS	G	Laboratory	60	181,777	25,627	10
11	RECLASS SPEC PURP FNDS	G	Operating Room	50	4,358	16,850	11
12	RECLASS SPEC PURP FNDS	G	Operating Room	50	239,719	46,169	12
13	RECLASS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	2,946	22,531	13
14	RECLASS SPEC PURP FNDS	G	Radiology-Diagnostic	54	159,595	228	14
15	RECLASS SPEC PURP FNDS	G	Laboratory	60	5,050	173	15
16	RECLASS SPEC PURP FNDS	G	Laboratory	60	119,095	123,435	16
17	RECLASS SPEC PURP FNDS	G	Laboratory	60	1,166,995	930,182	17
18	RECLASS SPEC PURP FNDS	G	Medical Records & Library	16		6,985	18

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
19	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	53,732	450,646	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	130,501	99,735	20
21	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	761,430	344,061	21
22	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	103,127	14,257	22
23	RECLASS SPEC PURP FNDS	G	Nursing Administration	13		91,559	23
24	RECLASS SPEC PURP FNDS	G	Nursing Administration	13		88,217	24
25	RECLASS SPEC PURP FNDS	G	Operating Room	50	620,563	525,898	25
26	RECLASS SPEC PURP FNDS	G	Operating Room	50	46,155	11,139	26
27	RECLASS SPEC PURP FNDS	G	Physical Therapy	66		8,172	27
28	RECLASS SPEC PURP FNDS	G	Ambulance Services	95		34,170	28
29	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		6,263,566	29
30	RECLASS SPEC PURP FNDS	G	Research	191	8,585,083	4,708,320	30
31	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		3,555	31
32	RECLASS SPEC PURP FNDS	G	ADMIN & GENERAL CHCRC	5.02	183,912		32
33	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	43,085	40,050	33
34	RECLASS SPEC PURP FNDS	G	OSA	191.01	6,517,744	3,794,357	34
35	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65		65,275	35
36	RECLASS SPEC PURP FNDS	G	I&R Services-Other Prgm Costs	22	194,860	46,452	36
37	RECLASS SPEC PURP FNDS	G	Intensive Care Unit	31		7,929	37
38	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65	5,261	8,589	38
39	RECLASS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	36,204	12,968	39
40	RECLASS SPEC PURP FNDS	G	Operating Room	50		1,514	40
41	RECLASS SPEC PURP FNDS	G	Operating Room	50	372,533	104,330	41
42	RECLASS SPEC PURP FNDS	G	Physical Therapy	66		2,094	42
500	Total reclassifications				23,253,420	19,589,597	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		34,571,418	1
500	Total reclassifications					34,571,418	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	67,010		1
500	Total reclassifications				67,010		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		234,245	1
500	Total reclassifications					234,245	500
	Code Letter - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		3,865,503	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
13							13
14							14
15							15
16							16
17							17
500	Total reclassifications					3,865,503	500
	Code Letter - L						
1							1
2							2
3							3
4							4
5							5
6			Central Services & Supply	14		262,038	6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36			Medical Supplies Charged to P	71		14,106,693	36
500	Total reclassifications					14,368,731	500
	Code Letter - M						
1							1
2							2
3							3
500	Total reclassifications					8,422,479	500
	Code Letter - N						
1							1
2							2
3							3
500	Total reclassifications					8,422,479	500
	Code Letter - N						
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
500	Total reclassifications				1,519,388	147,693	500
	Code Letter - O						
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
500	Total reclassifications				127,568	12,400	500
	Code Letter - O						

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
GRAND TOTAL (Increases)				28,644,316	84,792,281

(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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	75,928		1	
500	Total reclassifications				75,928		500	
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	608,597	176,317	1	
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	183,012	38,616	2	
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	152,281	1,629	3	
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	330,970	23,370	4	
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	131,144	8,212	5	
6			Social Service	17	95,292		6	
500	Total reclassifications				1,501,296	248,144	500	
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMIN & GEN PATIENT RELATED	5.03	767,114	61,590	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	
500	Total reclassifications				767,114	61,590	500	
	Code letter - C							
1	RECLASSRENTAL-104007 RES & FELLOW	D					10	
2	RECLASS RENTAL-107017 SPEC ID	D					2	
500	Total reclassifications						500	
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	1,460,160	2,885,481	1	
500	Total reclassifications				1,460,160	2,885,481	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	23,179,978	19,578,115	1	
2	RECLASS SPEC PURP FNDS	G	Laboratory	60	73,442	11,482	2	
3	RECLASS SPEC PURP FNDS	G					3	
4	RECLASS SPEC PURP FNDS	G					4	
5	RECLASS SPEC PURP FNDS	G					5	
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	

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
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				23,253,420	19,589,597	500	
	Code letter - G							
1	SPACE RECOV	H					1	
2	SPACE RECOV	H	Laboratory	60		17,632	2	
3	SPACE RECOV	H	Intensive Care Unit	31		2,205	3	
4	SPACE RECOV	H	NEONATOLOGY	35		11,658	4	
5	SPACE RECOV	H	Electrocardiology	69		46,980	5	
6	SPACE RECOV	H	OFFSITE CLINICS	90.01		13,572	6	
7	SPACE RECOV	H	Laboratory	60		13,386	7	
8	SPACE RECOV	H	Operating Room	50		16,704	8	
9	SPACE RECOV	H	Laboratory	60		18,444	9	
10	SPACE RECOV	H	Laboratory	60		19,024	10	
11	SPACE RECOV	H	Laboratory	60		65,656	11	
12	SPACE RECOV	H	OFFSITE CLINICS	90.01		38,745	12	
13	SPACE RECOV	H	Laboratory	60		17,516	13	
14	SPACE RECOV	H	Operating Room	50		7,959	14	
15	SPACE RECOV	H	Operating Room	50		21,338	15	
16	SPACE RECOV	H	Electroencephalography	70		26,332	16	
17	SPACE RECOV	H	Operating Room	50		6,207	17	
18	SPACE RECOV	H	Operating Room	50		14,113	18	
19	SPACE RECOV	H	Operating Room	50		7,390	19	
20	SPACE RECOV	H	Operating Room	50		7,671	20	
21	SPACE RECOV	H	Operating Room	50		7,248	21	
22	SPACE RECOV	H	Operating Room	50		17,620	22	
500	Total reclassifications					397,400	500	
	Code letter - H							
1	FRINGE BENEFITS FOR FTE ALLOC	I	Employee Benefits Department	4		34,571,418	1	
500	Total reclassifications					34,571,418	500	
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	67,010		1	
500	Total reclassifications				67,010		500	
	Code letter - J							
1	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		234,245	1	
500	Total reclassifications					234,245	500	
	Code letter - K							
1	TEACHING PORTION-PRACTICE PLAN ADMN	L					1	
2			ADMINISTRATION & GENERAL	5.01		647,193	2	
3			Intensive Care Unit	31		151,286	3	
4			NEONATOLOGY	35		208,918	4	
5			Operating Room	50		630,383	5	
6			Anesthesiology	53		906,401	6	
7			Radiology-Diagnostic	54		410,577	7	
8			Laboratory	60		472,193	8	
9			Respiratory Therapy	65		78,369	9	
10			Electrocardiology	69		9,857	10	

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
11			Electroencephalography	70		4,530	11	
12			PSYCHIATRY	76		238,929	12	
13			Clinic	90		4,947	13	
14			OFFSITE CLINICS	90.01		7,809	14	
15			Emergency	91		64,708	15	
16			Ambulance Services	95		27,579	16	
17			Liver Acquisition	107		1,824	17	
500	Total reclassifications					3,865,503	500	
	Code letter - L							
1	CENTRAL SUPPLY CHARGED TO PATIENT	M	EMPLOYEE BENEFITS FTE BASED	4.01		781	1	
2			ADMINISTRATION & GENERAL	5.01		75	2	
3			ADMIN & GEN PATIENT RELATED	5.03		1,732	3	
4			Operation of Plant	7		615	4	
5			Nursing Administration	13		1,467	5	
6							6	
7			Adults & Pediatrics	30		632,248	7	
8			Intensive Care Unit	31		922,550	8	
9			Coronary Care Unit	32		830,861	9	
10			NEONATOLOGY	35		349,676	10	
11			Operating Room	50		6,187,956	11	
12			Recovery Room	51		37,398	12	
13			Anesthesiology	53		557,242	13	
14			Radiology-Diagnostic	54		15,612	14	
15			CT Scan	57		5,459	15	
16			MRI	58		27,275	16	
17			Cardiac Catheterization	59		2,513,722	17	
18			Laboratory	60		2,776	18	
19			Respiratory Therapy	65		61,860	19	
20			Physical Therapy	66		334,849	20	
21			Occupational Therapy	67		462	21	
22			Speech Pathology	68		361,426	22	
23			Electrocardiology	69		590	23	
24			Electroencephalography	70		5,154	24	
25			Drugs Charged to Patients	73		30,230	25	
26			PSYCHIATRY	76		9	26	
27			Clinic	90		358,894	27	
28			OFFSITE CLINICS	90.01		709,788	28	
29			Emergency	91		360,101	29	
30			OBSERVATION BEDS-DISTINCT	92.01		23,046	30	
31			Ambulance Services	95		842	31	
32			Liver Acquisition	107		230	32	
33			Intestinal Acquisition	110		150	33	
34			Physicians' Private Offices	192		9,947	34	
35			NON-REIMBURSABLE CLINICS	194.01		23,708	35	
36							36	
500	Total reclassifications					14,368,731	500	
	Code letter - M							
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		7,916,745	1	
2			Cardiac Catheterization	59		7,435	2	
3			OFFSITE CLINICS	90.01		498,299	3	
500	Total reclassifications					8,422,479	500	
	Code letter - N							
1	APPORTION IMAGING ADMINISTRATION	O	ADMIN & GEN PATIENT RELATED	5.03	1,519,388	147,693	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	

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
500	Total reclassifications				1,519,388	147,693		
	Code letter - O							
	GRAND TOTAL (Decreases)				28,644,316	84,792,281		

(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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	38,092,506				3,280,000	34,812,506		1
2	Land Improvements	449,470				218,115	231,355		2
3	Buildings and Fixtures	1,060,592,181	7,354,720		7,354,720	175,478,587	892,468,314		3
4	Building Improvements	20,703,982	271,515		271,515	3,837,286	17,138,211		4
5	Fixed Equipment	25,755,390	170,814		170,814	7,587,377	18,338,827		5
6	Movable Equipment	261,897,315	18,430,301		18,430,301	6,774,901	273,552,715		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,407,490,844	26,227,350		26,227,350	197,176,266	1,236,541,928		8
9	Reconciling Items	-8,271,851				-2,116,537	-6,155,314		9
10	Total (line 7 minus line 9)	1,415,762,695	26,227,350		26,227,350	199,292,803	1,242,697,242		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	43,456,914	-397,401		787,186			43,846,699	1
1.01	CAP REL COSTS-INT EXP			22,215,302				22,215,302	1.01
2	Cap Rel Costs-Mvble Equip	24,249,596						24,249,596	2
3	Total (sum of lines 1-2)	67,706,510	-397,401	22,215,302	787,186			90,311,597	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	39,816,026	-397,401	419,189	787,186		-1,023,754	39,601,246	1
1.01	CAP REL COSTS-INT EXP			22,215,302				22,215,302	1.01
2	Cap Rel Costs-Mvble Equip	24,249,596						24,249,596	2
3	Total (sum of lines 1-2)	64,065,622	-397,401	22,634,491	787,186		-1,023,754	86,066,144	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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	-3,589,000	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	-3,218,087	ADMINISTRATION & GENERAL	5.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-5,540,719			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	-2,250,348	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	-72,713	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	-3,640,888	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	-1,120	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02	MISCELLANEOUS INCOME	B	-2,450	Operation of Plant	7	33.02
33.03	MISCELLANEOUS INCOME	B	-3,175	EMPLOYEE BENEFITS FTE BASED	4.01	33.03
33.04	MISCELLANEOUS INCOME	B	-620,306	ADMINISTRATION & GENERAL	5.01	33.04
33.06	MISCELLANEOUS INCOME	B	-1,037,394	ADMIN & GEN PATIENT RELATED	5.03	33.06
33.07	MISCELLANEOUS INCOME	B	-732	Operation of Plant	7	33.07
33.08	MISCELLANEOUS INCOME	B	-120,000	Housekeeping	9	33.08
33.09	MISCELLANEOUS INCOME	B	-17,304	Nursing Administration	13	33.09
33.10	MISCELLANEOUS INCOME	B	-204,658	Medical Records & Library	16	33.10
33.11	MISCELLANEOUS INCOME	B	-5,664	I&R Services-Other Prgm Costs Apprvd	22	33.11
33.12	MISCELLANEOUS INCOME	B	-1,863	Adults & Pediatrics	30	33.12
33.13	MISCELLANEOUS INCOME	B	-303,098	Operating Room	50	33.13
33.14	MISCELLANEOUS INCOME	B	-4,850	Anesthesiology	53	33.14
33.15	MISCELLANEOUS INCOME	B	-2,728	Radiology-Diagnostic	54	33.15
33.16	MISCELLANEOUS INCOME	B	-36,797	Cardiac Catheterization	59	33.16
33.17	MISCELLANEOUS INCOME	B	-206,277	Laboratory	60	33.17
33.18	MISCELLANEOUS INCOME	B	-64,148	Physical Therapy	66	33.18
33.19	MISCELLANEOUS INCOME	B	-10,764	Occupational Therapy	67	33.19
33.20	MISCELLANEOUS INCOME	B	-39,995	Speech Pathology	68	33.20
33.21	MISCELLANEOUS INCOME	B	-1,387	Electrocardiology	69	33.21
33.22	MISCELLANEOUS INCOME	B	-11,241	Drugs Charged to Patients	73	33.22
33.23	MISCELLANEOUS INCOME	B	-2,873	PSYCHIATRY	76	33.23
33.24	MISCELLANEOUS INCOME	B	-9,495	Clinic	90	33.24
33.25	MISCELLANEOUS INCOME	B	-2,000	Ambulance Services	95	33.25
33.26	MISCELLANEOUS INCOME	B	-12,105	Physicians' Private Offices	192	33.26
33.27	MISCELLANEOUS INCOME	B	-7,042	NON-REIMBURSABLE CLINICS	194.01	33.27
33.28	VENDOR REBATES	B	-1,894,955	ADMINISTRATION & GENERAL	5.01	33.28
33.29	VENDOR REBATES	B	-1,216	ADMIN & GEN PATIENT RELATED	5.03	33.29
33.30	VENDOR REBATES	B	-13,864	Drugs Charged to Patients	73	33.30
34						34
35	ADVERTISING	A	-1,964,985	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT CONTRACT REVENUE	B	-276,325	Ambulance Services	95	36

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
37	SPECIMEN REVENUE NON PATIENT	B	-6,580	Subprovider - IPF	40		37
37.01	SPECIMEN REVENUE NON PATIENT	B	-238,072	Laboratory	60		37.01
38	GAIN ON SALE	A	-1,023,754	Cap Rel Costs-Bldg & Fixt	1	14	38
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	Cap Rel Costs-Bldg & Fixt	1	11	38.01
39							39
40							40
41	NON-PATIENT CARE COSTS	A	-717,436	ADMINISTRATION & GENERAL	5.01		41
42	RENTAL INCOME PROPERTIES	B	-528,218	ADMINISTRATION & GENERAL	5.01		42
42.01	RENTAL INCOME PROPERTIES	B	-110,040	ADMIN & GEN PATIENT RELATED	5.03		42.01
42.02	RENTAL INCOME PROPERTIES	B	-62,880	Operation of Plant	7		42.02
42.03	RENTAL INCOME PROPERTIES	B	-80,278	Drugs Charged to Patients	73		42.03
42.04	RENTAL INCOME PROPERTIES	B	-1,601,324	OFFSITE CLINICS	90.01		42.04
42.05	RENTAL INCOME PROPERTIES	B	-504,444	Physicians' Private Offices	192		42.05
43							43
44	STATE ASSESSMENT TAX	A	-12,394,737	ADMINISTRATION & GENERAL	5.01		44
45							45
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-2,788	ADMIN & GEN PATIENT RELATED	5.03		45.01
45.02	CONTRACT REVENUE-VALET	B	-152,195	ADMINISTRATION & GENERAL	5.01		45.02
46	NEW HOSPITAL TRANSITION	A	7,126	ADMIN & GEN PATIENT RELATED	5.03		46
47	RECHARGE CENTER OFFSET	A	-361,658	Research	191		47
48							48
49							49
49.01	CLINIC SPACE RECOVERY	B	-3,200	Operating Room	50		49.01
49.02	CLINIC SPACE RECOVERY	B	-12,582	Anesthesiology	53		49.02
49.03	CLINIC SPACE RECOVERY	B	-609,237	Clinic	90		49.03
49.04	CLINIC SPACE RECOVERY	B	-7,700	OFFSITE CLINICS	90.01		49.04
49.05	CLINIC SPACE RECOVERY	B	-1,367,869	NON-REIMBURSABLE CLINICS	194.01		49.05
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-44,551,243				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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	285,843		285,843	177,200	4,933	420,254	21,013	1
2	35	NEONATOLOGY AGGREGATE	574,735	180,000	394,735	177,200	3,616	308,055	15,403	2
3	50	Operating Room SURGEON	1,337,789		1,337,789	208,000	8,535	853,500	42,675	3
4	53	Anesthesiology ANESTHESIOLOGIS	1,809,599		1,809,599	200,300	1,767	170,159	8,508	4
5	54	Radiology-Diagnostic RADIOLOGIST	139,419		139,419	225,300	2,695	291,915	14,596	5
6	60	Laboratory PATHOLOGIST	2,195,028		2,195,028	215,700	6,199	642,848	32,142	6
7	65	Respiratory Therapy PEDIATRICIAN	71,835		71,835	140,600	738	49,886	2,494	7
8	69	Electrocardiology PEDIATRICIAN	100,147		100,147	140,600	2,563	173,249	8,662	8
9	70	Electroencephalogram PEDIATRICIAN	10,470		10,470	140,600	572	38,665	1,933	9
10	76	PSYCHIATRY PSYCHIATRIST	589,804	69,457	520,347	154,100	6,820	505,270	25,264	10
11	90	Clinic PEDIATRICIAN	3,057		3,057	140,600	699	47,250	2,363	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	22,191		22,191	140,600	1,848	124,918	6,246	12
13	91	Emergency PEDIATRICIAN	1,150,292	1,080,000	70,292	140,600	9,976	674,339	33,717	13
14	95	Ambulance Services PEDIATRICIAN	22,425		22,425	140,600	501	33,866	1,693	14
15	107	Liver Acquisition	8,376		8,376	208,000	582	58,200	2,910	15
16	30	Adults & Pediatrics AGGREGATE	175,497	175,497		177,200				16
17	106	Heart Acquisition AGGREGATE	50,000	50,000		208,000				17
18	32	Coronary Care Unit AGGREGATE	186,150	186,150		177,200				18
19										19
20										20
200		TOTAL	8,732,657	1,741,104	6,991,553		52,044	4,392,374	219,619	200

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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					420,254			1
2	35	NEONATOLOGY AGGREGATE					308,055	86,680	266,680	2
3	50	Operating Room SURGEON					853,500	484,289	484,289	3
4	53	Anesthesiology ANESTHESIOLOGIS					170,159	1,639,440	1,639,440	4
5	54	Radiology-Diagnostic RADIOLOGIST					291,915			5
6	60	Laboratory PATHOLOGIST					642,848	1,552,180	1,552,180	6
7	65	Respiratory Therapy PEDIATRICIAN					49,886	21,949	21,949	7
8	69	Electrocardiology PEDIATRICIAN					173,249			8
9	70	Electroencephalogram PEDIATRICIAN					38,665			9
10	76	PSYCHIATRY PSYCHIATRIST					505,270	15,077	84,534	10
11	90	Clinic PEDIATRICIAN					47,250			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN					124,918			12
13	91	Emergency PEDIATRICIAN					674,339		1,080,000	13
14	95	Ambulance Services PEDIATRICIAN					33,866			14
15	107	Liver Acquisition					58,200			15
16	30	Adults & Pediatrics AGGREGATE							175,497	16
17	106	Heart Acquisition AGGREGATE							50,000	17
18	32	Coronary Care Unit AGGREGATE							186,150	18
19										19
20										20
200		TOTAL					4,392,374	3,799,615	5,540,719	200

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	39,601,246	39,601,246					1
1.01	CAP REL COSTS-INT EXP	22,215,302		22,215,302				1.01
2	Cap Rel Costs-Mvble Equip	24,249,596			24,249,596			2
4	Employee Benefits Department	1,151,380				1,151,380		4
4.01	EMPLOYEE BENEFITS FTE BASED	47,308,218	356,943	244,033	132,834	16,618	48,058,646	4.01
5.01	ADMINISTRATION & GENERAL	75,720,974	1,942,535	1,228,355	8,845,653	142,242	4,129,964	5.01
5.02	ADMIN & GENERAL CHCRC	5,503,161	511,049		156,884	16,660	618,148	5.02
5.03	ADMIN & GEN PATIENT RELATED	45,783,435	24,498	265,407	66,096	44,493	2,765,390	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	28,002,815	957,493	637,290	2,202,242	31,161	1,663,254	7
8	Laundry & Linen Service	1,497,384	109,798	70,108				8
9	Housekeeping	7,130,520	339,299	219,938	21,694	14,782	1,700,453	9
10	Dietary	850,181	108,383	433,194	21,099	1,088	116,928	10
11	Cafeteria	2,022,580	554,119		107,845	5,560	597,907	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	214,810	71,371	42,597	1,768	621	39,523	12.01
13	Nursing Administration	8,508,337	58,016	39,664	61,682	25,878	688,988	13
14	Central Services & Supply	262,038						14
15	Pharmacy							15
16	Medical Records & Library	4,135,372	152,028	103,938	51,450	9,422	551,409	16
17	Social Service	6,755,683	837,569	538,794	27,303	17,166	799,899	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,155,746			954	15,620	3,145	21
22	I&R Services-Other Prgm Costs Apprvd	14,495,562	70,575	48,250		30,418	81,234	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	31,329,162	5,830,171	3,976,924	991,299	104,060	4,833,997	30
31	Intensive Care Unit	13,108,805	1,772,377	1,211,728	334,202	41,062	1,802,474	31
32	Coronary Care Unit	9,734,371	1,289,275	858,074	529,013	31,832	1,374,968	32
35	NEONATOLOGY	15,099,435	1,559,989	1,066,524	645,082	47,901	1,899,299	35
40	Subprovider - IPF	2,719,837	492,477	336,694		9,713	477,150	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,297,556	4,058,899	2,792,618	2,400,461	56,283	2,453,034	50
51	Recovery Room	2,370,129	438,705	299,931	87,641	8,211	342,580	51
53	Anesthesiology	2,394,373	348,232	238,077	172,839	5,303	265,858	53
54	Radiology-Diagnostic	3,687,582	888,156	430,564	1,525,875	12,456	623,208	54
57	CT Scan	626,800	153,399	80,085	472,163	2,070	96,962	57
58	MRI	1,999,037	487,878	231,154	1,295,136	5,904	268,867	58
59	Cardiac Catheterization	3,614,885	702,256	401,722	1,226,150	11,491	468,124	59
60	Laboratory	30,490,980	2,247,033	1,049,050	759,676	50,809	2,716,840	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	10,468,634	239,628	148,953	170,520	22,700	1,114,990	65
66	Physical Therapy	3,777,559	550,316	121,623	18,086	12,857	623,891	66
67	Occupational Therapy	1,057,095	30,114		3,233	3,742	156,999	67
68	Speech Pathology	3,472,756	267,574	121,684	78,450	10,401	507,100	68
69	Electrocardiology	2,110,536	319,046	220,663	79,702	5,633	361,452	69
70	Electroencephalography	2,730,042	509,546	290,711	128,091	8,289	415,745	70
71	Medical Supplies Charged to Patients	15,345,988	268,813	183,780	336,684	2,755	254,507	71
72	Impl. Dev. Charged to Patients	8,422,479						72
73	Drugs Charged to Patients	34,745,171	519,451	351,386	72,344	30,655	1,274,998	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	818,043	13,399	9,160	1,476			74
76	PSYCHIATRY	5,178,455	993,842	461,038	51,192	15,993	808,242	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,894,305	2,799,737	1,631,196	215,503	45,706	1,963,439	90
90.01	OFFSITE CLINICS	14,040,935	790,430	66,208	291,069	42,781	2,232,853	90.01
91	Emergency	8,438,758	1,058,712	723,814	418,985	26,745	1,190,208	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,095,482	249,400	170,508		3,569	161,785	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,881,511	338,724	231,577	45,518	10,812	364,051	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	694,483	4,687		184	387	15,043	105
106	Heart Acquisition	1,315,757	20,430		191	774	35,147	106
107	Liver Acquisition	1,071,592	4,378		200	394	19,420	107
110	Intestinal Acquisition	56,595	2,432		62	170	6,154	110
118	SUBTOTALS (sum of lines 1-117)	610,653,468	35,343,182	21,577,014	24,048,531	1,003,187	42,885,627	118

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	NONREIMBURSABLE COST CENTERS							
191	Research	19,802,140	2,847,583	178,429	19,973	46,705	1,715,496	191
191.01	OSA	10,312,101	153,133	76,487	932	24,820	1,071,501	191.01
192	Physicians' Private Offices	2,793,025	3,272		54,270	7,659	366,649	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	20,778,824				38,595	654,115	194
194.01	NON-REIMBURSABLE CLINICS	7,706,530	1,242,888	375,723	125,890	30,285	1,346,522	194.01
194.02	KOHL HOUSE	233,521	11,188	7,649		129	18,736	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	672,279,609	39,601,246	22,215,302	24,249,596	1,151,380	48,058,646	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	92,009,723	92,009,723					5.01
5.02	ADMIN & GENERAL CHCRC	6,805,902	1,079,171	7,885,073				5.02
5.03	ADMIN & GEN PATIENT RELATED	48,949,319	7,761,410		56,710,729			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	33,494,255	5,310,983		3,890,258	42,695,496		7
8	Laundry & Linen Service	1,677,290	265,958		194,812	119,756	2,257,816	8
9	Housekeeping	9,426,686	1,494,733		1,094,881	370,070	172,921	9
10	Dietary	1,530,873	242,741		177,806	118,212		10
11	Cafeteria	3,288,011	521,360		381,893	604,373		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	370,690	58,778		43,054	77,844		12.01
13	Nursing Administration	9,382,565	1,487,737		1,089,757	63,278		13
14	Central Services & Supply	262,038	41,550		30,435			14
15	Pharmacy							15
16	Medical Records & Library	5,003,619	793,394		581,155	165,864		16
17	Social Service	8,976,414	1,423,336		1,042,584	913,528		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,175,465	820,642		601,115			21
22	I&R Services-Other Prgm Costs Apprvd	14,726,039	2,335,020		1,710,386	76,975		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,065,613	7,462,912		5,466,691	6,358,909	822,562	30
31	Intensive Care Unit	18,270,648	2,897,067		2,122,081	1,933,115	247,762	31
32	Coronary Care Unit	13,817,533	2,190,963		1,604,865	1,406,200	221,205	32
35	NEONATOLOGY	20,318,230	3,221,740		2,359,902	1,701,465	310,740	35
40	Subprovider - IPF	4,035,871	639,944		468,754	537,140	74,173	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,058,851	5,241,944		3,839,687	5,017,677	107,500	50
51	Recovery Room	3,547,197	562,458		411,996	478,492	1,835	51
53	Anesthesiology	3,424,682	543,031		397,767	379,813		53
54	Radiology-Diagnostic	7,167,841	1,136,562		832,523	968,704	44,410	54
57	CT Scan	1,431,479	226,981		166,262	167,311		57
58	MRI	4,287,976	679,919		498,036	532,124	18,889	58
59	Cardiac Catheterization	6,424,628	1,018,715		746,201	765,944		59
60	Laboratory	37,314,388	5,916,719		4,333,955	2,842,350		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,165,425	1,928,998		1,412,978	429,876		65
66	Physical Therapy	5,104,332	809,363		592,853	600,225	17,039	66
67	Occupational Therapy	1,251,183	198,393		145,321	32,845	7,947	67
68	Speech Pathology	4,457,965	706,873		517,779	291,841		68
69	Electrocardiology	3,097,032	491,078		359,711	347,981		69
70	Electroencephalography	4,082,424	647,325		474,161	555,757	1,251	70
71	Medical Supplies Charged to Patients	16,392,527	2,599,265		1,903,943	293,191		71
72	Impl. Dev. Charged to Patients	8,422,479	1,335,502		978,246			72
73	Drugs Charged to Patients	36,994,005	5,865,917		4,296,743	566,560		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	842,078	133,523		97,805	14,614		74
76	PSYCHIATRY	7,508,762	1,190,619		872,120	1,083,974		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,549,886	3,258,472		2,386,808	3,053,647		90
90.01	OFFSITE CLINICS	17,464,276	2,769,205		2,028,424	2,014,575	59,769	90.01
91	Emergency	11,857,222	1,880,129		1,377,181	1,423,563	122,994	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,680,744	266,505		195,213	272,018		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,872,193	613,990		449,744	369,443	603	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	714,784	113,339		83,020	5,112		105
106	Heart Acquisition	1,372,299	217,597		159,388	22,234		106
107	Liver Acquisition	1,095,984	173,784		127,295	4,775		107
110	Intestinal Acquisition	65,413	10,372		7,598	2,653		110
118	SUBTOTALS (sum of lines 1-117)	600,234,839	80,586,017		52,553,187	36,984,028	2,231,600	118
	NONREIMBURSABLE COST CENTERS							
191	Research	24,610,326	3,902,312	5,184,963		3,105,784		191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	11,638,974	1,845,522	2,700,110		456,836		191.01
192	Physicians' Private Offices	3,224,875	511,349		374,560	416,323	26,216	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	21,471,534	3,404,612		2,493,855			194
194.01	NON-REIMBURSABLE CLINICS	10,827,838	1,716,905		1,257,625	1,720,323		194.01
194.02	KOHL HOUSE	271,223	43,006		31,502	12,202		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	672,279,609	92,009,723	7,885,073	56,710,729	42,695,496	2,257,816	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	12,559,291						9
10	Dietary	38,827	2,108,459					10
11	Cafeteria	198,505		4,994,142				11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	25,568		5,413	581,347			12.01
13	Nursing Administration	20,784		94,358	791	12,139,270		13
14	Central Services & Supply						334,023	14
15	Pharmacy							15
16	Medical Records & Library	54,462		75,516	554	109		16
17	Social Service	300,047		109,547	326,620	32,994		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			431				21
22	I&R Services-Other Prgm Costs Apprvd	25,282		11,125		2,171		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,088,574	1,333,997	727,366	123,994	3,173,059		30
31	Intensive Care Unit	634,928	83,307	246,851	15,965	1,344,177		31
32	Coronary Care Unit	461,864	155,888	188,303	10,062	1,017,819		32
35	NEONATOLOGY	558,843		260,111	41,017	1,404,955		35
40	Subprovider - IPF	176,423	217,669		16,417	107,556		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,454,041	74,918	335,946	1,520	857,517		50
51	Recovery Room	157,160		46,917	8,635	217,608		51
53	Anesthesiology	124,749		36,410		70,438		53
54	Radiology-Diagnostic	318,169		85,349		3,690		54
57	CT Scan	54,953		13,279		23,009		57
58	MRI	174,775		36,822				58
59	Cardiac Catheterization	251,573		64,110		130,022		59
60	Laboratory	804,967		372,074		45,692		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	85,843		152,699		109		65
66	Physical Therapy	197,143		85,443	13,019			66
67	Occupational Therapy	10,788		21,501				67
68	Speech Pathology	95,855		69,448	2,587			68
69	Electrocardiology	114,294		49,501		4,016		69
70	Electroencephalography	182,537		56,937	2,536	56,003		70
71	Medical Supplies Charged to Patients	96,298		34,855			209,522	71
72	Impl. Dev. Charged to Patients						124,501	72
73	Drugs Charged to Patients	186,086		174,612		326		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	4,800						74
76	PSYCHIATRY	356,029	45,464	110,690	1,571	11,070		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,002,965	105,847	268,895	3,635	1,187,781		90
90.01	OFFSITE CLINICS	80,204		305,792	2,382	369,120		90.01
91	Emergency	379,268	19,821	163,000	4,795	605,395		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	89,344	71,548	22,157	2,844	117,541		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	121,343		49,857	483	153,031		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,679		2,060		2,279		105
106	Heart Acquisition	7,303		4,813		12,373		106
107	Liver Acquisition	1,568		2,660		5,427		107
110	Intestinal Acquisition	871		843		1,519		110
118	SUBTOTALS (sum of lines 1-117)	10,938,712	2,108,459	4,285,691	579,427	10,956,806	334,023	118
	NONREIMBURSABLE COST CENTERS							
191	Research	1,020,090		234,939		105,494		191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	150,047		146,743		73,260		191.01
192	Physicians' Private Offices	1,172		50,213	31	98,005		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			89,582		44,715		194
194.01	NON-REIMBURSABLE CLINICS	445,262		184,408	1,889	860,990		194.01
194.02	KOHL HOUSE	4,008		2,566				194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,559,291	2,108,459	4,994,142	581,347	12,139,270	334,023	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		16	17	21	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	6,674,673						16
17	Social Service		13,125,070					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			6,597,653				21
22	I&R Services-Other Prgm Costs Apprvd				18,886,998			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,738,085	5,315,653	1,289,731	3,692,090	86,659,236	-4,981,821	30
31	Intensive Care Unit	478,574	406,877	493,996	1,414,155	30,589,503	-1,908,151	31
32	Coronary Care Unit	441,196				21,515,898		32
35	NEONATOLOGY	619,410	525,003	305,477	874,483	32,501,376	-1,179,960	35
40	Subprovider - IPF					6,273,947		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	293,686		914,294	2,617,334	53,814,915	-3,531,628	50
51	Recovery Room					5,432,298		51
53	Anesthesiology			516,426	1,478,365	6,971,681	-1,994,791	53
54	Radiology-Diagnostic			318,294	911,175	11,786,717	-1,229,469	54
57	CT Scan					2,083,274		57
58	MRI					6,228,541		58
59	Cardiac Catheterization			104,407	298,884	9,804,484	-403,291	59
60	Laboratory			563,957	1,614,430	53,808,532	-2,178,387	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			90,254	258,370	16,524,552	-348,624	65
66	Physical Therapy					7,419,417		66
67	Occupational Therapy					1,667,978		67
68	Speech Pathology					6,142,348		68
69	Electrocardiology			150,335	430,362	5,044,310	-580,697	69
70	Electroencephalography			256,344	733,832	7,049,107	-990,176	70
71	Medical Supplies Charged to Patients					21,529,601		71
72	Impl. Dev. Charged to Patients					10,860,728		72
73	Drugs Charged to Patients					48,084,249		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			79,306	227,029	1,399,155	-306,335	74
76	PSYCHIATRY			225,636	645,925	12,051,860	-871,561	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,629,820	5,486,280	171,163	489,986	40,595,185	-661,149	90
90.01	OFFSITE CLINICS			289,188	827,854	26,210,789	-1,117,042	90.01
91	Emergency	399,813	1,391,257	708,150	2,027,211	22,359,799	-2,735,361	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					2,717,914		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					5,630,687		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					922,273		105
106	Heart Acquisition					1,796,007		106
107	Liver Acquisition					1,411,493		107
110	Intestinal Acquisition					89,269		110
118	SUBTOTALS (sum of lines 1-117)	6,600,584	13,125,070	6,476,958	18,541,485	566,977,123	-25,018,443	118
	NONREIMBURSABLE COST CENTERS							
191	Research					38,163,908		191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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					17,011,492		191.01
192	Physicians' Private Offices					4,702,744		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	74,089				27,578,387		194
194.01	NON-REIMBURSABLE CLINICS			120,695	345,513	17,481,448	-466,208	194.01
194.02	KOHL HOUSE					364,507		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,674,673	13,125,070	6,597,653	18,886,998	672,279,609	-25,484,651	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
1.01	CAP REL COSTS-INT EXP					1.01
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
4.01	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	ADMINISTRATION & GENERAL					5.01
5.02	ADMIN & GENERAL CHCRC					5.02
5.03	ADMIN & GEN PATIENT RELATED					5.03
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
12.01	VOLUNTEERS					12.01
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	81,677,415				30
31	Intensive Care Unit	28,681,352				31
32	Coronary Care Unit	21,515,898				32
35	NEONATOLOGY	31,321,416				35
40	Subprovider - IPF	6,273,947				40
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	50,283,287				50
51	Recovery Room	5,432,298				51
53	Anesthesiology	4,976,890				53
54	Radiology-Diagnostic	10,557,248				54
57	CT Scan	2,083,274				57
58	MRI	6,228,541				58
59	Cardiac Catheterization	9,401,193				59
60	Laboratory	51,630,145				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	16,175,928				65
66	Physical Therapy	7,419,417				66
67	Occupational Therapy	1,667,978				67
68	Speech Pathology	6,142,348				68
69	Electrocardiology	4,463,613				69
70	Electroencephalography	6,058,931				70
71	Medical Supplies Charged to Patients	21,529,601				71
72	Impl. Dev. Charged to Patients	10,860,728				72
73	Drugs Charged to Patients	48,084,249				73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	1,092,820				74
76	PSYCHIATRY	11,180,299				76
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	39,934,036				90
90.01	OFFSITE CLINICS	25,093,747				90.01
91	Emergency	19,624,438				91
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT	2,717,914				92.01
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	5,630,687				95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
	SPECIAL PURPOSE COST CENTERS					
105	Kidney Acquisition	922,273				105
106	Heart Acquisition	1,796,007				106
107	Liver Acquisition	1,411,493				107
110	Intestinal Acquisition	89,269				110
118	SUBTOTALS (sum of lines 1-117)	541,958,680				118
	NONREIMBURSABLE COST CENTERS					
191	Research	38,163,908				191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
191.01	OSA	17,011,492					191.01
192	Physicians' Private Offices	4,702,744					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	27,578,387					194
194.01	NON-REIMBURSABLE CLINICS	17,015,240					194.01
194.02	KOHL HOUSE	364,507					194.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	646,794,958					202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED		356,943	244,033	132,834	733,810	733,810	4.01
5.01	ADMINISTRATION & GENERAL		1,942,535	1,228,355	8,845,653	12,016,543	63,061	5.01
5.02	ADMIN & GENERAL CHCRC		511,049		156,884	667,933	9,439	5.02
5.03	ADMIN & GEN PATIENT RELATED		24,498	265,407	66,096	356,001	42,225	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		957,493	637,290	2,202,242	3,797,025	25,396	7
8	Laundry & Linen Service		109,798	70,108		179,906		8
9	Housekeeping		339,299	219,938	21,694	580,931	25,964	9
10	Dietary		108,383	433,194	21,099	562,676	1,785	10
11	Cafeteria		554,119		107,845	661,964	9,129	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		71,371	42,597	1,768	115,736	603	12.01
13	Nursing Administration		58,016	39,664	61,682	159,362	10,520	13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		152,028	103,938	51,450	307,416	8,420	16
17	Social Service		837,569	538,794	27,303	1,403,666	12,214	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				954	954	48	21
22	I&R Services-Other Prgm Costs Apprvd		70,575	48,250		118,825	1,240	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		5,830,171	3,976,924	991,299	10,798,394	73,809	30
31	Intensive Care Unit		1,772,377	1,211,728	334,202	3,318,307	27,522	31
32	Coronary Care Unit		1,289,275	858,074	529,013	2,676,362	20,994	32
35	NEONATOLOGY		1,559,989	1,066,524	645,082	3,271,595	29,001	35
40	Subprovider - IPF		492,477	336,694		829,171	7,286	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,058,899	2,792,618	2,400,461	9,251,978	37,456	50
51	Recovery Room		438,705	299,931	87,641	826,277	5,231	51
53	Anesthesiology		348,232	238,077	172,839	759,148	4,059	53
54	Radiology-Diagnostic		888,156	430,564	1,525,875	2,844,595	9,516	54
57	CT Scan		153,399	80,085	472,163	705,647	1,481	57
58	MRI		487,878	231,154	1,295,136	2,014,168	4,105	58
59	Cardiac Catheterization		702,256	401,722	1,226,150	2,330,128	7,148	59
60	Laboratory		2,247,033	1,049,050	759,676	4,055,759	41,484	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		239,628	148,953	170,520	559,101	17,025	65
66	Physical Therapy		550,316	121,623	18,086	690,025	9,526	66
67	Occupational Therapy		30,114		3,233	33,347	2,397	67
68	Speech Pathology		267,574	121,684	78,450	467,708	7,743	68
69	Electrocardiology		319,046	220,663	79,702	619,411	5,519	69
70	Electroencephalography		509,546	290,711	128,091	928,348	6,348	70
71	Medical Supplies Charged to Patients		268,813	183,780	336,684	789,277	3,886	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		519,451	351,386	72,344	943,181	19,468	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		13,399	9,160	1,476	24,035		74
76	PSYCHIATRY		993,842	461,038	51,192	1,506,072	12,341	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,799,737	1,631,196	215,503	4,646,436	29,980	90
90.01	OFFSITE CLINICS		790,430	66,208	291,069	1,147,707	34,094	90.01
91	Emergency		1,058,712	723,814	418,985	2,201,511	18,173	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		249,400	170,508		419,908	2,470	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		338,724	231,577	45,518	615,819	5,559	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		4,687		184	4,871	230	105
106	Heart Acquisition		20,430		191	20,621	537	106
107	Liver Acquisition		4,378		200	4,578	297	107
110	Intestinal Acquisition		2,432		62	2,494	94	110
118	SUBTOTALS (sum of lines 1-117)		35,343,182	21,577,014	24,048,531	80,968,727	654,823	118
	NONREIMBURSABLE COST CENTERS							
191	Research		2,847,583	178,429	19,973	3,045,985	26,194	191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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		153,133	76,487	932	230,552	16,361	191.01
192	Physicians' Private Offices		3,272		54,270	57,542	5,598	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						9,988	194
194.01	NON-REIMBURSABLE CLINICS		1,242,888	375,723	125,890	1,744,501	20,560	194.01
194.02	KOHL HOUSE		11,188	7,649		18,837	286	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		39,601,246	22,215,302	24,249,596	86,066,144	733,810	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	12,079,604						5.01
5.02	ADMIN & GENERAL CHCRC	141,678	819,050					5.02
5.03	ADMIN & GEN PATIENT RELATED	1,019,101		1,417,327				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	697,250		97,231	4,616,902			7
8	Laundry & Linen Service	34,916		4,869	12,950	232,641		8
9	Housekeeping	196,235		27,365	40,018	17,817	888,330	9
10	Dietary	31,868		4,444	12,783		2,746	10
11	Cafeteria	68,447		9,545	65,354		14,040	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	7,717		1,076	8,418		1,808	12.01
13	Nursing Administration	195,317		27,237	6,843		1,470	13
14	Central Services & Supply	5,455		761				14
15	Pharmacy							15
16	Medical Records & Library	104,160		14,525	17,936		3,852	16
17	Social Service	186,862		26,058	98,785		21,223	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	107,738		15,024				21
22	I&R Services-Other Prgm Costs Apprvd	306,552		42,748	8,324		1,788	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	979,765		136,560	687,626	84,756	147,727	30
31	Intensive Care Unit	380,340		53,038	209,038	25,529	44,909	31
32	Coronary Care Unit	287,640		40,111	152,060	22,792	32,668	32
35	NEONATOLOGY	422,965		58,982	183,989	32,018	39,527	35
40	Subprovider - IPF	84,015		11,716	58,084	7,643	12,479	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	688,186		95,967	542,589	11,077	102,846	50
51	Recovery Room	73,842		10,297	51,742	189	11,116	51
53	Anesthesiology	71,292		9,942	41,071		8,824	53
54	Radiology-Diagnostic	149,213		20,808	104,751	4,576	22,504	54
57	CT Scan	29,799		4,155	18,092		3,887	57
58	MRI	89,263		12,448	57,542	1,946	12,362	58
59	Cardiac Catheterization	133,741		18,650	82,826		17,794	59
60	Laboratory	776,774		108,321	307,359		56,936	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	253,248		35,315	46,485		6,072	65
66	Physical Therapy	106,257		14,817	64,906	1,756	13,944	66
67	Occupational Therapy	26,046		3,632	3,552	819	763	67
68	Speech Pathology	92,801		12,941	31,558		6,780	68
69	Electrocardiology	64,471		8,990	37,629		8,084	69
70	Electroencephalography	84,984		11,851	60,097	129	12,911	70
71	Medical Supplies Charged to Patients	341,243		47,586	31,704		6,811	71
72	Impl. Dev. Charged to Patients	175,331		24,450				72
73	Drugs Charged to Patients	770,104		107,391	61,265		13,162	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	17,530		2,444	1,580		339	74
76	PSYCHIATRY	156,310		21,797	117,216		25,182	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	427,787		59,655	330,208		70,941	90
90.01	OFFSITE CLINICS	363,554		50,697	217,847	6,158	5,673	90.01
91	Emergency	246,832		34,421	153,938	12,673	26,826	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	34,988		4,879	29,415		6,319	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	80,607		11,241	39,950	62	8,583	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	14,880		2,075	553		119	105
106	Heart Acquisition	28,567		3,984	2,404		517	106
107	Liver Acquisition	22,815		3,182	516		111	107
110	Intestinal Acquisition	1,362		190	287		62	110
118	SUBTOTALS (sum of lines 1-117)	10,579,848		1,313,416	3,999,290	229,940	773,705	118
	NONREIMBURSABLE COST CENTERS							
191	Research	512,313	538,581		335,846		72,152	191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	242,289	280,469		49,400		10,613	191.01
192	Physicians' Private Offices	67,132		9,362	45,019	2,701	83	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	446,973		62,330				194
194.01	NON-REIMBURSABLE CLINICS	225,403		31,432	186,028		31,494	194.01
194.02	KOHL HOUSE	5,646		787	1,319		283	194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,079,604	819,050	1,417,327	4,616,902	232,641	888,330	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	616,302						10
11	Cafeteria		828,479					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		898	136,256				12.01
13	Nursing Administration		15,653	185	416,587			13
14	Central Services & Supply					6,216		14
15	Pharmacy							15
16	Medical Records & Library		12,527	130	4		468,970	16
17	Social Service		18,173	76,555	1,132			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		71					21
22	I&R Services-Other Prgm Costs Apprvd		1,846		74			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	389,927	120,664	29,062	108,889		122,120	30
31	Intensive Care Unit	24,350	40,950	3,742	46,129		33,625	31
32	Coronary Care Unit	45,566	31,238	2,358	34,929		30,999	32
35	NEONATOLOGY		43,150	9,613	48,214		43,520	35
40	Subprovider - IPF	63,625		3,848	3,691			40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,899	55,730	356	29,428		20,635	50
51	Recovery Room		7,783	2,024	7,468			51
53	Anesthesiology		6,040		2,417			53
54	Radiology-Diagnostic		14,159		127			54
57	CT Scan		2,203		790			57
58	MRI		6,108					58
59	Cardiac Catheterization		10,635		4,462			59
60	Laboratory		61,723		1,568			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		25,331		4			65
66	Physical Therapy		14,174	3,051				66
67	Occupational Therapy		3,567					67
68	Speech Pathology		11,521	606				68
69	Electrocardiology		8,212		138			69
70	Electroencephalography		9,445	594	1,922			70
71	Medical Supplies Charged to Patients		5,782			3,900		71
72	Impl. Dev. Charged to Patients					2,316		72
73	Drugs Charged to Patients		28,966		11			73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	13,289	18,362	368	380			76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	30,939	44,607	852	40,761		184,774	90
90.01	OFFSITE CLINICS		50,728	558	12,667			90.01
91	Emergency	5,794	27,040	1,124	20,776		28,091	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	20,913	3,676	667	4,034			92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		8,271	113	5,252			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		342		78			105
106	Heart Acquisition		798		425			106
107	Liver Acquisition		441		186			107
110	Intestinal Acquisition		140		52			110
118	SUBTOTALS (sum of lines 1-117)	616,302	710,954	135,806	376,008	6,216	463,764	118
	NONREIMBURSABLE COST CENTERS							
191	Research		38,974		3,620			191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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		24,343		2,514			191.01
192	Physicians' Private Offices		8,330	7	3,363			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		14,861		1,535		5,206	194
194.01	NON-REIMBURSABLE CLINICS		30,591	443	29,547			194.01
194.02	KOHL HOUSE		426					194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	616,302	828,479	136,256	416,587	6,216	468,970	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	1,844,668						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		123,835					21
22	I&R Services-Other Prgm Costs Apprvd			481,397				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	747,091			14,426,390		14,426,390	30
31	Intensive Care Unit	57,185			4,264,664		4,264,664	31
32	Coronary Care Unit				3,377,717		3,377,717	32
35	NEONATOLOGY	73,787			4,256,361		4,256,361	35
40	Subprovider - IPF				1,081,558		1,081,558	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				10,858,147		10,858,147	50
51	Recovery Room				995,969		995,969	51
53	Anesthesiology				902,793		902,793	53
54	Radiology-Diagnostic				3,170,249		3,170,249	54
57	CT Scan				766,054		766,054	57
58	MRI				2,197,942		2,197,942	58
59	Cardiac Catheterization				2,605,384		2,605,384	59
60	Laboratory				5,409,924		5,409,924	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy				942,581		942,581	65
66	Physical Therapy				918,456		918,456	66
67	Occupational Therapy				74,123		74,123	67
68	Speech Pathology				631,658		631,658	68
69	Electrocardiology				752,454		752,454	69
70	Electroencephalography				1,116,629		1,116,629	70
71	Medical Supplies Charged to Patients				1,230,189		1,230,189	71
72	Impl. Dev. Charged to Patients				202,097		202,097	72
73	Drugs Charged to Patients				1,943,548		1,943,548	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis				45,928		45,928	74
76	PSYCHIATRY				1,871,317		1,871,317	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	771,070			6,638,010		6,638,010	90
90.01	OFFSITE CLINICS				1,889,683		1,889,683	90.01
91	Emergency	195,535			2,972,734		2,972,734	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				527,269		527,269	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				775,457		775,457	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				23,148		23,148	105
106	Heart Acquisition				57,853		57,853	106
107	Liver Acquisition				32,126		32,126	107
110	Intestinal Acquisition				4,681		4,681	110
118	SUBTOTALS (sum of lines 1-117)	1,844,668			76,963,093		76,963,093	118
	NONREIMBURSABLE COST CENTERS							
191	Research				4,573,665		4,573,665	191

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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				856,541		856,541	191.01
192	Physicians' Private Offices				199,137		199,137	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				540,893		540,893	194
194.01	NON-REIMBURSABLE CLINICS				2,299,999		2,299,999	194.01
194.02	KOHL HOUSE				27,584		27,584	194.02
200	Cross Foot Adjustments		123,835	481,397	605,232		605,232	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,844,668	123,835	481,397	86,066,144		86,066,144	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	RECONCILIATION	
		1	1.01	2	4	4.01	5A.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	895,553						1
1.01	CAP REL COSTS-INT EXP		734,828					1.01
2	Cap Rel Costs-Mvble Equip			25,394,361				2
4	Employee Benefits Department				302,394,777			4
4.01	EMPLOYEE BENEFITS FTE BASED	8,072	8,072	139,105	4,363,948	351,413		4.01
5.01	ADMINISTRATION & GENERAL	43,929	40,631	9,263,243	37,390,242	30,199	-92,009,723	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		164,290	4,375,041	4,520		5.02
5.03	ADMIN & GEN PATIENT RELATED	554	8,779	69,216	11,684,153	20,221		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	21,653	21,080	2,306,203	8,183,060	12,162		7
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	7,673	7,275	22,718	3,881,812	12,434		9
10	Dietary	2,451	14,329	22,095	285,665	855		10
11	Cafeteria	12,531		112,936	1,460,160	4,372		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,614	1,409	1,851	163,107	289		12.01
13	Nursing Administration	1,312	1,312	64,594	6,795,747	5,038		13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,438	3,438	53,879	2,474,389	4,032		16
17	Social Service	18,941	17,822	28,592	4,507,982	5,849		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			999	4,101,958	23		21
22	I&R Services-Other Prgm Costs Apprvd	1,596	1,596		7,987,894	594		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	131,845	131,547	1,038,095	27,326,555	35,347		30
31	Intensive Care Unit	40,081	40,081	349,979	10,783,057	13,180		31
32	Coronary Care Unit	29,156	28,383	553,986	8,359,247	10,054		32
35	NEONATOLOGY	35,278	35,278	675,534	12,579,072	13,888		35
40	Subprovider - IPF	11,137	11,137		2,550,599	3,489		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	91,789	92,373	2,513,780	14,780,111	17,937		50
51	Recovery Room	9,921	9,921	91,778	2,156,247	2,505		51
53	Anesthesiology	7,875	7,875	180,998	1,392,629	1,944		53
54	Radiology-Diagnostic	20,085	14,242	1,597,907	3,271,016	4,557		54
57	CT Scan	3,469	2,649	494,452	543,521	709		57
58	MRI	11,033	7,646	1,356,276	1,550,488	1,966		58
59	Cardiac Catheterization	15,881	13,288	1,284,033	3,017,581	3,423		59
60	Laboratory	50,815	34,700	795,538	13,342,577	19,866		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,419	4,927	178,570	5,961,167	8,153		65
66	Physical Therapy	12,445	4,023	18,940	3,376,286	4,562		66
67	Occupational Therapy	681		3,386	982,657	1,148		67
68	Speech Pathology	6,051	4,025	82,153	2,731,443	3,708		68
69	Electrocardiology	7,215	7,299	83,464	1,479,303	2,643		69
70	Electroencephalography	11,523	9,616	134,138	2,176,863	3,040		70
71	Medical Supplies Charged to Patients	6,079	6,079	352,578	723,443	1,861		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623	75,759	8,050,091	9,323		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303	1,546				74
76	PSYCHIATRY	22,475	15,250	53,609	4,199,751	5,910		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	63,314	53,956	225,676	12,002,589	14,357		90
90.01	OFFSITE CLINICS	17,875	2,190	304,810	11,234,380	16,327		90.01
91	Emergency	23,942	23,942	438,764	7,023,308	8,703		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640		937,251	1,183		92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	7,660	7,660	47,667	2,839,303	2,662		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	106		193	101,614	110		105
106	Heart Acquisition	462		200	203,189	257		106
107	Liver Acquisition	99		209	103,517	142		107
110	Intestinal Acquisition	55		65	44,662	45		110
118	SUBTOTALS (sum of lines 1-117)	799,260	713,715	25,183,804	263,478,675	313,587	-92,009,723	118
	NONREIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	20,916	12,264,988	12,544		191
191.01	OSA	3,463	2,530	976	6,517,744	7,835		191.01
192	Physicians' Private Offices	74		56,832	2,011,193	2,681		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				10,135,280	4,783		194
194.01	NON-REIMBURSABLE CLINICS	28,107	12,428	131,833	7,952,994	9,846		194.01
194.02	KOHL HOUSE	253	253		33,903	137		194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	39,601,246	22,215,302	24,249,596	1,151,380	48,058,646		202
203	Unit Cost Multiplier (Wkst. B, Part I)	44.219880	30.231975	0.954921	0.003808	136.758304		203
204	Cost to be allocated (Per Wkst. B, Part II)					733,810		204
205	Unit Cost Multiplier (Wkst. B, Part II)					2.088170		205

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	580,269,886						5.01
5.02	ADMIN & GENERAL CHCRC	6,805,902	30,114,241					5.02
5.03	ADMIN & GEN PATIENT RELATED	48,949,319		411,196,463				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	33,494,255		28,207,445	885,244			7
8	Laundry & Linen Service	1,677,290		1,412,543	2,483	1,810,869		8
9	Housekeeping	9,426,686		7,938,756	7,673	138,690	792,828	9
10	Dietary	1,530,873		1,289,236	2,451		2,451	10
11	Cafeteria	3,288,011		2,769,024	12,531		12,531	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	370,690		312,179	1,614		1,614	12.01
13	Nursing Administration	9,382,565		7,901,599	1,312		1,312	13
14	Central Services & Supply	262,038		220,677				14
15	Pharmacy							15
16	Medical Records & Library	5,003,619		4,213,836	3,439		3,438	16
17	Social Service	8,976,414		7,559,556	18,941		18,941	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,175,465		4,358,558				21
22	I&R Services-Other Prgm Costs Apprvd	14,726,039		12,401,647	1,596		1,596	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,065,613		39,636,669	131,845	659,732	131,845	30
31	Intensive Care Unit	18,270,648		15,386,767	40,081	198,716	40,081	31
32	Coronary Care Unit	13,817,533		11,636,542	29,156	177,416	29,156	32
35	NEONATOLOGY	20,318,230		17,111,154	35,278	249,227	35,278	35
40	Subprovider - IPF	4,035,871		3,398,840	11,137	59,490	11,137	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,058,851		27,840,766	104,036	86,220	91,789	50
51	Recovery Room	3,547,197		2,987,299	9,921	1,472	9,921	51
53	Anesthesiology	3,424,682		2,884,122	7,875		7,875	53
54	Radiology-Diagnostic	7,167,841		6,036,453	20,085	35,619	20,085	54
57	CT Scan	1,431,479		1,205,531	3,469		3,469	57
58	MRI	4,287,976		3,611,152	11,033	15,150	11,033	58
59	Cardiac Catheterization	6,424,628		5,410,550	15,881		15,881	59
60	Laboratory	37,314,388		31,424,599	58,933		50,815	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,165,425		10,245,206	8,913		5,419	65
66	Physical Therapy	5,104,332		4,298,653	12,445	13,666	12,445	66
67	Occupational Therapy	1,251,183		1,053,693	681	6,374	681	67
68	Speech Pathology	4,457,965		3,754,310	6,051		6,051	68
69	Electrocardiology	3,097,032		2,608,189	7,215		7,215	69
70	Electroencephalography	4,082,424		3,438,045	11,523	1,003	11,523	70
71	Medical Supplies Charged to Patients	16,392,527		13,805,093	6,079		6,079	71
72	Impl. Dev. Charged to Patients	8,422,479		7,093,056				72
73	Drugs Charged to Patients	36,994,005		31,154,786	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	842,078		709,162	303		303	74
76	PSYCHIATRY	7,508,762		6,323,562	22,475		22,475	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,549,886		17,306,245	63,314		63,314	90
90.01	OFFSITE CLINICS	17,464,276		14,707,675	41,770	47,937	5,063	90.01
91	Emergency	11,857,222		9,985,651	29,516	98,647	23,942	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,680,744		1,415,452	5,640		5,640	92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,872,193		3,260,997	7,660	484	7,660	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	714,784		601,961	106		106	105
106	Heart Acquisition	1,372,299		1,155,692	461		461	106
107	Liver Acquisition	1,095,984		922,991	99		99	107
110	Intestinal Acquisition	65,413		55,088	55		55	110
118	SUBTOTALS (sum of lines 1-117)	508,225,116		381,051,007	766,823	1,789,843	690,526	118
	NONREIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	24,610,326	19,802,140		64,395		64,395	191
191.01	OSA	11,638,974	10,312,101		9,472		9,472	191.01
192	Physicians' Private Offices	3,224,875		2,715,853	8,632	21,026	74	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	21,471,534		18,082,418				194
194.01	NON-REIMBURSABLE CLINICS	10,827,838		9,118,772	35,669		28,108	194.01
194.02	KOHL HOUSE	271,223		228,413	253		253	194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	92,009,723	7,885,073	56,710,729	42,695,496	2,257,816	12,559,291	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.158564	0.261839	0.137916	48.230201	1.246814	15.841129	203
204	Cost to be allocated (Per Wkst. B, Part II)	12,079,604	819,050	1,417,327	4,616,902	232,641	888,330	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.020817	0.027198	0.003447	5.215400	0.128469	1.120457	205

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED	FTEs	HOURS OF SERVICE				
		10	11	12.01	13	14	16	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	110,097						10
11	Cafeteria		266,650					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		289	56,623				12.01
13	Nursing Administration		5,038	77	111,849			13
14	Central Services & Supply					22,596,631		14
15	Pharmacy							15
16	Medical Records & Library		4,032	54	1		10,000	16
17	Social Service		5,849	31,813	304			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		23					21
22	I&R Services-Other Prgm Costs Apprvd		594		20			22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	69,657	38,836	12,077	29,236		2,604	30
31	Intensive Care Unit	4,350	13,180	1,555	12,385		717	31
32	Coronary Care Unit	8,140	10,054	980	9,378		661	32
35	NEONATOLOGY		13,888	3,995	12,945		928	35
40	Subprovider - IPF	11,366		1,599	991			40
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,912	17,937	148	7,901		440	50
51	Recovery Room		2,505	841	2,005			51
53	Anesthesiology		1,944		649			53
54	Radiology-Diagnostic		4,557		34			54
57	CT Scan		709		212			57
58	MRI		1,966					58
59	Cardiac Catheterization		3,423		1,198			59
60	Laboratory		19,866		421			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,153		1			65
66	Physical Therapy		4,562	1,268				66
67	Occupational Therapy		1,148					67
68	Speech Pathology		3,708	252				68
69	Electrocardiology		2,643		37			69
70	Electroencephalography		3,040	247	516			70
71	Medical Supplies Charged to Patients		1,861			14,174,151		71
72	Impl. Dev. Charged to Patients					8,422,480		72
73	Drugs Charged to Patients		9,323		3			73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	2,374	5,910	153	102			76
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	5,527	14,357	354	10,944		3,940	90
90.01	OFFSITE CLINICS		16,327	232	3,401			90.01
91	Emergency	1,035	8,703	467	5,578		599	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,736	1,183	277	1,083			92.01
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services		2,662	47	1,410			95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition		110		21			105
106	Heart Acquisition		257		114			106
107	Liver Acquisition		142		50			107
110	Intestinal Acquisition		45		14			110
118	SUBTOTALS (sum of lines 1-117)	110,097	228,824	56,436	100,954	22,596,631	9,889	118
NONREIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
191	Research		12,544		972			191
191.01	OSA		7,835		675			191.01
192	Physicians' Private Offices		2,681	3	903			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		4,783		412		111	194
194.01	NON-REIMBURSABLE CLINICS		9,846	184	7,933			194.01
194.02	KOHL HOUSE		137					194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,108,459	4,994,142	581,347	12,139,270	334,023	6,674,673	202
203	Unit Cost Multiplier (Wkst. B, Part I)	19.150921	18.729203	10.266976	108.532665	0.014782	667.467300	203
204	Cost to be allocated (Per Wkst. B, Part II)	616,302	828,479	136,256	416,587	6,216	468,970	204
205	Unit Cost Multiplier (Wkst. B, Part II)	5.597809	3.106990	2.406372	3.724548	0.000275	46.897000	205

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	VOLUNTEERS						12.01
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	10,000					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		24,708				21
22	I&R Services-Other Prgm Costs Apprvd			24,708			22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,050	4,830	4,830			30
31	Intensive Care Unit	310	1,850	1,850			31
32	Coronary Care Unit						32
35	NEONATOLOGY	400	1,144	1,144			35
40	Subprovider - IPF						40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,424	3,424			50
51	Recovery Room						51
53	Anesthesiology		1,934	1,934			53
54	Radiology-Diagnostic		1,192	1,192			54
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization		391	391			59
60	Laboratory		2,112	2,112			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		338	338			65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology		563	563			69
70	Electroencephalography		960	960			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		297	297			74
76	PSYCHIATRY		845	845			76
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,180	641	641			90
90.01	OFFSITE CLINICS		1,083	1,083			90.01
91	Emergency	1,060	2,652	2,652			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
110	Intestinal Acquisition						110

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		17	21	22			
118	SUBTOTALS (sum of lines 1-117)	10,000	24,256	24,256			118
	NONREIMBURSABLE COST CENTERS						
191	Research						191
191.01	OSA						191.01
192	Physicians' Private Offices						192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES						194
194.01	NON-REIMBURSABLE CLINICS		452	452			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)	13,125,070	6,597,653	18,886,998			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,312,507,000	267,024,972	764,408,208			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,844,668	123,835	481,397			204
205	Unit Cost Multiplier (Wkst. B, Part II)	184,466,800	5,011,939	19,483,447			205

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS				
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics	81,677,415		81,677,415		30
31	Intensive Care Unit	28,681,352		28,681,352		31
32	Coronary Care Unit	21,515,898		21,515,898		32
35	NEONATOLOGY	31,321,416		31,321,416		35
40	Subprovider - IPF	6,273,947		6,273,947		40
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	50,283,287		50,283,287		50
51	Recovery Room	5,432,298		5,432,298		51
53	Anesthesiology	4,976,890		4,976,890		53
54	Radiology-Diagnostic	10,557,248		10,557,248		54
57	CT Scan	2,083,274		2,083,274		57
58	MRI	6,228,541		6,228,541		58
59	Cardiac Catheterization	9,401,193		9,401,193		59
60	Laboratory	51,630,145		51,630,145		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	16,175,928		16,175,928		65
66	Physical Therapy	7,419,417		7,419,417		66
67	Occupational Therapy	1,667,978		1,667,978		67
68	Speech Pathology	6,142,348		6,142,348		68
69	Electrocardiology	4,463,613		4,463,613		69
70	Electroencephalography	6,058,931		6,058,931		70
71	Medical Supplies Charged to Patients	21,529,601		21,529,601		71
72	Impl. Dev. Charged to Patients	10,860,728		10,860,728		72
73	Drugs Charged to Patients	48,084,249		48,084,249		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	1,092,820		1,092,820		74
76	PSYCHIATRY	11,180,299		11,180,299		76
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	39,934,036		39,934,036		90
90.01	OFFSITE CLINICS	25,093,747		25,093,747		90.01
91	Emergency	19,624,438		19,624,438		91
92	Observation Beds (Non-Distinct Part)	9,873,526		9,873,526		9,873,526
92.01	OBSERVATION BEDS-DISTINCT	2,717,914		2,717,914		92.01
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	5,630,687		5,630,687		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	922,273		922,273		105
106	Heart Acquisition	1,796,007		1,796,007		106
107	Liver Acquisition	1,411,493		1,411,493		107
110	Intestinal Acquisition	89,269		89,269		110
200	Subtotal (sum of lines 30 thru 199)	551,832,206		551,832,206		9,873,526
201	Less Observation Beds	9,873,526		9,873,526		9,873,526
202	Total (line 200 minus line 201)	541,958,680		541,958,680		202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	149,791,525		149,791,525				30
31	Intensive Care Unit	78,948,645		78,948,645				31
32	Coronary Care Unit	61,896,137		61,896,137				32
35	NEONATOLOGY	100,101,711		100,101,711				35
40	Subprovider - IPF	11,020,318		11,020,318				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	71,210,339	103,982,890	175,193,229	0.287016	0.287016		50
51	Recovery Room	5,422,728	16,460,171	21,882,899	0.248244	0.248244		51
53	Anesthesiology	14,058,414	23,992,200	38,050,614	0.130797	0.130797		53
54	Radiology-Diagnostic	18,871,171	40,475,427	59,346,598	0.177891	0.177891		54
57	CT Scan	7,749,258	10,683,451	18,432,709	0.113021	0.113021		57
58	MRI	11,765,250	47,881,888	59,647,138	0.104423	0.104423		58
59	Cardiac Catheterization	23,506,935	35,531,256	59,038,191	0.159239	0.159239		59
60	Laboratory	100,123,883	125,195,233	225,319,116	0.229142	0.229142		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	94,864,951	2,356,846	97,221,797	0.166382	0.166382		65
66	Physical Therapy	2,998,913	6,169,068	9,167,981	0.809275	0.809275		66
67	Occupational Therapy	1,739,881	2,595,260	4,335,141	0.384757	0.384757		67
68	Speech Pathology	1,610,946	10,346,982	11,957,928	0.513663	0.513663		68
69	Electrocardiology	2,191,796	5,273,821	7,465,617	0.597889	0.597889		69
70	Electroencephalography	1,846,923	10,475,370	12,322,293	0.491705	0.491705		70
71	Medical Supplies Charged to Patients	128,249,215	36,841,451	165,090,666	0.130411	0.130411		71
72	Impl. Dev. Charged to Patients	15,816,299	11,922,988	27,739,287	0.391529	0.391529		72
73	Drugs Charged to Patients	229,088,524	82,137,373	311,225,897	0.154500	0.154500		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	2,804,583	31,745	2,836,328	0.385294	0.385294		74
76	PSYCHIATRY	227,419	10,806,102	11,033,521	1.013303	1.013303		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	747,814	17,808,823	18,556,637	2.152008	2.152008		90
90.01	OFFSITE CLINICS							90.01
91	Emergency	10,254,371	42,125,517	52,379,888	0.374656	0.374656		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,646,028	727,835	4,373,863	1.287349	1.287349		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	952,830		952,830				105
106	Heart Acquisition	1,559,178		1,559,178				106
107	Liver Acquisition	1,559,178		1,559,178				107
110	Intestinal Acquisition	1		1				110
200	Subtotal (sum of lines 30 thru 199)	1,155,569,658	715,020,535	1,870,590,193				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,155,569,658	715,020,535	1,870,590,193				202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,426,390		14,426,390	42,644	338.30	246	83,222	30
31	Intensive Care Unit	4,264,664		4,264,664	11,526	370.00	18	6,660	31
32	Coronary Care Unit	3,377,717		3,377,717	10,626	317.87	58	18,436	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,256,361		4,256,361	14,925	285.18			35
40	Subprovider - IPF	1,081,558		1,081,558	3,502	308.84			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)	27,406,690		27,406,690	83,223		322	108,318	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,858,147	175,193,229	0.061978	106,417	6,596	50
51	Recovery Room	995,969	21,882,899	0.045514	29,068	1,323	51
53	Anesthesiology	902,793	38,050,614	0.023726	41,457	984	53
54	Radiology-Diagnostic	3,170,249	59,346,598	0.053419	76,795	4,102	54
57	CT Scan	766,054	18,432,709	0.041559	62,455	2,596	57
58	MRI	2,197,942	59,647,138	0.036849	38,469	1,418	58
59	Cardiac Catheterization	2,605,384	59,038,191	0.044130	163,449	7,213	59
60	Laboratory	5,409,924	225,319,116	0.024010	543,901	13,059	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,581	97,221,797	0.009695	539,177	5,227	65
66	Physical Therapy	918,456	9,167,981	0.100181	8,642	866	66
67	Occupational Therapy	74,123	4,335,141	0.017098	6,603	113	67
68	Speech Pathology	631,658	11,957,928	0.052823	1,133	60	68
69	Electrocardiology	752,454	7,465,617	0.100789	8,662	873	69
70	Electroencephalography	1,116,629	12,322,293	0.090619	2,526	229	70
71	Medical Supplies Charged to Pat	1,230,189	165,090,666	0.007452	508,005	3,786	71
72	Impl. Dev. Charged to Patients	202,097	27,739,287	0.007286	109,490	798	72
73	Drugs Charged to Patients	1,943,548	311,225,897	0.006245	1,001,159	6,252	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	45,928	2,836,328	0.016193	236,659	3,832	74
76	PSYCHIATRY	1,871,317	11,033,521	0.169603			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,638,010	18,556,637	0.357716	453	162	90
90.01	OFFSITE CLINICS						90.01
91	Emergency	1,889,683	51,278,864	0.036851			91
92	Observation Beds (Non-Distinct	2,972,734	52,379,888	0.056753	66,402	3,769	92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	527,269	20,864,468	0.025271	13,106	331	95
200	Total (sum of lines 50-199)	50,407,059	1,460,386,807		3,564,028	63,589	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	175,193,229			106,417		109,434		50
51	Recovery Room	21,882,899			29,068		35,048		51
53	Anesthesiology	38,050,614			41,457		42,593		53
54	Radiology-Diagnostic	59,346,598			76,795		63,920		54
57	CT Scan	18,432,709			62,455		54,480		57
58	MRI	59,647,138			38,469		183,946		58
59	Cardiac Catheterization	59,038,191			163,449		217,959		59
60	Laboratory	225,319,116			543,901		671,427		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	97,221,797			539,177		24,496		65
66	Physical Therapy	9,167,981			8,642		488		66
67	Occupational Therapy	4,335,141			6,603		414		67
68	Speech Pathology	11,957,928			1,133		2,697		68
69	Electrocardiology	7,465,617			8,662		18,805		69
70	Electroencephalography	12,322,293			2,526		1,512		70
71	Medical Supplies Charged to Pat	165,090,666			508,005		72,275		71
72	Impl. Dev. Charged to Patients	27,739,287			109,490		28,708		72
73	Drugs Charged to Patients	311,225,897			1,001,159		2,717,741		73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,836,328			236,659		12,850		74
76	PSYCHIATRY	11,033,521					371		76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	18,556,637			453		64,252		90
90.01	OFFSITE CLINICS	51,278,864					21,648		90.01
91	Emergency	52,379,888			66,402		38,831		91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	20,864,468			13,106		26,575		92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,460,386,807			3,564,028		4,410,470		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.287016	109,434			31,409			50
51	Recovery Room	0.248244	35,048			8,700			51
53	Anesthesiology	0.130797	42,593			5,571			53
54	Radiology-Diagnostic	0.177891	63,920			11,371			54
57	CT Scan	0.113021	54,480			6,157			57
58	MRI	0.104423	183,946			19,208			58
59	Cardiac Catheterization	0.159239	217,959			34,708			59
60	Laboratory	0.229142	671,427			153,852			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.166382	24,496			4,076			65
66	Physical Therapy	0.809275	488			395			66
67	Occupational Therapy	0.384757	414			159			67
68	Speech Pathology	0.513663	2,697			1,385			68
69	Electrocardiology	0.597889	18,805			11,243			69
70	Electroencephalography	0.491705	1,512			743			70
71	Medical Supplies Charged to Pat	0.130411	72,275			9,425			71
72	Impl. Dev. Charged to Patients	0.391529	28,708			11,240			72
73	Drugs Charged to Patients	0.154500	2,717,741			419,891			73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.385294	12,850			4,951			74
76	PSYCHIATRY	1.013303	371			376			76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.152008	64,252			138,271			90
90.01	OFFSITE CLINICS	0.489358	21,648			10,594			90.01
91	Emergency	0.374656	38,831			14,548			91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.130265	26,575			3,462			92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	1.287349							95
200	Subtotal (see instructions)		4,410,470			901,735			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		4,410,470			901,735			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,426,390		14,426,390	42,644	338.30	10,126	3,425,626	30
31	Intensive Care Unit	4,264,664		4,264,664	11,526	370.00	5,332	1,972,840	31
32	Coronary Care Unit	3,377,717		3,377,717	10,626	317.87	1,362	432,939	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	4,256,361		4,256,361	14,925	285.18	3,101	884,343	35
40	Subprovider - IPF	1,081,558		1,081,558	3,502	308.84	632	195,187	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)	27,406,690		27,406,690	83,223		20,553	6,910,935	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,858,147	175,193,229	0.061978	15,131,617	937,827	50
51	Recovery Room	995,969	21,882,899	0.045514	1,272,016	57,895	51
53	Anesthesiology	902,793	38,050,614	0.023726	3,160,411	74,984	53
54	Radiology-Diagnostic	3,170,249	59,346,598	0.053419	3,783,246	202,097	54
57	CT Scan	766,054	18,432,709	0.041559	1,861,898	77,379	57
58	MRI	2,197,942	59,647,138	0.036849	2,952,332	108,790	58
59	Cardiac Catheterization	2,605,384	59,038,191	0.044130	5,419,582	239,166	59
60	Laboratory	5,409,924	225,319,116	0.024010	22,959,484	551,257	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,581	97,221,797	0.009695	34,026,143	329,883	65
66	Physical Therapy	918,456	9,167,981	0.100181	643,823	64,499	66
67	Occupational Therapy	74,123	4,335,141	0.017098	423,013	7,233	67
68	Speech Pathology	631,658	11,957,928	0.052823	419,204	22,144	68
69	Electrocardiology	752,454	7,465,617	0.100789	492,924	49,681	69
70	Electroencephalography	1,116,629	12,322,293	0.090619	1,772,394	160,613	70
71	Medical Supplies Charged to Pat	1,230,189	165,090,666	0.007452	34,412,664	256,443	71
72	Impl. Dev. Charged to Patients	202,097	27,739,287	0.007286	3,709,237	27,026	72
73	Drugs Charged to Patients	1,943,548	311,225,897	0.006245	60,933,602	380,530	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	45,928	2,836,328	0.016193	277,769	4,498	74
76	PSYCHIATRY	1,871,317	11,033,521	0.169603			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,638,010	18,556,637	0.357716	123,437	44,155	90
90.01	OFFSITE CLINICS	1,889,683	51,278,864	0.036851			90.01
91	Emergency	2,972,734	52,379,888	0.056753	2,575,408	146,162	91
92	Observation Beds (Non-Distinct	1,743,921					92
92.01	OBSERVATION BEDS-DISTINCT	527,269	20,864,468	0.025271	872,383	22,046	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	50,407,059	1,460,386,807		197,222,587	3,764,308	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	42,644		10,126		30
31	Intensive Care Unit	11,526		5,332		31
32	Coronary Care Unit	10,626		1,362		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	14,925		3,101		35
40	Subprovider - IPF	3,502		632		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)	83,223		20,553		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-3300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	175,193,229			15,131,617				50
51	Recovery Room	21,882,899			1,272,016				51
53	Anesthesiology	38,050,614			3,160,411				53
54	Radiology-Diagnostic	59,346,598			3,783,246				54
57	CT Scan	18,432,709			1,861,898				57
58	MRI	59,647,138			2,952,332				58
59	Cardiac Catheterization	59,038,191			5,419,582				59
60	Laboratory	225,319,116			22,959,484				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	97,221,797			34,026,143				65
66	Physical Therapy	9,167,981			643,823				66
67	Occupational Therapy	4,335,141			423,013				67
68	Speech Pathology	11,957,928			419,204				68
69	Electrocardiology	7,465,617			492,924				69
70	Electroencephalography	12,322,293			1,772,394				70
71	Medical Supplies Charged to Pat	165,090,666			34,412,664				71
72	Impl. Dev. Charged to Patients	27,739,287			3,709,237				72
73	Drugs Charged to Patients	311,225,897			60,933,602				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,836,328			277,769				74
76	PSYCHIATRY	11,033,521							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	18,556,637			123,437				90
90.01	OFFSITE CLINICS	51,278,864							90.01
91	Emergency	52,379,888			2,575,408				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	20,864,468			872,383				92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,460,386,807			197,222,587				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.287016							50
51	Recovery Room	0.248244							51
53	Anesthesiology	0.130797							53
54	Radiology-Diagnostic	0.177891							54
57	CT Scan	0.113021							57
58	MRI	0.104423							58
59	Cardiac Catheterization	0.159239							59
60	Laboratory	0.229142							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.166382							65
66	Physical Therapy	0.809275							66
67	Occupational Therapy	0.384757							67
68	Speech Pathology	0.513663							68
69	Electrocardiology	0.597889							69
70	Electroencephalography	0.491705							70
71	Medical Supplies Charged to Pat	0.130411							71
72	Impl. Dev. Charged to Patients	0.391529							72
73	Drugs Charged to Patients	0.154500							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.385294							74
76	PSYCHIATRY	1.013303							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.152008							90
90.01	OFFSITE CLINICS	0.489358							90.01
91	Emergency	0.374656							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.130265							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	1.287349							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S300

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,858,147	175,193,229	0.061978	12,237	758	50
51	Recovery Room	995,969	21,882,899	0.045514	2,252	102	51
53	Anesthesiology	902,793	38,050,614	0.023726	2,547	60	53
54	Radiology-Diagnostic	3,170,249	59,346,598	0.053419	18,257	975	54
57	CT Scan	766,054	18,432,709	0.041559	16,452	684	57
58	MRI	2,197,942	59,647,138	0.036849	11,012	406	58
59	Cardiac Catheterization	2,605,384	59,038,191	0.044130			59
60	Laboratory	5,409,924	225,319,116	0.024010	105,324	2,529	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	942,581	97,221,797	0.009695	15,915	154	65
66	Physical Therapy	918,456	9,167,981	0.100181	572	57	66
67	Occupational Therapy	74,123	4,335,141	0.017098	572	10	67
68	Speech Pathology	631,658	11,957,928	0.052823			68
69	Electrocardiology	752,454	7,465,617	0.100789	11,203	1,129	69
70	Electroencephalography	1,116,629	12,322,293	0.090619	4,839	439	70
71	Medical Supplies Charged to Pat	1,230,189	165,090,666	0.007452	52,962	395	71
72	Impl. Dev. Charged to Patients	202,097	27,739,287	0.007286			72
73	Drugs Charged to Patients	1,943,548	311,225,897	0.006245	272,209	1,700	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	45,928	2,836,328	0.016193			74
76	PSYCHIATRY	1,871,317	11,033,521	0.169603	75,335	12,777	76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	6,638,010	18,556,637	0.357716			90
90.01	OFFSITE CLINICS	1,889,683	51,278,864	0.036851			90.01
91	Emergency	2,972,734	52,379,888	0.056753	10,253	582	91
92	Observation Beds (Non-Distinct						92
92.01	OBSERVATION BEDS-DISTINCT	527,269	20,864,468	0.025271	59,005	1,491	92.01
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	48,663,138	1,460,386,807		670,946	24,248	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S300

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	175,193,229			12,237				50
51	Recovery Room	21,882,899			2,252				51
53	Anesthesiology	38,050,614			2,547				53
54	Radiology-Diagnostic	59,346,598			18,257				54
57	CT Scan	18,432,709			16,452				57
58	MRI	59,647,138			11,012				58
59	Cardiac Catheterization	59,038,191							59
60	Laboratory	225,319,116			105,324				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	97,221,797			15,915				65
66	Physical Therapy	9,167,981			572				66
67	Occupational Therapy	4,335,141			572				67
68	Speech Pathology	11,957,928							68
69	Electrocardiology	7,465,617			11,203				69
70	Electroencephalography	12,322,293			4,839				70
71	Medical Supplies Charged to Pat	165,090,666			52,962				71
72	Impl. Dev. Charged to Patients	27,739,287							72
73	Drugs Charged to Patients	311,225,897			272,209				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	2,836,328							74
76	PSYCHIATRY	11,033,521			75,335				76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	18,556,637							90
90.01	OFFSITE CLINICS	51,278,864							90.01
91	Emergency	52,379,888			10,253				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	20,864,468			59,005				92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,460,386,807			670,946				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.287016							50
51	Recovery Room	0.248244							51
53	Anesthesiology	0.130797							53
54	Radiology-Diagnostic	0.177891							54
57	CT Scan	0.113021							57
58	MRI	0.104423							58
59	Cardiac Catheterization	0.159239							59
60	Laboratory	0.229142							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.166382							65
66	Physical Therapy	0.809275							66
67	Occupational Therapy	0.384757							67
68	Speech Pathology	0.513663							68
69	Electrocardiology	0.597889							69
70	Electroencephalography	0.491705							70
71	Medical Supplies Charged to Pat	0.130411							71
72	Impl. Dev. Charged to Patients	0.391529							72
73	Drugs Charged to Patients	0.154500							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.385294							74
76	PSYCHIATRY	1.013303							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2.152008							90
90.01	OFFSITE CLINICS	0.489358							90.01
91	Emergency	0.374656							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.130265							92.01
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	1.287349							95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,644	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,644	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	37,489	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)	246	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	81,677,415	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	81,677,415	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	81,677,415	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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					
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,915.33	38				
39	Program general inpatient routine service cost (line 9 x line 38)						471,171	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)						471,171	41				
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)						
		1	2	3	4	5						
42	Nursery (Titles V and XIX only)							42				
	Intensive Care Type Inpatient Hospital Units											
43	Intensive Care Unit						28,681,352	11,526	2,488.40	18	44,791	43
44	Coronary Care Unit						21,515,898	10,626	2,024.84	58	117,441	44
45	Burn Intensive Care Unit											45
46	Surgical Intensive Care Unit											46
47	NEONATOLOGY						31,321,416	14,925	2,098.59			47
												1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						707,363					48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						1,340,766					49
	PASS THROUGH COST ADJUSTMENTS											
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						108,318					50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						63,589					51
52	Total Program excludable cost (sum of lines 50 and 51)						171,907					52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						1,168,859					53
	TARGET AMOUNT AND LIMIT COMPUTATION											
54	Program discharges						58					54
55	Target amount per discharge						19,548					55
56	Target amount (line 54 x line 55)						1,133,769					56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						-35,090					57
58	Bonus payment (see instructions)											58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.											59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.											60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)											61
62	Relief payment (see instructions)											62
63	Allowable Inpatient cost plus incentive payment (see instructions)						1,305,676					63
	PROGRAM INPATIENT ROUTINE SWING BED COST											
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)											64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)											65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)											66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)											67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)											68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)											69

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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)					5,155	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,915.33	88
89	Observation bed cost (line 87 x line 88) (see instructions)					9,873,526	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	14,426,390	81,677,415	0.176626	9,873,526	1,743,921	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,644	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,644	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	37,489	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)	10,126	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	81,677,415	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	81,677,415	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	81,677,415	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,915.33	38	
39	Program general inpatient routine service cost (line 9 x line 38)					19,394.632	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)					19,394.632	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	28,681,352	11,526	2,488.40	5,332	13,268,149	43	
44	Coronary Care Unit	21,515,898	10,626	2,024.84	1,362	2,757,832	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATOLOGY	31,321,416	14,925	2,098.59	3,101	6,507,728	47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,920,042	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					78,848,383	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,715,748	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,764,308	51
52	Total Program excludable cost (sum of lines 50 and 51)					10,480,056	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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)					5,155	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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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)	3,502	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,502	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)	3,502	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)	632	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)	6,273,947	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)	6,273,947	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)	6,273,947	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,791.53	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,132,247	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)	1,132,247	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	184,030	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,316,277	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	195,187	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	24,248	51
52	Total Program excludable cost (sum of lines 50 and 51)	219,435	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		685,448		30
31	Intensive Care Unit		117,882		31
32	Coronary Care Unit		346,003		32
35	NEONATOLOGY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.287016	106,417	30,543	50
51	Recovery Room	0.248244	29,068	7,216	51
53	Anesthesiology	0.130797	41,457	5,422	53
54	Radiology-Diagnostic	0.177891	76,795	13,661	54
57	CT Scan	0.113021	62,455	7,059	57
58	MRI	0.104423	38,469	4,017	58
59	Cardiac Catheterization	0.159239	163,449	26,027	59
60	Laboratory	0.229142	543,901	124,631	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.166382	539,177	89,709	65
66	Physical Therapy	0.809275	8,642	6,994	66
67	Occupational Therapy	0.384757	6,603	2,541	67
68	Speech Pathology	0.513663	1,133	582	68
69	Electrocardiology	0.597889	8,662	5,179	69
70	Electroencephalography	0.491705	2,526	1,242	70
71	Medical Supplies Charged to Patients	0.130411	508,005	66,249	71
72	Impl. Dev. Charged to Patients	0.391529	109,490	42,869	72
73	Drugs Charged to Patients	0.154500	1,001,159	154,679	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.385294	236,659	91,183	74
76	PSYCHIATRY	1.013303			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.152008	453	975	90
90.01	OFFSITE CLINICS	0.489358			90.01
91	Emergency	0.374656	66,402	24,878	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.130265	13,106	1,707	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		3,564,028	707,363	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,564,028		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		26,061,161		30
31	Intensive Care Unit		22,992,805		31
32	Coronary Care Unit		15,160,207		32
35	NEONATOLOGY		20,869,537		35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.287016	15,131,617	4,343,016	50
51	Recovery Room	0.248244	1,272,016	315,770	51
53	Anesthesiology	0.130797	3,160,411	413,372	53
54	Radiology-Diagnostic	0.177891	3,783,246	673,005	54
57	CT Scan	0.113021	1,861,898	210,434	57
58	MRI	0.104423	2,952,332	308,291	58
59	Cardiac Catheterization	0.159239	5,419,582	863,009	59
60	Laboratory	0.229142	22,959,484	5,260,982	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.166382	34,026,143	5,661,338	65
66	Physical Therapy	0.809275	643,823	521,030	66
67	Occupational Therapy	0.384757	423,013	162,757	67
68	Speech Pathology	0.513663	419,204	215,330	68
69	Electrocardiology	0.597889	492,924	294,714	69
70	Electroencephalography	0.491705	1,772,394	871,495	70
71	Medical Supplies Charged to Patients	0.130411	34,412,664	4,487,790	71
72	Impl. Dev. Charged to Patients	0.391529	3,709,237	1,452,274	72
73	Drugs Charged to Patients	0.154500	60,933,602	9,414,242	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.385294	277,769	107,023	74
76	PSYCHIATRY	1.013303			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.152008	123,437	265,637	90
90.01	OFFSITE CLINICS	0.489358			90.01
91	Emergency	0.374656	2,575,408	964,892	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.130265	872,383	113,641	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		197,222,587	36,920,042	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		197,222,587		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S300

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATOLOGY				35
40	Subprovider - IPF		2,010,901		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.287016	12,237	3,512	50
51	Recovery Room	0.248244	2,252	559	51
53	Anesthesiology	0.130797	2,547	333	53
54	Radiology-Diagnostic	0.177891	18,257	3,248	54
57	CT Scan	0.113021	16,452	1,859	57
58	MRI	0.104423	11,012	1,150	58
59	Cardiac Catheterization	0.159239			59
60	Laboratory	0.229142	105,324	24,134	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.166382	15,915	2,648	65
66	Physical Therapy	0.809275	572	463	66
67	Occupational Therapy	0.384757	572	220	67
68	Speech Pathology	0.513663			68
69	Electrocardiology	0.597889	11,203	6,698	69
70	Electroencephalography	0.491705	4,839	2,379	70
71	Medical Supplies Charged to Patients	0.130411	52,962	6,907	71
72	Impl. Dev. Charged to Patients	0.391529			72
73	Drugs Charged to Patients	0.154500	272,209	42,056	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.385294			74
76	PSYCHIATRY	1.013303	75,335	76,337	76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	2.152008			90
90.01	OFFSITE CLINICS	0.489358			90.01
91	Emergency	0.374656	10,253	3,841	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.130265	59,005	7,686	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		670,946	184,030	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		670,946		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	1,341	38	1,915.33	1	1,915	1
2	Intensive Care Unit		43	2,488.40			2
3	Coronary Care Unit		44	2,024.84			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,098.59			6
7	TOTAL (sum of lines 1-6)	1,341			1	1,915	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	0.287016	14,302	4,105	8
9	Recovery Room	51	0.248244			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.130797			11
12	Radiology-Diagnostic	54	0.177891			12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.113021			15
16	MRI	58	0.104423			16
17	Cardiac Catheterization	59	0.159239			17
18	Laboratory	60	0.229142			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	0.166382			23
24	Physical Therapy	66	0.809275			24
25	Occupational Therapy	67	0.384757			25
26	Speech Pathology	68	0.513663			26
27	Electrocardiology	69	0.597889			27
28	Electroencephalography	70	0.491705			28
29	Medical Supplies Charged to Patients	71	0.130411	707	92	29
30	Impl. Dev. Charged to Patients	72	0.391529			30
31	Drugs Charged to Patients	73	0.154500			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.385294			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.013303			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.152008			37
37.01	OFFSITE CLINICS	90.01	0.489358			37.01
38	Emergency	91	0.374656			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.130265			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			15,009	4,197	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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		1		42
43	Intensive Care Unit	3				43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			1		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	6,112		16,350		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	922,273		922,273		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	928,385		938,623		61
62	Total Usable Organs (see instructions)		13			62
63	Medicare Usable Organs (see instructions)		2			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.153846			64
65	Medicare Cost/Charges (see instructions)	142,828		144,403		65
66	Revenue for Organs Sold	3,750				66
67	Subtotal (line 65 minus line 66)	139,078		144,403		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	139,078		144,403		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		2		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	6			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		5		73
74	Total (sum of lines 70 thru 73)	6	7		74
75	Organs Transplanted	6	5		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		2	3,750	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	6	7		84

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics		38	1,915.33			1
2	Intensive Care Unit		43	2,488.40			2
3	Coronary Care Unit		44	2,024.84			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,098.59			6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
				2	3	
8	Operating Room	50	0.287016			8
9	Recovery Room	51	0.248244			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.130797			11
12	Radiology-Diagnostic	54	0.177891			12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.113021			15
16	MRI	58	0.104423			16
17	Cardiac Catheterization	59	0.159239			17
18	Laboratory	60	0.229142			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	0.166382			23
24	Physical Therapy	66	0.809275			24
25	Occupational Therapy	67	0.384757			25
26	Speech Pathology	68	0.513663			26
27	Electrocardiology	69	0.597889			27
28	Electroencephalography	70	0.491705			28
29	Medical Supplies Charged to Patients	71	0.130411			29
30	Impl. Dev. Charged to Patients	72	0.391529			30
31	Drugs Charged to Patients	73	0.154500			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.385294			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.013303			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.152008			37
37.01	OFFSITE CLINICS	90.01	0.489358			37.01
38	Emergency	91	0.374656			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.130265			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)					41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART II**

Check HEART LIVER PANCREAS ISLET
Applicable KIDNEY LUNG INTESTINE
Box:

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

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

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

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I					56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,796,007		1,796,007		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,796,007		1,796,007		61
62	Total Usable Organs (see instructions)		18			62
63	Medicare Usable Organs (see instructions)					63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					64
65	Medicare Cost/Charges (see instructions)					65
66	Revenue for Organs Sold					66
67	Subtotal (line 65 minus line 66)					67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)					69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		18		73
74	Total (sum of lines 70 thru 73)		18		74
75	Organs Transplanted		18		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs				77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		18		84

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	671	38	1,915.33	1	1,915	1
2	Intensive Care Unit		43	2,488.40			2
3	Coronary Care Unit		44	2,024.84			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,098.59			6
7	TOTAL (sum of lines 1-6)	671			1	1,915	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	0.287016	7,151	2,052	8
9	Recovery Room	51	0.248244			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.130797			11
12	Radiology-Diagnostic	54	0.177891			12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.113021			15
16	MRI	58	0.104423			16
17	Cardiac Catheterization	59	0.159239			17
18	Laboratory	60	0.229142			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	0.166382			23
24	Physical Therapy	66	0.809275			24
25	Occupational Therapy	67	0.384757			25
26	Speech Pathology	68	0.513663			26
27	Electrocardiology	69	0.597889			27
28	Electroencephalography	70	0.491705			28
29	Medical Supplies Charged to Patients	71	0.130411	354	46	29
30	Impl. Dev. Charged to Patients	72	0.391529			30
31	Drugs Charged to Patients	73	0.154500			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.385294			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.013303			34
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	2.152008			37
37.01	OFFSITE CLINICS	90.01	0.489358			37.01
38	Emergency	91	0.374656			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.130265			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			7,505	2,098	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART II**

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

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

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

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	4,013		8,176		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,411,493		1,411,493		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,415,506		1,419,669		61
62	Total Usable Organs (see instructions)		20			62
63	Medicare Usable Organs (see instructions)		1			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.050000			64
65	Medicare Cost/Charges (see instructions)	70,775		70,983		65
66	Revenue for Organs Sold	1,875				66
67	Subtotal (line 65 minus line 66)	68,900		70,983		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	68,900		70,983		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	4			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		15		73
74	Total (sum of lines 70 thru 73)	4	16		74
75	Organs Transplanted	4	15		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	1,875	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)	4	16		84

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	901,735			2
3	PPS payments	1,295,917			3
4	Outlier payment (see instructions)	4,816			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.920			5
6	Line 2 times line 5	829,596			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,300,733			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	90,654			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	1,210,079			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	17,665			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,227,744			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,227,744			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,227,744			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,227,744			40
40.01	Sequestration adjustment (see instructions)	24,555			40.01
41	Interim payments	1,228,953			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-25,764			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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		1,443,474		1,232,046
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	08/30/2016	221,687	3.02
		.03			3.03
		.04			3.04
		.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51		08/30/2016	3,093
		.52	04/12/2016	98,564	3.51
		.53			3.52
		.54			3.53
		.55			3.54
		.56			3.55
		.57			3.56
		.58			3.57
		.59			3.58
		.99			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		123,123		-3,093
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)		1,566,597		1,228,953
	TO BE COMPLETED BY CONTRACTOR				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
		.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)				6.01
7	Total Medicare program liability (see instructions)				6.02
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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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)	1,305,676	1
2	Organ acquisition	207,978	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 thru 3)	1,513,654	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	1,513,654	6
7	Deductibles	2,935	7
8	Subtotal (line 6 minus line 7)	1,510,719	8
9	Coinsurance	87,719	9
10	Subtotal (line 8 minus line 9)	1,423,000	10
11	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11
12	Adjusted reimbursable bad debts (see instructions)		12
13	Allowable bad debts for dual eligible beneficiaries (see instructions)		13
14	Subtotal (sum of lines 10 and 12)	1,423,000	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	30,340	15
16	Other pass through costs (see instructions) DO NOT USE THIS LINE		16
17	Other adjustments (specify) (see instructions)		17
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		17.50
18	Total amount payable to the provider (see instructions)	1,453,340	18
18.01	Sequestration adjustment (see instructions)	29,067	18.01
19	Interim payments	1,566,597	19
20	Tentative settlement (for contractor use only)		20
21	Balance due provider/program (line 18 minus lines 18.01, 19 and 20)	-142,324	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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	78,848,383		1
2			2
3			3
4	78,848,383		4
5			5
6			6
7	78,848,383		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	85,083,710		8
9	197,222,587		9
10			10
11			11
12	282,306,297		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	282,306,297		16
17	203,457,914		17
18			18
19			19
20			20
21	78,848,383		21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	78,848,383		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	78,848,383		31
32			32
33			33
34			34
35			35
36	78,848,383		36
37			37
38	78,848,383		38
39			39
40	78,848,383		40
41	72,365,652		41
42	6,482,731		42
43			43

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		143.97	1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		5.49	2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE 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)		243.08	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	90.37	105.85	196.22	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	55.56	65.08	120.64	9
10	Weighted dental and podiatric resident FTE count for the current year		3.08		10
11	Total weighted FTE count	55.56	68.16		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	54.55	68.90		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	54.56	64.46		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	54.89	67.17		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	54.89	67.17		17
18	Per resident amount	95,343.76	95,343.76		18
19	Approved amount for resident costs	5,233,419	6,404,240	11,637,659	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)			93.62	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			11,637,659	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	322			26
27	Total inpatient days (see instructions)	78,068			27
28	Ratio of inpatient days to total inpatient days	0.004125	0.000000		28
29	Program direct GME amount	48,005			29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount			48,005	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,836,328	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			1,340,766	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			207,978	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			1,548,744	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			901,735	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			901,735	44
45	Total reasonable cost (sum of lines 41 and 44)			2,450,479	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.632017	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.367983	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			48,005	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			30,340	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			17,665	50

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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	
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	20,553	21,411	
27	Total inpatient days (see instructions)	78,068	78,068	
28	Ratio of inpatient days to total inpatient days	0.263270	0.274261	
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 CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	29,867,127				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	140,289,819				4
5	Other receivables	17,175,000				5
6	Allowances for uncollectible notes and accounts receivable	-14,865,446				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	35,400,909				9
10	Due from other funds	166,765				10
11	Total current assets (sum of lines 1-10)	208,034,174				11
FIXED ASSETS						
12	Land	34,812,506				12
13	Land improvements	231,356				13
14	Accumulated depreciation					14
15	Buildings	898,623,628				15
16	Accumulated depreciation	-185,900,279				16
17	Leasehold improvements	17,138,210				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	291,891,545				23
24	Accumulated depreciation	-197,487,537				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)	859,309,429				30
OTHER ASSETS						
31	Investments	793,893,731	207,628,025	167,652,660		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	52,777,402				34
35	Total other assets (sum of lines 31-34)	846,671,133	207,628,025	167,652,660		35
36	Total assets (sum of lines 11, 30 and 35)	1,914,014,736	207,628,025	167,652,660		36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	73,433,263				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	56,016,593				44
45	Total current liabilities (sum of lines 37 thru 44)	129,449,856				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	368,864,915				47
48	Unsecured loans					48
49	Other long term liabilities	134,479,964				49
50	Total long term liabilities (sum of lines 46 thru 49)	503,344,879				50
51	Total liabilities (sum of lines 45 and 50)	632,794,735				51
CAPITAL ACCOUNTS						
52	General fund balance	1,281,220,001				52
53	Specific purpose fund		207,628,025			53
54	Donor created - endowment fund balance - restricted			167,652,660		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)	1,281,220,001	207,628,025	167,652,660		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,914,014,736	207,628,025	167,652,660		60

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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		1,219,276,260		203,100,374	1
2	Net income (loss) (from Worksheet G-3, line 29)		151,844,941			2
3	Total (sum of line 1 and line 2)		1,371,121,201		203,100,374	3
4	Additions (credit adjustments) (specify)	692,177		66,998,032		4
5	GRANTS					5
6	INVESTMENT RETURN			3,902,783		6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	Total additions (sum of lines 4-9)		692,177		70,900,815	10
11	Subtotal (line 3 plus line 10)		1,371,813,378		274,001,189	11
12	Deductions (debit adjustments) (specify)	13,847,027		64,899,559		12
13	TRANSFER TO AFFILIATES	76,746,350		1,044,110		13
14	CAPITAL ASSETS			429,495		14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		90,593,377		66,373,164	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,281,220,001		207,628,025	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period		163,033,249			1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)		163,033,249			3
4	Additions (credit adjustments) (specify)	3,804,941				4
5	GRANTS					5
6	INVESTMENT RETURN					6
7	TRANSFER FROM AFFILIATES	1,044,110				7
8						8
9						9
10	Total additions (sum of lines 4-9)		4,849,051			10
11	Subtotal (line 3 plus line 10)		167,882,300			11
12	Deductions (debit adjustments) (specify)	229,640				12
13	TRANSFER TO AFFILIATES					13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		229,640			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		167,652,660			19

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	121,430,194		121,430,194	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)	121,430,194		121,430,194	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	101,809,030		101,809,030	11
12	Coronary Care Unit	84,300,151		84,300,151	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	121,508,553		121,508,553	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	307,617,734		307,617,734	16
17	Total inpatient routine care services (sum of lines 10 and 16)	429,047,928		429,047,928	17
18	Ancillary services	716,517,280	733,118,459	1,449,635,739	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)	1,145,565,208	733,118,459	1,878,683,667	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		716,830,852	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)		716,830,852	43

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,878,683.667	1
2	Less contractual allowances and discounts on patients' accounts	1,199,280,512	2
3	Net patient revenues (line 1 minus line 2)	679,403.155	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	716,830,852	4
5	Net income from service to patients (line 3 minus line 4)	-37,427.697	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	63,536,917	6
7	Income from investments	60,261,689	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	1,912,823	11
12	Parking lot receipts	3,217,978	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,501,541	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	72,713	21
22	Rental of hosptial space	4,887,772	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	3,589,000	24.01
24.02	Other (INTEREST INCOME)	4,968,708	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	520,977	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	7,628,036	24.05
24.06	Other (CMRI)	22,073,847	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	31,386	24.08
24.09	Other (SHUTTLE REVENUE)	120,813	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,280,172	24.12
24.13	Other (CDH REVENUE)	9,979,444	24.13
24.14	Other (INDIRECT COST RECOVERY)	1,651,359	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	1,037,463	24.15
25	Total other income (sum of lines 6-24)	189,272,638	25
26	Total (line 5 plus line 25)	151,844,941	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)	151,844,941	29

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/26/2017 Run Time: 15:17 Version: 2016.05 (11/28/2016)
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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