

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.  ELECTRONICALLY FILED COST REPORT
  - 2.  MANUALLY SUBMITTED COST REPORT
  - 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  - 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: \_\_\_\_\_ TIME: \_\_\_\_\_
- CONTRACTOR USE ONLY
- 5.  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.  INITIAL REPORT FOR THIS PROVIDER CCN
  - 9.  FINAL REPORT FOR THIS PROVIDER CCN
- 10. NPR DATE: \_\_\_\_\_
  - 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  - 12.  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 WHERE 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 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 EDWARD HOSPITAL (14-0231) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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 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 V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		81,194	36,723		1
2 SUBPROVIDER - IPF					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		81,194	36,723		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.

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 01/26/2012 12:04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 801 SOUTH WASHINGTON  
 2 CITY: NAPERVILLE

STATE: IL

P.O.BOX:  
 ZIP CODE: 60566-7060 COUNTY: DUPAGE

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL EDWARD HOSPITAL	14-0231	08600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								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: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL				2				21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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.								1	2
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 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	8,761	303				24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						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 '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

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 NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER 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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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER 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, 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.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	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 NON-PROVIDER 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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.1/ (COL.3+COL.4))
1	2	3	4	5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 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, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR 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
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			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
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.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N Y N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	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.		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.		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.		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

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.	Y	14H131 140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.			
141	NAME: EDWARD HEALTH SERVICES COPORAT	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 116 141
142	STREET: 801 S. WASHINGTON ST	P.O. BOX: 0	142
143	CITY: NAPERVILLE	STATE: IL	ZIP CODE: 60566 143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 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)

155	HOSPITAL	1	2
156	SUBPROVIDER - IPF	N	N 155
157	SUBPROVIDER - IRF	N	N 156
158	SUBPROVIDER - (OTHER)	N	N 157
159	SNF	N	N 158
160	HHA	N	N 159
161	CMHC	N	N 160

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.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND 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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
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)	1 N	2	1	
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.	Y/N 1 N	DATE 2	V/I 3	
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)			2 3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
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.	1 N	2	3	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.			4 5	
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			6 7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			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.			11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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)	1 N	2	3 N	4
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

HOSPITAL AND 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 RELIEFED 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 CAPITALIZED 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 | WERE 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 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	147,058,623	-1	147,058,622	4,524,969.00	32.50	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A		2,214,054		2,214,054	10,069.00	219.89	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B		12,152,651		12,152,651	60,126.00	202.12	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,309,887	386,044	2,695,931	88,778.00	30.37	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,934,799		1,934,799	24,519.00	78.91	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		26,896,123		26,896,123	543,563.00	49.48	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		32,277,492		32,277,492			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		652,777		652,777			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A		109,524		109,524			22
23	PHYSICIAN PART B		564,246		564,246			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		459,073		459,073	8,163.00	56.24	26
27	ADMINISTRATIVE & GENERAL	11,383,067		-508,085	10,874,982	437,784.00	24.84	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		260,266		260,266	708.00	367.61	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		411,212		411,212	11,750.00	35.00	30
31	LAUNDRY & LINEN SERVICE		61,844		61,844	4,087.00	15.13	31
32	HOUSEKEEPING		2,588,964		2,588,964	196,473.00	13.18	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY							34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		3,024,004		3,024,004	166,059.00	18.21	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,887,988		1,887,988	47,443.00	39.79	38
39	CENTRAL SERVICES AND SUPPLY		1,527,307		1,527,307	92,402.00	16.53	39
40	PHARMACY		3,627,379		3,627,379	95,113.00	38.14	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,449,038		3,449,038	165,565.00	20.83	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	138,190,242		-1	138,190,241	4,631,610.00	29.84	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,309,887		386,044	2,695,931	88,778.00	30.37	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	135,880,355		-386,045	135,494,310	4,542,832.00	29.83	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	28,830,922			28,830,922	568,082.00	50.75	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	32,387,016			32,387,016		23.90%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	197,098,293		-386,045	196,712,248	5,110,914.00	38.49	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	28,680,142		-508,085	28,172,057	1,225,547.00	22.99	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	6,368,123	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	22,687	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	3,722	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	50,189	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	12,296,090	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	626,198	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	128,900	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,222,065	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,986,310	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	10,153,583	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	189,896	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	556,276	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	33,604,039	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
01/26/2012 12:04

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.254480	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		9,097,853	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		93,667,775	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		23,836,575	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		14,738,722	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		14,738,722	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	17,107,094	3,472,987	20,580,081	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,353,413	883,806	5,237,219	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	855,355	347,299	1,202,654	22
23	COST OF CHARITY CARE	3,498,058	536,507	4,034,565	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			23,143,256	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			667,691	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			22,475,565	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,719,582	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			9,754,147	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			24,492,869	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT				32,216,988	1
2	00200 CAP REL COSTS-MVBLE EQUIP				18,388,433	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	459,073	23,879,636	24,338,709	-6,365,739	4
5	00500 ADMINISTRATIVE & GENERAL	11,383,067	129,516,094	140,899,161	-44,797,636	5
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	411,212	5,171,219	5,582,431		7
8	00800 LAUNDRY & LINEN SERVICE	61,844	229,068	290,912		8
9	00900 HOUSEKEEPING	2,588,964	1,288,363	3,877,327		9
10	01000 DIETARY		3,566,257	3,566,257	-2,666,757	10
11	01100 CAFETERIA				2,666,757	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	1,887,988	694,018	2,582,006		13
14	01400 CENTRAL SERVICES & SUPPLY	1,527,307	2,229,778	3,757,085	-1,928,106	14
15	01500 PHARMACY	3,627,379	9,944,986	13,572,365	-8,752,842	15
16	01600 MEDICAL RECORDS & LIBRARY	3,449,038	1,484,634	4,933,672		16
17	01700 SOCIAL SERVICE					17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD					21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300 PARAMED ED PRGM-EMS				674,535	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	29,072,935	6,268,566	35,341,501	-2,035,803	30
31	03100 INTENSIVE CARE UNIT	3,221,646	607,813	3,829,459	6,050	31
32	03200 CORONARY CARE UNIT	4,141,764	865,526	5,007,290	2,339	32
35	02060 NICU	3,724,282	808,577	4,532,859		35
43	04300 NURSERY				2,089,456	43
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	6,057,355	29,212,760	35,270,115	-16,323,190	50
50.01	03950 SAME DAY SURGERY					50.01
50.02	03340 GASTROENTEROLOGY	1,504,428	1,127,781	2,632,209	17,277	50.02
51	05100 RECOVERY ROOM	1,353,154	236,233	1,589,387	37,192	51
52	05200 DELIVERY ROOM & LABOR ROOM	5,266,528	1,809,233	7,075,761		52
53	05300 ANESTHESIOLOGY	294,112	1,637,265	1,931,377		53
54	05400 RADIOLOGY-DIAGNOSTIC	3,823,531	909,831	4,733,362	-966,535	54
54.01	03630 ULTRASOUND	1,488,732	244,778	1,733,510	218,897	54.01
54.02	03450 WOMENS IMAGING CTR	597,519	442,285	1,039,804	35,014	54.02
54.06	03955 SPECIAL PROCEDURES	497,485	1,332,553	1,830,038	-316,981	54.06
54.07	03956 IMAGING CENTER	711,317	507,342	1,218,659	85,321	54.07
54.08	03957 P.E.T					54.08
55	05500 RADIOLOGY-THERAPEUTIC	3,772,516	18,577,142	22,349,658	2,674	55
56	05600 RADIOISOTOPE	684,170	826,413	1,510,583	85,306	56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,349,454	751,154	2,100,608	556,013	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,024,841	418,122	1,442,963	186,470	58
59	05900 CARDIAC CATHETERIZATION	2,075,181	11,463,728	13,538,909	-6,744,274	59
60	06000 LABORATORY	3,730,604	5,362,861	9,093,465	99	60
62	06200 WHOLE BLOOD & PCKD RED BLOOD CELLS	406,708	2,662,924	3,069,632		62
62.30	06250 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65	06500 RESPIRATORY THERAPY	2,484,379	1,042,196	3,526,575	355	65
66	06600 PHYSICAL THERAPY	3,288,079	511,816	3,799,895		66
67	06700 OCCUPATIONAL THERAPY					67
68	06800 SPEECH PATHOLOGY	394,809	36,683	431,492		68
69	06900 ELECTROCARDIOLOGY	2,857,790	5,211,774	8,069,564	903	69
69.03	03291 EMG/NCV	34,418	330,586	365,004		69.03
69.04	03952 CARDIAC REHAB					69.04
69.05	03953 CARDIAC CATH LAB					69.05
69.06	03954 WOUND OSTOMY	356,195	203,897	560,092		69.06
70	07000 ELECTROENCEPHALOGRAPHY	1,324,560	4,328,765	5,653,325	-218,901	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,019,972	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				23,683,347	72
73	07300 DRUGS CHARGED TO PATIENTS				8,752,842	73
75	07500 ASC (NON-DISTINCT PART)	3,217,084	818,284	4,035,368		75
76.97	07697 CARDIAC REHABILITATION	934,086	129,988	1,064,074		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	806,328	265,173	1,071,501		90
90.01	04950 URODYNAMICS	51,603	37,669	89,272		90.01
90.02	09001 PLAINFIELD CLINIC	6,099,045	9,474,344	15,573,389		90.02
90.03	04951 OSWEGO CLINIC	1,569,431	641,502	2,210,933		90.03
90.04	09002 BLOINGBROOK CLINIC	2,047,555	494,020	2,541,575		90.04
91	09100 EMERGENCY	19,089,240	3,939,105	23,028,345	-609,476	91
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF					99.10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-
		1	2	(COL. 1 + COL. 2) 3	CATIONS 4
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
118		144,748,736	291,542,742	436,291,478	118
190	19000	101,382	195,000	296,382	190
192	19200	2,208,505	1,282,782	3,491,287	192
192.01	19201				192.01
192.03	19202				192.03
192.04	19203				192.04
194	07950				194
200		147,058,623	293,020,524	440,079,147	200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	32,216,988	-7,183,475	25,033,513	1
2	00200	18,388,433	-877,814	17,510,619	2
3	00300				3
4	00400	17,972,970	-148,282	17,824,688	4
5	00500	96,101,525	-20,401,509	75,700,016	5
6	00600				6
7	00700	5,582,431	5,120,063	10,702,494	7
8	00800	290,912		290,912	8
9	00900	3,877,327		3,877,327	9
10	01000	899,500		899,500	10
11	01100	2,666,757		2,666,757	11
12	01200				12
13	01300	2,582,006	-191,012	2,390,994	13
14	01400	1,828,979		1,828,979	14
15	01500	4,819,523	-400	4,819,123	15
16	01600	4,933,672	-19,292	4,914,380	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	674,535	-223,822	450,713	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	33,305,698	-184,590	33,121,108	30
31	03100	3,835,509		3,835,509	31
32	03200	5,009,629		5,009,629	32
35	02060	4,532,859	-225,919	4,306,940	35
43	04300	2,089,456		2,089,456	43
ANCILLARY SERVICE COST CENTERS					
50	05000	18,946,925		18,946,925	50
50.01	03950				50.01
50.02	03340	2,649,486		2,649,486	50.02
51	05100	1,626,579		1,626,579	51
52	05200	7,075,761	-638,088	6,437,673	52
53	05300	1,931,377		1,931,377	53
54	05400	3,766,827	-21,033	3,745,794	54
54.01	03630	1,952,407		1,952,407	54.01
54.02	03450	1,074,818	-100	1,074,718	54.02
54.06	03955	1,513,057		1,513,057	54.06
54.07	03956	1,303,980		1,303,980	54.07
54.08	03957				54.08
55	05500	22,352,332	-198,663	22,153,669	55
56	05600	1,595,889	-1,450	1,594,439	56
57	05700	2,656,621		2,656,621	57
58	05800	1,629,433		1,629,433	58
59	05900	6,794,635		6,794,635	59
60	06000	9,093,564	-429,489	8,664,075	60
62	06200	3,069,632	-30	3,069,602	62
62.30	06250				62.30
65	06500	3,526,930	-105,952	3,420,978	65
66	06600	3,799,895		3,799,895	66
67	06700				67
68	06800	431,492		431,492	68
69	06900	8,070,467	-3,335,726	4,734,741	69
69.03	03291	365,004	-312,978	52,026	69.03
69.04	03952				69.04
69.05	03953				69.05
69.06	03954	560,092	-227	559,865	69.06
70	07000	5,434,424	-406,722	5,027,702	70
71	07100	2,019,972		2,019,972	71
72	07200	23,683,347		23,683,347	72
73	07300	8,752,842		8,752,842	73
75	07500	4,035,368		4,035,368	75
76.97	07697	1,064,074		1,064,074	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,071,501	-44,849	1,026,652	90
90.01	04950	89,272		89,272	90.01
90.02	09001	15,573,389	-119,149	15,454,240	90.02
90.03	04951	2,210,933	-478,245	1,732,688	90.03
90.04	09002	2,541,575	-1,109,500	1,432,075	90.04
91	09100	22,418,869	-12,300,160	10,118,709	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
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				
118 SUBTOTALS (SUM OF LINES 1-117)	436,291,478	-43,838,413	392,453,065	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	296,382		296,382	190
192 19200 PHYSICIANS' PRIVATE OFFICES	3,491,287		3,491,287	192
192.01 19201 PHYSICIANS CLINICS				192.01
192.03 19202 PHYSICIAN OFFICES				192.03
192.04 19203 IRB				192.04
194 07950 LINDEN OAKS HOSPITAL				194
200 TOTAL (SUM OF LINES 118-199)	440,079,147	-43,838,413	396,240,734	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 INTEREST/PROP TAXES	A	CAP REL COSTS-BLDG & FIXT	1		13,130,329 1
500 TOTAL RECLASSIFICATIONS					13,130,329 500
CODE LETTER - A					
1 DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		19,086,659 1
2		CAP REL COSTS-MVBLE EQUIP	2		18,388,433 2
500 TOTAL RECLASSIFICATIONS					37,475,092 500
CODE LETTER - B					
1 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	5		6,365,739 1
500 TOTAL RECLASSIFICATIONS					6,365,739 500
CODE LETTER - C					
1 SHARED DIETARY	D	CAFETERIA	11		2,666,757 1
500 TOTAL RECLASSIFICATIONS					2,666,757 500
CODE LETTER - D					
1 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHRGD TO PA	71		1,928,106 1
500 TOTAL RECLASSIFICATIONS					1,928,106 500
CODE LETTER - E					
1 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73		8,752,842 1
500 TOTAL RECLASSIFICATIONS					8,752,842 500
CODE LETTER - F					
1 PATIENT TRANSPORT	G	RADIOLOGY-DIAGNOSTIC	54	74,187	7,282 1
2		ULTRASOUND	54.01	64,910	6,371 2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	56,842	5,579 3
4		MAGNETIC RESONANCE IMAGING (M	58	28,877	2,834 4
5		GASTROENTEROLOGY	50.02	15,733	1,544 5
6		OPERATING ROOM	50	13,160	1,292 6
7		RECOVERY ROOM	51	33,868	3,324 7
8		RADIOLOGY-THERAPEUTIC	55	2,435	239 8
9		CARDIAC CATHETERIZATION	59	6,562	644 9
10		EMERGENCY	91	59,244	5,815 10
11		LABORATORY	60	90	9 11
12		RESPIRATORY THERAPY	65	323	32 12
13		ADULTS & PEDIATRICS	30	48,858	4,795 13
14		INTENSIVE CARE UNIT	31	5,509	541 14
15		CORONARY CARE UNIT	32	2,130	209 15
16		ELECTROCARDIOLOGY	69	822	81 16
17		MEDICAL SUPPLIES CHRGD TO PA	71	83,655	8,211 17
18		RADIOISOTOPE	56	10,879	1,068 18
500 TOTAL RECLASSIFICATIONS				508,084	49,870 500
CODE LETTER - G					
1 RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	54.01	115,748	31,868 1
2		WOMENS IMAGING CTR	54.02	27,455	7,559 2
3		SPECIAL PROCEDURES	54.06	45,748	12,595 3
4		COMPUTED TOMOGRAPHY (CT) SCAN	57	387,034	106,558 4
5		MAGNETIC RESONANCE IMAGING (M	58	121,349	33,410 5
6		IMAGING CENTER	54.07	66,902	18,419 6
7		RADIOISOTOPE	56	57,522	15,837 7
500 TOTAL RECLASSIFICATIONS				821,758	226,246 500
CODE LETTER - H					
1 NURSERY RECLASS	J	NURSERY	43	1,639,075	450,381 1
500 TOTAL RECLASSIFICATIONS				1,639,075	450,381 500
CODE LETTER - J					
1 EMT RECLASS	L	PARAMED ED PRGM-EMS	23	386,044	288,491 1
500 TOTAL RECLASSIFICATIONS				386,044	288,491 500
CODE LETTER - L					

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	72		23,683,347	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					23,683,347	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				3,354,961	95,017,200	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 INTEREST/PROP TAXES	A	ADMINISTRATIVE & GENERAL	5		13,130,329	11 1
500 TOTAL RECLASSIFICATIONS					13,130,329	500
CODE LETTER - A						
1 DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		37,475,092	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS					37,475,092	500
CODE LETTER - B						
1 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS	4		6,365,739	1
500 TOTAL RECLASSIFICATIONS					6,365,739	500
CODE LETTER - C						
1 SHARED DIETARY	D	DIETARY	10		2,666,757	1
500 TOTAL RECLASSIFICATIONS					2,666,757	500
CODE LETTER - D						
1 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	14		1,928,106	1
500 TOTAL RECLASSIFICATIONS					1,928,106	500
CODE LETTER - E						
1 CHARGEABLE DRUGS	F	PHARMACY	15		8,752,842	1
500 TOTAL RECLASSIFICATIONS					8,752,842	500
CODE LETTER - F						
1 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	5	508,085	49,869	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
500 TOTAL RECLASSIFICATIONS				508,085	49,869	500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	54	821,758	226,246	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				821,758	226,246	500
CODE LETTER - H						
1 NURSERY RECLASS	J	ADULTS & PEDIATRICS	30	1,639,075	450,381	1
500 TOTAL RECLASSIFICATIONS				1,639,075	450,381	500
CODE LETTER - J						
1 EMT RECLASS	L	EMERGENCY	91	386,044	288,491	1
500 TOTAL RECLASSIFICATIONS				386,044	288,491	500
CODE LETTER - L						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1 IMPLANT COSTS	M	OPERATING ROOM	50		16,337,642	1
2		SPECIAL PROCEDURES	54.06		375,324	2
3		CARDIAC CATHETERIZATION	59		6,751,480	3
4		ELECTROENCEPHALOGRAPHY	70		218,901	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					23,683,347	500
GRAND TOTAL (DECREASES)				3,354,962	95,017,199	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	150,004					150,004	1
2 LAND IMPROVEMENTS	9,621,550	675		675	29,391	9,592,834	2
3 BUILDINGS AND FIXTURES	339,784,915	3,416,148		3,416,148	573,873	342,627,190	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	183,850,384	12,029,513		12,029,513	10,463,829	185,416,068	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	533,406,853	15,446,336		15,446,336	11,067,093	537,786,096	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	533,406,853	15,446,336		15,446,336	11,067,093	537,786,096	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	267,656,112		267,656,112	0.686696				1
2 CAP REL COSTS-MVBLE EQUIP	122,117,869		122,117,869	0.313304				2
3 TOTAL (SUM OF LINES 1-2)	389,773,981		389,773,981	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	12,695,707		12,337,806				25,033,513
2 CAP REL COSTS-MVBLE EQUIP	17,520,619		-10,000				17,510,619
3 TOTAL	30,216,326		12,327,806				42,544,132

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-763,551	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-37,754	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					10
9 PARKING LOT (CHAPTER 21)					11
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-20,482,064			12
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					13
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,103,491			14
13 LAUNDRY AND LINEN SERVICE					15
14 CAFETERIA - EMPLOYEES AND GUESTS					16
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-400	PHARMACY	15	19
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-19,292	MEDICAL RECORDS & LIBRARY	16	20
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
20 VENDING MACHINES					22
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					23
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				25
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				26
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	27
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	28
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	29
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	30
29 PHYSICIANS' ASSISTANT					31
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	32
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				33
32 CAH HIT ADJ FOR DEPRECIATION AND					34
33 TELEVISION	A	-10,000	CAP REL COSTS-MVBLE EQUIP	2	11 35
34 MISC REV	B	-21,033	RADIOLOGY-DIAGNOSTIC	54	36
34.01 MISC REVENUE	B	-20	RADIOLOGY-THERAPEUTIC	55	34.01
34.02 CARDIAC ADMIN RENT	A	-552,810	CAP REL COSTS-BLDG & FIXT	1	9 34.02
34.03 RENTAL INCOME OTHER	B	-265,254	CAP REL COSTS-BLDG & FIXT	1	9 34.03
34.05 MISCELLANEOUS REVENUE	B	-1,450	RADIOISOTOPE	56	34.05
34.10 MISC REV	B	-52,400	ADMINISTRATIVE & GENERAL	5	34.10
34.12 RESEARCH REVENUE	B	-170,971	RADIOLOGY-THERAPEUTIC	55	34.12
34.19 MISC REV	B	-191,012	NURSING ADMINISTRATION	13	34.19
34.21 MISC INCOME	B	-234,833	LABORATORY	60	34.21
34.22 MISC INCOME	B	-44,849	CLINIC	90	34.22
35 OTHER REVENUE	B	-361	RESPIRATORY THERAPY	65	35
35.01 PY DEP ADJ	A	16,808	CAP REL COSTS-BLDG & FIXT	1	11 35.01
35.02 PY DEP ADJ	A	39,352	CAP REL COSTS-BLDG & FIXT	1	11 35.02
35.03 MEDICAL STAFF OTHER REV	B	-1,800	ADMINISTRATIVE & GENERAL	5	35.03
35.04 CONT MED OTHER REV	B	-10,457	ADMINISTRATIVE & GENERAL	5	35.04
35.05 CLINICAL EXCELLENCE OTHER REV	B	-7	ADMINISTRATIVE & GENERAL	5	35.05
35.13 LEASED EMPLOYEES CARD	B	-173,045	ADMINISTRATIVE & GENERAL	5	35.13
35.14 MEDICAL STAFF APPLI	B	-54,000	ADMINISTRATIVE & GENERAL	5	35.14
35.17 OTHER REV	B	-400	EMPLOYEE BENEFITS	4	35.17
35.18 NON-ALLOWABLE INTEREST EXPENSE	A	-5,572,888	CAP REL COSTS-BLDG & FIXT	1	9 35.18
35.20 SMALL PATIENT LOSSES	A	-12,454	ADMINISTRATIVE & GENERAL	5	35.20
35.21 INCOME TAXES	A	-38,354	ADMINISTRATIVE & GENERAL	5	35.21
35.22 ECI REVENUE	A	-78,913	ADMINISTRATIVE & GENERAL	5	35.22
35.23 PATIENT ACCTG REV	B	-455	ADMINISTRATIVE & GENERAL	5	35.23
35.24 MALPRACTICE INS	A	-9,306	ADMINISTRATIVE & GENERAL	5	35.24
35.25 SWAP INTEREST	A	-4,773,980	ADMINISTRATIVE & GENERAL	5	35.25
35.30 PLAINFIELD CLINIC	B	-3,285	PLAINFIELD CLINIC	90.02	35.30
35.31 ER OTHER REVENUE	B	-2,000	EMERGENCY	91	35.31

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
36 OTHER REVENUE	B	-1,903	BLOINGBROOK CLINIC	90.04	36
37 EMT FEES	B	-223,822	PARAMED ED PRGM-EMS	23	37
38 OTHER REVENUE	B	-2,500	ADULTS & PEDIATRICS	30	38
39 OTHER REVENUE	B	-100	WOMENS IMAGING CTR	54.02	39
40 OTHER REVENUE	B	-30	WHOLE BLOOD & PCKD RED BLOOD CE	62	40
41					41
42 CAPITALIZED INTEREST	A	17,332	CAP REL COSTS-BLDG & FIXT	1	11 42
43 HOME OFFICE AUDIT ADJUSTMENT	A	86,400	ADMINISTRATIVE & GENERAL	5	43
44 CAPITALIZED INTEREST 2000	A	-44,897	CAP REL COSTS-BLDG & FIXT	1	11 44
44.01 CAPITALIZED INTEREST 2001	A	-34,377	CAP REL COSTS-BLDG & FIXT	1	11 44.01
44.02 CAPITALIZED INTEREST 2003	A	-21,561	CAP REL COSTS-BLDG & FIXT	1	11 44.02
44.03 CAPITALIZED INTEREST 2002	A	-1,629	CAP REL COSTS-BLDG & FIXT	1	11 44.03
45					45
45.16 REAL ESTATE TAXES	A	-1,065,984	ADMINISTRATIVE & GENERAL	5	45.16
45.17 COST OF VOLUNTEERS	A	-1,079,515	ADMINISTRATIVE & GENERAL	5	45.17
45.20 OFFSET DEPR EXP ADDED TO HO CR	A	-5,015,580	CAP REL COSTS-MVBLE EQUIP	2	9 45.20
45.22 PATIENT ACCOUNTING	A	-276,141	ADMINISTRATIVE & GENERAL	5	45.22
45.23 LINDEN OAKS EMPLOYEE BENEFITS	A	-39,477	EMPLOYEE BENEFITS	4	45.23
45.24 PATIENT ACCESS	A	-145,172	ADMINISTRATIVE & GENERAL	5	45.24
45.26 MEDICAL STAFF	A	-34,735	ADMINISTRATIVE & GENERAL	5	45.26
45.28 CONTRIBUTIONS	A	-286,593	ADMINISTRATIVE & GENERAL	5	45.28
45.29 CONTRIBUTIONS	A	-41,400	EMERGENCY	91	45.29
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-43,838,413			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	HOME OFFICE	43,164,084	54,535,404	-11,371,320	1
2	7	OPERATION OF PLANT	HOME OFFICE	5,120,063		5,120,063	2
3	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4,147,766		4,147,766	9 3
4							4
5		TOTALS (SUM OF LINES 1-4)		52,431,913	54,535,404	-2,103,491	5
		TRANSFER COL. 6, LINE 5 TO					
		WKST A-8, COL. 2, LINE 12.					

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B	EHSC	100.00				6
						7
						8
						9
						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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	1,043,560		1,043,560	177,000	682	58,036	2,902	1
2	30 ADULTS & PEDIATRICS	182,175		182,175	177,000	1	85	4	2
3	52 DELIVERY ROOM & LABOR RO AGGREGATE	662,426	622,426	40,000	177,000	286	24,338	1,217	3
4	55 RADIOLOGY-THERAPEUTIC	49,712		49,712	177,000	259	22,040	1,102	4
5	60 LABORATORY	194,656	194,656						5
6	65 RESPIRATORY THERAPY	105,591	105,591						6
7	69.03 EMG/NCV	312,978	312,978						7
8	69 ELECTROCARDIOLOGY	3,335,726	3,335,726						8
9	70 ELECTROENCEPHALOGRAPHY	428,847	395,222	33,625	177,000	260	22,125	1,106	9
10	35 NICU	225,919	225,919						10
11	90.02 PLAINFIELD CLINIC	115,864	115,864						11
12	90.03 OSWEGO CLINIC	478,245	478,245						12
13	91 EMERGENCY	12,932,764	11,113,028	1,819,736	177,000	7,944	676,004	33,800	13
14	90.04 BOLINGBROOK CLINIC	1,107,597	1,107,597						14
15	4 EMPLOYEE BENEFITS	166,441		166,441	177,000	682	58,036	2,902	15
17	69.06 WOUND OSTOMY	312		312	177,000	1	85	4	17
200	TOTAL	21,342,813	18,007,252	3,335,561		10,115	860,749	43,037	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL					58,036	985,524	985,524	1
2	30 ADULTS & PEDIATRICS					85	182,090	182,090	2
3	52 DELIVERY ROOM & LABOR RO	AGGREGATE				24,338	15,662	638,088	3
4	55 RADIOLOGY-THERAPEUTIC					22,040	27,672	27,672	4
5	60 LABORATORY	LABORATORY						194,656	5
6	65 RESPIRATORY THERAPY	RESP THERAPY						105,591	6
7	69.03 EMG/NCV	EMG						312,978	7
8	69 ELECTROCARDIOLOGY	AGGREGATE						3,335,726	8
9	70 ELECTROENCEPHALOGRAPHY	EEG				22,125	11,500	406,722	9
10	35 NICU	AGGREGATE						225,919	10
11	90.02 PLAINFIELD CLINIC	PLAINFIELD						115,864	11
12	90.03 OSWEGO CLINIC	OSWEGO						478,245	12
13	91 EMERGENCY	TRAUMA SVCES				676,004	1,143,732	12,256,760	13
14	90.04 BOLINGBROOK CLINIC	BOLINGBROOK						1,107,597	14
15	4 EMPLOYEE BENEFITS	AGGREGATE				58,036	108,405	108,405	15
17	69.06 WOUND OSTOMY	AGGREGATE				85	227	227	17
200	TOTAL					860,749	2,474,812	20,482,064	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	25,033,513	25,033,513				1
2 CAP REL COSTS-MVBLE EQUIP	17,510,619		17,510,619			2
4 EMPLOYEE BENEFITS	17,824,688	174,939	122,368	18,121,995		4
5 ADMINISTRATIVE & GENERAL	75,700,016	2,220,351	1,553,107	1,344,322	80,817,796	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,702,494	7,150,473	5,001,662	50,832	22,905,461	7
8 LAUNDRY & LINEN SERVICE	290,912	62,126	43,457	7,645	404,140	8
9 HOUSEKEEPING	3,877,327	110,653	77,400	320,037	4,385,417	9
10 DIETARY	899,500	185,603	129,827		1,214,930	10
11 CAFETERIA	2,666,757	480,205	335,897		3,482,859	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,390,994	54,668	38,240	233,386	2,717,288	13
14 CENTRAL SERVICES & SUPPLY	1,828,979	391,858	274,100	188,800	2,683,737	14
15 PHARMACY	4,819,123	208,753	146,020	448,402	5,622,298	15
16 MEDICAL RECORDS & LIBRARY	4,914,380	30,169	21,103	426,356	5,392,008	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	450,713	76,671	53,630	47,721	628,735	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,121,108	4,486,394	3,138,174	3,397,248	44,142,924	30
31 INTENSIVE CARE UNIT	3,835,509	425,031	297,303	398,928	4,956,771	31
32 CORONARY CARE UNIT	5,009,629	1,015,450	710,294	512,252	7,247,625	32
35 NICU	4,306,940	175,479	122,745	460,381	5,065,545	35
43 NURSERY	2,089,456	447,910	313,308	202,616	3,053,290	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,946,925	1,483,507	1,037,694	750,413	22,218,539	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	2,649,486	325,784	227,882	187,916	3,391,068	50.02
51 RECOVERY ROOM	1,626,579			171,458	1,798,037	51
52 DELIVERY ROOM & LABOR ROOM	6,437,673	745,685	521,597	651,027	8,355,982	52
53 ANESTHESIOLOGY	1,931,377	39,787	27,830	36,357	2,035,351	53
54 RADIOLOGY-DIAGNOSTIC	3,745,794	426,650	298,436	380,238	4,851,118	54
54.01 ULTRASOUND	1,952,407	59,055	41,309	206,363	2,259,134	54.01
54.02 WOMENS IMAGING CTR	1,074,718	16,873	11,802	77,257	1,180,650	54.02
54.06 SPECIAL PROCEDURES	1,513,057	48,459	33,897	67,152	1,662,565	54.06
54.07 IMAGING CENTER	1,303,980			96,200	1,400,180	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	22,153,669			466,644	22,620,313	55
56 RADIOISOTOPE	1,594,439	115,141	80,540	93,030	1,883,150	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,656,621	65,906	46,100	221,684	2,990,311	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,629,433	92,531	64,725	145,257	1,931,946	58
59 CARDIAC CATHETERIZATION	6,794,635	828,025	579,193	257,337	8,459,190	59
60 LABORATORY	8,664,075	274,321	191,884	461,173	9,591,453	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	3,069,602	23,082	16,146	50,276	3,159,106	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,420,978	84,905	59,390	307,149	3,872,422	65
66 PHYSICAL THERAPY	3,799,895	16,232	11,354	406,459	4,233,940	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	431,492			48,805	480,297	68
69 ELECTROCARDIOLOGY	4,734,741	755,573	528,513	353,370	6,372,197	69
69.03 EMG/NCV	52,026			4,255	56,281	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	559,865			44,031	603,896	69.06
70 ELECTROENCEPHALOGRAPHY	5,027,702			163,737	5,191,439	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,019,972			10,341	2,030,313	71
72 IMPL. DEV. CHARGED TO PATIENT	23,683,347				23,683,347	72
73 DRUGS CHARGED TO PATIENTS	8,752,842				8,752,842	73
75 ASC (NON-DISTINCT PART)	4,035,368	476,966	333,631	397,683	5,243,648	75
76.97 CARDIAC REHABILITATION	1,064,074	95,636	66,896	115,468	1,342,074	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,026,652	49,370	34,534	99,675	1,210,231	90
90.01 URODYNAMICS	89,272			6,379	95,651	90.01
90.02 PLAINFIELD CLINIC	15,454,240			753,940	16,208,180	90.02
90.03 OSWEGO CLINIC	1,732,688			194,007	1,926,695	90.03
90.04 BLOINGBROOK CLINIC	1,432,075			253,111	1,685,186	90.04
91 EMERGENCY	10,118,709	1,136,227	794,776	2,319,338	14,369,050	91

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 01/26/2012 12:04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
118 SUBTOTALS (SUM OF LINES 1-117)	392,453,065	24,856,448	17,386,764	17,836,456	391,866,606	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	296,382	47,312	33,094	12,532	389,320	190
192 PHYSICIANS' PRIVATE OFFICES	3,491,287	129,753	90,761	273,007	3,984,808	192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	396,240,734	25,033,513	17,510,619	18,121,995	396,240,734	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	80,817,796					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,868,837	28,774,298				7
8 LAUNDRY & LINEN SERVICE	103,549	115,572	623,261			8
9 HOUSEKEEPING	1,123,632	205,845		5,714,894		9
10 DIETARY	311,289	345,273		63,894	1,935,386	10
11 CAFETERIA	892,378	893,315		165,311		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	696,224	101,699		18,820		13
14 CENTRAL SERVICES & SUPPLY	687,627	728,965		134,898		14
15 PHARMACY	1,440,545	388,338		71,863		15
16 MEDICAL RECORDS & LIBRARY	1,381,540	56,123		10,386		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	161,094	142,629		26,394		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,310,433	8,345,941	223,105	1,544,446	1,797,090	30
31 INTENSIVE CARE UNIT	1,270,024	790,675	22,989	146,317	58,756	31
32 CORONARY CARE UNIT	1,856,986	1,889,020	25,353	349,570	79,540	32
35 NICU	1,297,894	320,162	21,368	59,247		35
43 NURSERY	782,314	833,238		154,194		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,692,834	2,759,736	46,423	510,699		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	868,859	606,048	9,875	112,152		50.02
51 RECOVERY ROOM	460,693		15,388			51
52 DELIVERY ROOM & LABOR ROOM	2,140,970	1,387,181	42,045	256,703		52
53 ANESTHESIOLOGY	521,498	74,014		13,697		53
54 RADIOLOGY-DIAGNOSTIC	1,242,953	793,688	10,330	146,875		54
54.01 ULTRASOUND	578,835	109,860	9,330	20,330		54.01
54.02 WOMENS IMAGING CTR	302,506	31,388	4,807	5,809		54.02
54.06 SPECIAL PROCEDURES	425,982	59,199	2,000	10,955		54.06
54.07 IMAGING CENTER	358,754		1,433			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	5,795,777		5,411			55
56 RADIOISOTOPE	482,501	214,195	9,617	39,638		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	766,177	122,603	10,225	22,688		57
58 MAGNETIC RESONANCE IMAGING (MRI)	495,003	172,134	8,850	31,854		58
59 CARDIAC CATHETERIZATION	2,167,414	1,540,357	1,497	285,049		59
60 LABORATORY	2,457,522	510,313		94,435		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	809,426	42,939		7,946		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	992,192	157,947		29,229		65
66 PHYSICAL THERAPY	1,084,820	30,196	6,475	5,588		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	123,062					68
69 ELECTROCARDIOLOGY	1,632,684	1,405,575		260,107		69
69.03 EMG/NCV	14,420					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	154,730		1,982			69.06
70 ELECTROENCEPHALOGRAPHY	1,330,151		1,563			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	520,207		1,558			71
72 IMPL. DEV. CHARGED TO PATIENT	6,068,147					72
73 DRUGS CHARGED TO PATIENTS	2,242,653					73
75 ASC (NON-DISTINCT PART)	1,343,527	887,289	17,530	164,196		75
76.97 CARDIAC REHABILITATION	343,866	177,910	1,001	32,923		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	310,085	91,843	1,319	16,996		90
90.01 URODYNAMICS	24,508					90.01
90.02 PLAINFIELD CLINIC	4,152,860		11,909			90.02
90.03 OSWEGO CLINIC	493,658		1,508			90.03
90.04 BLOINGBROOK CLINIC	431,778		258			90.04
91 EMERGENCY	3,681,638	2,113,698	69,386	391,148		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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						
118 SUBTOTALS (SUM OF LINES 1-117)	79,697,056	28,444,908	584,535	5,204,357	1,935,386	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,752	88,013		16,287		190
192 PHYSICIANS' PRIVATE OFFICES	1,020,988	241,377	1,893	44,668		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			36,833	449,582		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	80,817,796	28,774,298	623,261	5,714,894	1,935,386	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	5,433,863					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	70,831	3,604,862				13
14 CENTRAL SERVICES & SUPPLY	137,954	138,393	4,511,574			14
15 PHARMACY	142,001		5,234	7,670,279		15
16 MEDICAL RECORDS & LIBRARY	247,184				7,087,241	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	11,611	11,648				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,402,980	1,407,442	170,686	1,117	467,958	30
31 INTENSIVE CARE UNIT	139,547	139,991	21,029		62,522	31
32 CORONARY CARE UNIT	171,785	172,331	32,317	858	99,713	32
35 NICU	150,134	150,611	21,569		102,859	35
43 NURSERY	73,556	73,790			26,688	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	269,563	270,420	791,533	3,236	548,304	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	73,006	73,239	64,464	378	131,604	50.02
51 RECOVERY ROOM	56,530	56,710	6,946	66	96,790	51
52 DELIVERY ROOM & LABOR ROOM	239,690		45,955	412	106,293	52
53 ANESTHESIOLOGY	22,341		88,932	103,917	135,031	53
54 RADIOLOGY-DIAGNOSTIC	160,266	160,776	13,776	259	207,289	54
54.01 ULTRASOUND	66,628	66,841	7,711	175	139,356	54.01
54.02 WOMENS IMAGING CTR	30,439	30,536	28,874	1,140	33,055	54.02
54.06 SPECIAL PROCEDURES	22,317		71,790	29	47,795	54.06
54.07 IMAGING CENTER	28,801		3,800		80,547	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	168,476		17,503	4,019,705	461,855	55
56 RADIOISOTOPE	31,897		11,584	147,363	69,255	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	93,005	93,301	34,186	635	465,975	57
58 MAGNETIC RESONANCE IMAGING (MRI)	46,764	46,913	16,076	296	146,100	58
59 CARDIAC CATHETERIZATION	82,382		295,875	55	271,660	59
60 LABORATORY	211,257	211,930	189,231	11,364	630,130	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	19,551	19,613	202,073	6,992	62,164	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	136,285		52,105	2,106	170,563	65
66 PHYSICAL THERAPY	148,776		2,992		63,909	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	16,572		93		11,567	68
69 ELECTROCARDIOLOGY	136,552		71,717	1,863	297,532	69
69.03 EMG/NCV	3,138		1,113		8,754	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	18,231		11,120	1,341	6,747	69.06
70 ELECTROENCEPHALOGRAPHY	61,515	61,711	22,247		68,911	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,403		151,991	200	66,917	71
72 IMPL. DEV. CHARGED TO PATIENT			1,866,929		470,522	72
73 DRUGS CHARGED TO PATIENTS				2,288,702	329,462	73
75 ASC (NON-DISTINCT PART)	145,196		29,131	128	51,750	75
76.97 CARDIAC REHABILITATION	46,478		1,443	24	20,222	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	53,347	53,517	4,824	11	15,129	90
90.01 URODYNAMICS	1,951		975		3,041	90.01
90.02 PLAINFIELD CLINIC			57,125	1,039,254	525,513	90.02
90.03 OSWEGO CLINIC			2,770	347	34,474	90.03
90.04 BLOINGBROOK CLINIC			6,305	11,036	45,181	90.04
91 EMERGENCY	363,990	365,149	79,050	10,564	504,104	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
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						
118 SUBTOTALS (SUM OF LINES 1-117)	5,312,930	3,604,862	4,503,074	7,653,573	7,087,241	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,084					190
192 PHYSICIANS' PRIVATE OFFICES	115,849			16,706		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			8,500			192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,433,863	3,604,862	4,511,574	7,670,279	7,087,241	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-EMS	982,111				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	64,225	70,878,347		70,878,347	30
31 INTENSIVE CARE UNIT	14,272	7,622,893		7,622,893	31
32 CORONARY CARE UNIT		11,925,098		11,925,098	32
35 NICU		7,189,389		7,189,389	35
43 NURSERY		4,997,070		4,997,070	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	14,272	33,125,559		33,125,559	50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY		5,330,693		5,330,693	50.02
51 RECOVERY ROOM		2,491,160		2,491,160	51
52 DELIVERY ROOM & LABOR ROOM		12,575,231		12,575,231	52
53 ANESTHESIOLOGY		2,994,781		2,994,781	53
54 RADIOLOGY-DIAGNOSTIC		7,587,330		7,587,330	54
54.01 ULTRASOUND		3,258,200		3,258,200	54.01
54.02 WOMENS IMAGING CTR		1,649,204		1,649,204	54.02
54.06 SPECIAL PROCEDURES		2,302,632		2,302,632	54.06
54.07 IMAGING CENTER		1,873,515		1,873,515	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		33,089,040		33,089,040	55
56 RADIOISOTOPE		2,889,200		2,889,200	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,599,106		4,599,106	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,895,936		2,895,936	58
59 CARDIAC CATHETERIZATION		13,103,479		13,103,479	59
60 LABORATORY	37,465	13,945,100		13,945,100	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		4,329,810		4,329,810	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	7,136	5,419,985		5,419,985	65
66 PHYSICAL THERAPY		5,576,696		5,576,696	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		631,591		631,591	68
69 ELECTROCARDIOLOGY		10,178,227		10,178,227	69
69.03 EMG/NCV		83,706		83,706	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		798,047		798,047	69.06
70 ELECTROENCEPHALOGRAPHY		6,737,537		6,737,537	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,781,589		2,781,589	71
72 IMPL. DEV. CHARGED TO PATIENT		32,088,945		32,088,945	72
73 DRUGS CHARGED TO PATIENTS		13,613,659		13,613,659	73
75 ASC (NON-DISTINCT PART)	10,704	7,893,099		7,893,099	75
76.97 CARDIAC REHABILITATION		1,965,941		1,965,941	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		1,757,302		1,757,302	90
90.01 URODYNAMICS		126,126		126,126	90.01
90.02 PLAINFIELD CLINIC		21,994,841		21,994,841	90.02
90.03 OSWEGO CLINIC		2,459,452		2,459,452	90.03
90.04 BLOINGBROOK CLINIC		2,179,744		2,179,744	90.04
91 EMERGENCY	823,333	22,771,110		22,771,110	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

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COST CENTER DESCRIPTION	PARAMED EDUCATION EMS 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
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					
118 SUBTOTALS (SUM OF LINES 1-117)	971,407	389,710,370		389,710,370	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		598,456		598,456	190
192 PHYSICIANS' PRIVATE OFFICES		5,426,289		5,426,289	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		8,500		8,500	192.03
192.04 IRE					192.04
194 LINDEN OAKS HOSPITAL	10,704	497,119		497,119	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	982,111	396,240,734		396,240,734	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		174,939	122,368	297,307	297,307	4
5 ADMINISTRATIVE & GENERAL	2,220,351		1,553,107	3,773,458	22,054	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		7,150,473	5,001,662	12,152,135	834	7
8 LAUNDRY & LINEN SERVICE		62,126	43,457	105,583	125	8
9 HOUSEKEEPING		110,653	77,400	188,053	5,250	9
10 DIETARY		185,603	129,827	315,430		10
11 CAFETERIA		480,205	335,897	816,102		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		54,668	38,240	92,908	3,829	13
14 CENTRAL SERVICES & SUPPLY		391,858	274,100	665,958	3,097	14
15 PHARMACY		208,753	146,020	354,773	7,356	15
16 MEDICAL RECORDS & LIBRARY		30,169	21,103	51,272	6,995	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS		76,671	53,630	130,301	783	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		4,486,394	3,138,174	7,624,568	55,738	30
31 INTENSIVE CARE UNIT		425,031	297,303	722,334	6,545	31
32 CORONARY CARE UNIT		1,015,450	710,294	1,725,744	8,404	32
35 NICU		175,479	122,745	298,224	7,553	35
43 NURSERY		447,910	313,308	761,218	3,324	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,483,507		1,037,694	2,521,201	12,311	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY		325,784	227,882	553,666	3,083	50.02
51 RECOVERY ROOM					2,813	51
52 DELIVERY ROOM & LABOR ROOM		745,685	521,597	1,267,282	10,681	52
53 ANESTHESIOLOGY		39,787	27,830	67,617	596	53
54 RADIOLOGY-DIAGNOSTIC		426,650	298,436	725,086	6,238	54
54.01 ULTRASOUND		59,055	41,309	100,364	3,386	54.01
54.02 WOMENS IMAGING CTR		16,873	11,802	28,675	1,267	54.02
54.06 SPECIAL PROCEDURES		48,459	33,897	82,356	1,102	54.06
54.07 IMAGING CENTER					1,578	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC					7,656	55
56 RADIOISOTOPE		115,141	80,540	195,681	1,526	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		65,906	46,100	112,006	3,637	57
58 MAGNETIC RESONANCE IMAGING (MRI)		92,531	64,725	157,256	2,383	58
59 CARDIAC CATHETERIZATION		828,025	579,193	1,407,218	4,222	59
60 LABORATORY		274,321	191,884	466,205	7,566	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		23,082	16,146	39,228	825	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		84,905	59,390	144,295	5,039	65
66 PHYSICAL THERAPY		16,232	11,354	27,586	6,668	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY					801	68
69 ELECTROCARDIOLOGY		755,573	528,513	1,284,086	5,797	69
69.03 EMG/NCV					70	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY					722	69.06
70 ELECTROENCEPHALOGRAPHY					2,686	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					170	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)		476,966	333,631	810,597	6,524	75
76.97 CARDIAC REHABILITATION		95,636	66,896	162,532	1,894	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		49,370	34,534	83,904	1,635	90
90.01 URODYNAMICS					105	90.01
90.02 PLAINFIELD CLINIC					12,369	90.02
90.03 OSWEGO CLINIC					3,183	90.03
90.04 BLOINGBROOK CLINIC					4,152	90.04
91 EMERGENCY	1,136,227		794,776	1,931,003	38,050	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 1	REL COSTS MOV EQUIP 2		2A	BENEFITS 4
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						
118 SUBTOTALS (SUM OF LINES 1-117)		24,856,448	17,386,764	42,243,212	292,622	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		47,312	33,094	80,406	206	190
192 PHYSICIANS' PRIVATE OFFICES		129,753	90,761	220,514	4,479	192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		25,033,513	17,510,619	42,544,132	297,307	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,795,512					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	275,621	12,428,590				7
8 LAUNDRY & LINEN SERVICE	4,863	49,920	160,491			8
9 HOUSEKEEPING	52,770	88,912		334,985		9
10 DIETARY	14,619	149,135		3,745	482,929	10
11 CAFETERIA	41,909	385,853		9,690		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	32,697	43,927		1,103		13
14 CENTRAL SERVICES & SUPPLY	32,293	314,865		7,907		14
15 PHARMACY	67,653	167,736		4,212		15
16 MEDICAL RECORDS & LIBRARY	64,882	24,241		609		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	7,566	61,606		1,547		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	531,197	3,604,890	57,450	90,531	448,421	30
31 INTENSIVE CARE UNIT	59,645	341,519	5,920	8,577	14,661	31
32 CORONARY CARE UNIT	87,211	815,931	6,528	20,490	19,847	32
35 NICU	60,954	138,289	5,502	3,473		35
43 NURSERY	36,740	359,904		9,038		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	267,356	1,192,023	11,954	29,935		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	40,805	261,773	2,543	6,574		50.02
51 RECOVERY ROOM	21,636		3,963			51
52 DELIVERY ROOM & LABOR ROOM	100,548	599,170	10,827	15,047		52
53 ANESTHESIOLOGY	24,491	31,969		803		53
54 RADIOLOGY-DIAGNOSTIC	58,374	342,821	2,660	8,609		54
54.01 ULTRASOUND	27,184	47,452	2,403	1,192		54.01
54.02 WOMENS IMAGING CTR	14,207	13,558	1,238	340		54.02
54.06 SPECIAL PROCEDURES	20,006	25,570	515	642		54.06
54.07 IMAGING CENTER	16,848		369			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	272,190		1,393			55
56 RADIOISOTOPE	22,660	92,518	2,476	2,323		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	35,982	52,957	2,633	1,330		57
58 MAGNETIC RESONANCE IMAGING (MRI)	23,247	74,351	2,279	1,867		58
59 CARDIAC CATHETERIZATION	101,789	665,332	385	16,708		59
60 LABORATORY	115,414	220,422		5,535		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	38,014	18,547		466		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	46,597	68,223		1,713		65
66 PHYSICAL THERAPY	50,947	13,043	1,667	328		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	5,779					68
69 ELECTROCARDIOLOGY	76,677	607,115		15,246		69
69.03 EMG/NCV	677					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	7,267		510			69.06
70 ELECTROENCEPHALOGRAPHY	62,469		402			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	24,431		401			71
72 IMPL. DEV. CHARGED TO PATIENT	284,982					72
73 DRUGS CHARGED TO PATIENTS	105,323					73
75 ASC (NON-DISTINCT PART)	63,097	383,250	4,514	9,625		75
76.97 CARDIAC REHABILITATION	16,149	76,845	258	1,930		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	14,563	39,670	340	996		90
90.01 URODYNAMICS	1,151					90.01
90.02 PLAINFIELD CLINIC	195,033		3,067			90.02
90.03 OSWEGO CLINIC	23,184		388			90.03
90.04 BLOINGBROOK CLINIC	20,278		67			90.04
91 EMERGENCY	172,903	912,978	17,867	22,928		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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						
118 SUBTOTALS (SUM OF LINES 1-117)	3,742,878	12,286,315	150,519	305,059	482,929	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,685	38,016		955		190
192 PHYSICIANS' PRIVATE OFFICES	47,949	104,259	487	2,618		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			9,485	26,353		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,795,512	12,428,590	160,491	334,985	482,929	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,253,554					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,340	190,804				13
14 CENTRAL SERVICES & SUPPLY	31,825	7,325	1,063,270			14
15 PHARMACY	32,759		1,233	635,722		15
16 MEDICAL RECORDS & LIBRARY	57,024				205,023	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	2,679	617				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	323,654	74,496	40,226	93	13,515	30
31 INTENSIVE CARE UNIT	32,192	7,410	4,956		1,806	31
32 CORONARY CARE UNIT	39,630	9,121	7,616	71	2,880	32
35 NICU	34,635	7,972	5,083		2,971	35
43 NURSERY	16,969	3,906			771	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,186	14,313	186,544	268	15,835	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	16,842	3,876	15,193	31	3,801	50.02
51 RECOVERY ROOM	13,041	3,002	1,637	5	2,795	51
52 DELIVERY ROOM & LABOR ROOM	55,295		10,830	34	3,070	52
53 ANESTHESIOLOGY	5,154		20,959	8,613	3,900	53
54 RADIOLOGY-DIAGNOSTIC	36,972	8,510	3,247	21	5,987	54
54.01 ULTRASOUND	15,371	3,538	1,817	14	4,025	54.01
54.02 WOMENS IMAGING CTR	7,022	1,616	6,805	94	955	54.02
54.06 SPECIAL PROCEDURES	5,148		16,919	2	1,380	54.06
54.07 IMAGING CENTER	6,644		895		2,326	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	38,866		4,125	333,155	13,338	55
56 RADIOISOTOPE	7,359		2,730	12,214	2,000	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	21,456	4,938	8,057	53	13,457	57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,788	2,483	3,789	25	4,219	58
59 CARDIAC CATHETERIZATION	19,005		69,730	5	7,846	59
60 LABORATORY	48,736	11,217	44,597	942	18,536	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	4,510	1,038	47,624	579	1,795	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	31,440		12,280	175	4,926	65
66 PHYSICAL THERAPY	34,322		705		1,846	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	3,823		22		334	68
69 ELECTROCARDIOLOGY	31,502		16,902	154	8,593	69
69.03 EMG/NCV	724		262		253	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	4,206		2,621	111	195	69.06
70 ELECTROENCEPHALOGRAPHY	14,191	3,266	5,243		1,990	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,400		35,820	17	1,933	71
72 IMPL. DEV. CHARGED TO PATIENT			439,996		13,589	72
73 DRUGS CHARGED TO PATIENTS				189,692	9,515	73
75 ASC (NON-DISTINCT PART)	33,496		6,865	11	1,495	75
76.97 CARDIAC REHABILITATION	10,722		340	2	584	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,307	2,833	1,137	1	437	90
90.01 URODYNAMICS	450		230		88	90.01
90.02 PLAINFIELD CLINIC			13,463	86,135	15,177	90.02
90.03 OSWEGO CLINIC			653	29	996	90.03
90.04 BLOINGBROOK CLINIC			1,486	915	1,305	90.04
91 EMERGENCY	83,970	19,327	18,630	876	14,559	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
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						
118 SUBTOTALS (SUM OF LINES 1-117)	1,225,655	190,804	1,061,267	634,337	205,023	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,173					190
192 PHYSICIANS' PRIVATE OFFICES	26,726			1,385		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			2,003			192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,253,554	190,804	1,063,270	635,722	205,023	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-EMS	205,099				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		12,864,779		12,864,779	30
31 INTENSIVE CARE UNIT		1,205,565		1,205,565	31
32 CORONARY CARE UNIT		2,743,473		2,743,473	32
35 NICU		564,656		564,656	35
43 NURSERY		1,191,870		1,191,870	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		4,313,926		4,313,926	50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY		908,187		908,187	50.02
51 RECOVERY ROOM		48,892		48,892	51
52 DELIVERY ROOM & LABOR ROOM		2,072,784		2,072,784	52
53 ANESTHESIOLOGY		164,102		164,102	53
54 RADIOLOGY-DIAGNOSTIC		1,198,525		1,198,525	54
54.01 ULTRASOUND		206,746		206,746	54.01
54.02 WOMENS IMAGING CTR		75,777		75,777	54.02
54.06 SPECIAL PROCEDURES		153,640		153,640	54.06
54.07 IMAGING CENTER		28,660		28,660	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		670,723		670,723	55
56 RADIOISOTOPE		341,487		341,487	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		256,506		256,506	57
58 MAGNETIC RESONANCE IMAGING (MRI)		282,687		282,687	58
59 CARDIAC CATHETERIZATION		2,292,240		2,292,240	59
60 LABORATORY		939,170		939,170	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		152,626		152,626	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		314,688		314,688	65
66 PHYSICAL THERAPY		137,112		137,112	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		10,759		10,759	68
69 ELECTROCARDIOLOGY		2,046,072		2,046,072	69
69.03 EMG/NCV		1,986		1,986	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		15,632		15,632	69.06
70 ELECTROENCEPHALOGRAPHY		90,247		90,247	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		65,172		65,172	71
72 IMPL. DEV. CHARGED TO PATIENT		738,567		738,567	72
73 DRUGS CHARGED TO PATIENTS		304,530		304,530	73
75 ASC (NON-DISTINCT PART)		1,319,474		1,319,474	75
76.97 CARDIAC REHABILITATION		271,256		271,256	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		157,823		157,823	90
90.01 URODYNAMICS		2,024		2,024	90.01
90.02 PLAINFIELD CLINIC		325,244		325,244	90.02
90.03 OSWEGO CLINIC		28,433		28,433	90.03
90.04 BLOINGBROOK CLINIC		28,203		28,203	90.04
91 EMERGENCY		3,233,091		3,233,091	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

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COST CENTER DESCRIPTION	PARAMED EDUCATION EMS 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
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					
118 SUBTOTALS (SUM OF LINES 1-117)		41,767,334		41,767,334	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		125,441		125,441	190
192 PHYSICIANS' PRIVATE OFFICES		408,417		408,417	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		2,003		2,003	192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL		35,838		35,838	194
200 CROSS FOOT ADJUSTMENTS	205,099	205,099		205,099	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	205,099	42,544,132		42,544,132	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	741,822					1
2 CAP REL COSTS-MVBLE EQUIP		741,822				2
4 EMPLOYEE BENEFITS	5,184	5,184	146,599,549			4
5 ADMINISTRATIVE & GENERAL	65,796	65,796	10,874,982	-80,817,796	315,422,938	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	211,891	211,891	411,212		22,905,461	7
8 LAUNDRY & LINEN SERVICE	1,841	1,841	61,844		404,140	8
9 HOUSEKEEPING	3,279	3,279	2,588,964		4,385,417	9
10 DIETARY	5,500	5,500			1,214,930	10
11 CAFETERIA	14,230	14,230			3,482,859	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620	1,620	1,887,988		2,717,288	13
14 CENTRAL SERVICES & SUPPLY	11,612	11,612	1,527,307		2,683,737	14
15 PHARMACY	6,186	6,186	3,627,379		5,622,298	15
16 MEDICAL RECORDS & LIBRARY	894	894	3,449,038		5,392,008	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	2,272	2,272	386,044		628,735	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,946	132,946	27,482,718		44,142,924	30
31 INTENSIVE CARE UNIT	12,595	12,595	3,227,155		4,956,771	31
32 CORONARY CARE UNIT	30,091	30,091	4,143,894		7,247,625	32
35 NICU	5,200	5,200	3,724,282		5,065,545	35
43 NURSERY	13,273	13,273	1,639,075		3,053,290	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,961	43,961	6,070,515		22,218,539	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	9,654	9,654	1,520,161		3,391,068	50.02
51 RECOVERY ROOM			1,387,022		1,798,037	51
52 DELIVERY ROOM & LABOR ROOM	22,097	22,097	5,266,528		8,355,982	52
53 ANESTHESIOLOGY	1,179	1,179	294,112		2,035,351	53
54 RADIOLOGY-DIAGNOSTIC	12,643	12,643	3,075,960		4,851,118	54
54.01 ULTRASOUND	1,750	1,750	1,669,390		2,259,134	54.01
54.02 WOMENS IMAGING CTR	500	500	624,974		1,180,650	54.02
54.06 SPECIAL PROCEDURES	1,436	1,436	543,233		1,662,565	54.06
54.07 IMAGING CENTER			778,219		1,400,180	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC			3,774,951		22,620,313	55
56 RADIOISOTOPE	3,412	3,412	752,571		1,883,150	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,953	1,953	1,793,330		2,990,311	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,742	2,742	1,175,067		1,931,946	58
59 CARDIAC CATHETERIZATION	24,537	24,537	2,081,743		8,459,190	59
60 LABORATORY	8,129	8,129	3,730,694		9,591,453	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	684	684	406,708		3,159,106	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,516	2,516	2,484,702		3,872,422	65
66 PHYSICAL THERAPY	481	481	3,288,079		4,233,940	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			394,809		480,297	68
69 ELECTROCARDIOLOGY	22,390	22,390	2,858,612		6,372,197	69
69.03 EMG/NCV			34,418		56,281	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY			356,195		603,896	69.06
70 ELECTROENCEPHALOGRAPHY			1,324,560		5,191,439	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			83,655		2,030,313	71
72 IMPL. DEV. CHARGED TO PATIENT					23,683,347	72
73 DRUGS CHARGED TO PATIENTS					8,752,842	73
75 ASC (NON-DISTINCT PART)	14,134	14,134	3,217,084		5,243,648	75
76.97 CARDIAC REHABILITATION	2,834	2,834	934,086		1,342,074	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,463	1,463	806,328		1,210,231	90
90.01 URODYNAMICS			51,603		95,651	90.01
90.02 PLAINFIELD CLINIC			6,099,045		16,208,180	90.02
90.03 OSWEGO CLINIC			1,569,431		1,926,695	90.03
90.04 BLOINGBROOK CLINIC			2,047,555		1,685,186	90.04
91 EMERGENCY	33,670	33,670	18,762,440		14,369,050	91
92 OBSERVATION BEDS						92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
OTHER REIMBURSABLE COST CENTERS						
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						
118 SUBTOTALS (SUM OF LINES 1-117)	736,575	736,575	144,289,662	-80,817,796	311,048,810	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,402	1,402	101,382		389,320	190
192 PHYSICIANS' PRIVATE OFFICES	3,845	3,845	2,208,505		3,984,808	192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	25,033,513	17,510,619	18,121,995		80,817,796	202
203 UNIT COST MULT-WS B PT I	33.745984	23.604880	0.123616		0.256220	203
204 COST TO BE ALLOC PER B PT II			297,307		3,795,512	204
205 UNIT COST MULT-WS B PT II			0.002028		0.012033	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	670,842					6
7 OPERATION OF PLANT	211,891	458,358				7
8 LAUNDRY & LINEN SERVICE	1,841	1,841	1,240,168			8
9 HOUSEKEEPING	3,279	3,279		491,938		9
10 DIETARY	5,500	5,500		5,500	202,346	10
11 CAFETERIA	14,230	14,230		14,230		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620	1,620		1,620		13
14 CENTRAL SERVICES & SUPPLY	11,612	11,612		11,612		14
15 PHARMACY	6,186	6,186		6,186		15
16 MEDICAL RECORDS & LIBRARY	894	894		894		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	2,272	2,272		2,272		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,946	132,946	443,938	132,946	187,887	30
31 INTENSIVE CARE UNIT	12,595	12,595	45,744	12,595	6,143	31
32 CORONARY CARE UNIT	30,091	30,091	50,447	30,091	8,316	32
35 NICU	5,200	5,100	42,519	5,100		35
43 NURSERY	13,273	13,273		13,273		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,961	43,961	92,372	43,961		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	9,654	9,654	19,650	9,654		50.02
51 RECOVERY ROOM			30,620			51
52 DELIVERY ROOM & LABOR ROOM	22,097	22,097	83,661	22,097		52
53 ANESTHESIOLOGY	1,179	1,179		1,179		53
54 RADIOLOGY-DIAGNOSTIC	12,643	12,643	20,555	12,643		54
54.01 ULTRASOUND	1,750	1,750	18,565	1,750		54.01
54.02 WOMENS IMAGING CTR	500	500	9,564	500		54.02
54.06 SPECIAL PROCEDURES	1,436	943	3,980	943		54.06
54.07 IMAGING CENTER			2,851			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC			10,766			55
56 RADIOISOTOPE	3,412	3,412	19,136	3,412		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,953	1,953	20,346	1,953		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,742	2,742	17,610	2,742		58
59 CARDIAC CATHETERIZATION	24,537	24,537	2,978	24,537		59
60 LABORATORY	8,129	8,129		8,129		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	684	684		684		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,516	2,516		2,516		65
66 PHYSICAL THERAPY	481	481	12,884	481		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	22,390	22,390		22,390		69
69.03 EMG/NCV						69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY			3,944			69.06
70 ELECTROENCEPHALOGRAPHY			3,110			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,100			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)	14,134	14,134	34,881	14,134		75
76.97 CARDIAC REHABILITATION	2,834	2,834	1,991	2,834		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,463	1,463	2,625	1,463		90
90.01 URODYNAMICS						90.01
90.02 PLAINFIELD CLINIC			23,697			90.02
90.03 OSWEGO CLINIC			3,000			90.03
90.04 BLOINGBROOK CLINIC			514			90.04
91 EMERGENCY	33,670	33,670	138,064	33,670		91
92 OBSERVATION BEDS						92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET	6	OPERATION OF PLANT SQUARE FEET	7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	8	HOUSE- KEEPING SQUARE FEET	9	DIETARY  (MEALS SERVED)	10
OTHER REIMBURSABLE COST CENTERS										
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										
118 SUBTOTALS (SUM OF LINES 1-117)	665,595		453,111		1,163,112		447,991		202,346	118
NONREIMBURSABLE COST CENTERS										
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,402		1,402				1,402			190
192 PHYSICIANS' PRIVATE OFFICES	3,845		3,845		3,766		3,845			192
192.01 PHYSICIANS CLINICS										192.01
192.03 PHYSICIAN OFFICES										192.03
192.04 IRB										192.04
194 LINDEN OAKS HOSPITAL					73,290		38,700			194
200 CROSS FOOT ADJUSTMENTS										200
201 NEGATIVE COST CENTER										201
202 COST TO BE ALLOC PER B PT I			28,774,298		623,261		5,714,894		1,935,386	202
203 UNIT COST MULT-WS B PT I			62.776908		0.502562		11.617102		9.564736	203
204 COST TO BE ALLOC PER B PT II			12,428,590		160,491		334,985		482,929	204
205 UNIT COST MULT-WS B PT II			27.115464		0.129411		0.680950		2.386650	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE'S) SERVED	NURSING ADMINI- STRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	3,639,621					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	47,443	2,406,890				13
14 CENTRAL SERVICES & SUPPLY	92,402	92,402	57,232,465			14
15 PHARMACY	95,113		66,391	29,334,025		15
16 MEDICAL RECORDS & LIBRARY	165,565				1,562,450,374	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	7,777	7,777				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	939,720	939,720	2,165,270	4,272	103,165,346	30
31 INTENSIVE CARE UNIT	93,469	93,469	266,764		13,783,571	31
32 CORONARY CARE UNIT	115,062	115,062	409,967	3,283	21,982,681	32
35 NICU	100,560	100,560	273,613		22,676,050	35
43 NURSERY	49,268	49,268			5,883,497	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	180,554	180,554	10,041,141	12,376	120,878,263	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	48,900	48,900	817,775	1,444	29,013,272	50.02
51 RECOVERY ROOM	37,864	37,864	88,109	252	21,338,081	51
52 DELIVERY ROOM & LABOR ROOM	160,545		582,965	1,576	23,433,270	52
53 ANESTHESIOLOGY	14,964		1,128,165	397,417	29,768,733	53
54 RADIOLOGY-DIAGNOSTIC	107,347	107,347	174,761	990	45,698,524	54
54.01 ULTRASOUND	44,628	44,628	97,813	668	30,722,292	54.01
54.02 WOMENS IMAGING CTR	20,388	20,388	366,285	4,360	7,287,286	54.02
54.06 SPECIAL PROCEDURES	14,948		910,708	109	10,536,879	54.06
54.07 IMAGING CENTER	19,291		48,201		17,757,326	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	112,846		222,037	15,372,878	101,819,803	55
56 RADIOISOTOPE	21,365		146,955	563,572	15,267,777	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	62,295	62,295	433,669	2,430	102,728,194	57
58 MAGNETIC RESONANCE IMAGING (MRI)	31,323	31,323	203,934	1,133	32,208,905	58
59 CARDIAC CATHETERIZATION	55,180		3,753,373	211	59,889,769	59
60 LABORATORY	141,501	141,501	2,400,522	43,461	138,924,838	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	13,095	13,095	2,563,436	26,739	13,704,644	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	91,284		660,989	8,053	37,602,056	65
66 PHYSICAL THERAPY	99,651		37,954		14,089,284	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	11,100		1,186		2,550,079	68
69 ELECTROCARDIOLOGY	91,463		909,785	7,125	65,593,431	69
69.03 EMG/NCV	2,102		14,114		1,929,923	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	12,211		141,071	5,130	1,487,456	69.06
70 ELECTROENCEPHALOGRAPHY	41,203	41,203	282,223		15,191,993	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	6,968		1,928,106	766	14,752,335	71
72 IMPL. DEV. CHARGED TO PATIENT			23,683,347		103,730,671	72
73 DRUGS CHARGED TO PATIENTS				8,752,842	72,632,811	73
75 ASC (NON-DISTINCT PART)	97,253		369,545	488	11,408,760	75
76.97 CARDIAC REHABILITATION	31,131		18,306	93	4,458,142	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	35,732	35,732	61,198	43	3,335,422	90
90.01 URODYNAMICS	1,307		12,369		670,328	90.01
90.02 PLAINFIELD CLINIC			724,668	3,974,490	115,853,726	90.02
90.03 OSWEGO CLINIC			35,136	1,327	7,600,193	90.03
90.04 BLOINGBROOK CLINIC			79,983	42,206	9,960,642	90.04
91 EMERGENCY	243,802	243,802	1,002,801	40,401	111,134,121	91
92 OBSERVATION BEDS						92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE'S) SERVED	NURSING ADMINI- STRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	11	13	14	15	16	
OTHER REIMBURSABLE COST CENTERS						
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						
118 SUBTOTALS (SUM OF LINES 1-117)	3,558,620	2,406,890	57,124,635	29,270,135	1,562,450,374	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,405					190
192 PHYSICIANS' PRIVATE OFFICES	77,596			63,890		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			107,830			192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,433,863	3,604,862	4,511,574	7,670,279	7,087,241	202
203 UNIT COST MULT-WS B PT I	1.492975	1.497726	0.078829	0.261481	0.004536	203
204 COST TO BE ALLOC PER B PT II	1,253,554	190,804	1,063,270	635,722	205,023	204
205 UNIT COST MULT-WS B PT II	0.344419	0.079274	0.018578	0.021672	0.000131	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS ASSIGNED TIME	
	23	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5 ADMINISTRATIVE & GENERAL		5
6 MAINTENANCE & REPAIRS		6
7 OPERATION OF PLANT		7
8 LAUNDRY & LINEN SERVICE		8
9 HOUSEKEEPING		9
10 DIETARY		10
11 CAFETERIA		11
12 MAINTENANCE OF PERSONNEL		12
13 NURSING ADMINISTRATION		13
14 CENTRAL SERVICES & SUPPLY		14
15 PHARMACY		15
16 MEDICAL RECORDS & LIBRARY		16
17 SOCIAL SERVICE		17
19 NONPHYSICIAN ANESTHETISTS		19
20 NURSING SCHOOL		20
21 I&R SRVCES-SALARY & FRINGES APPRVD		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-EMS	1,101	23
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	72	30
31 INTENSIVE CARE UNIT	16	31
32 CORONARY CARE UNIT		32
35 NICU		35
43 NURSERY		43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM	16	50
50.01 SAME DAY SURGERY		50.01
50.02 GASTROENTEROLOGY		50.02
51 RECOVERY ROOM		51
52 DELIVERY ROOM & LABOR ROOM		52
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
54.01 ULTRASOUND		54.01
54.02 WOMENS IMAGING CTR		54.02
54.06 SPECIAL PROCEDURES		54.06
54.07 IMAGING CENTER		54.07
54.08 P.E.T		54.08
55 RADIOLOGY-THERAPEUTIC		55
56 RADIOISOTOPE		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		57
58 MAGNETIC RESONANCE IMAGING (MRI)		58
59 CARDIAC CATHETERIZATION		59
60 LABORATORY	42	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65 RESPIRATORY THERAPY	8	65
66 PHYSICAL THERAPY		66
67 OCCUPATIONAL THERAPY		67
68 SPEECH PATHOLOGY		68
69 ELECTROCARDIOLOGY		69
69.03 EMG/NCV		69.03
69.04 CARDIAC REHAB		69.04
69.05 CARDIAC CATH LAB		69.05
69.06 WOUND OSTOMY		69.06
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENT		72
73 DRUGS CHARGED TO PATIENTS		73
75 ASC (NON-DISTINCT PART)	12	75
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC		90
90.01 URODYNAMICS		90.01
90.02 PLAINFIELD CLINIC		90.02
90.03 OSWEGO CLINIC		90.03
90.04 BLOINGBROOK CLINIC		90.04
91 EMERGENCY	923	91
92 OBSERVATION BEDS		92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

PARAMED  
 EDUCATION  
 EMS  
 ASSIGNED  
 TIME  
 23

COST CENTER DESCRIPTION

OTHER REIMBURSABLE COST CENTERS			
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			
118	SUBTOTALS (SUM OF LINES 1-117)	1,089	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192	PHYSICIANS' PRIVATE OFFICES		192
192.01	PHYSICIANS CLINICS		192.01
192.03	PHYSICIAN OFFICES		192.03
192.04	IRB		192.04
194	LINDEN OAKS HOSPITAL	12	194
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	COST TO BE ALLOC PER B PT I	982,111	202
203	UNIT COST MULT-WS B PT I	892.017257	203
204	COST TO BE ALLOC PER B PT II	205,099	204
205	UNIT COST MULT-WS B PT II	186.284287	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	70,878,347		70,878,347	182,090	71,060,437	30
31 INTENSIVE CARE UNIT	7,622,893		7,622,893		7,622,893	31
32 CORONARY CARE UNIT	11,925,098		11,925,098		11,925,098	32
35 NICU	7,189,389		7,189,389		7,189,389	35
43 NURSERY	4,997,070		4,997,070		4,997,070	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,125,559		33,125,559		33,125,559	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	5,330,693		5,330,693		5,330,693	50.02
51 RECOVERY ROOM	2,491,160		2,491,160		2,491,160	51
52 DELIVERY ROOM & LABOR ROOM	12,575,231		12,575,231	15,662	12,590,893	52
53 ANESTHESIOLOGY	2,994,781		2,994,781		2,994,781	53
54 RADIOLOGY-DIAGNOSTIC	7,587,330		7,587,330		7,587,330	54
54.01 ULTRASOUND	3,258,200		3,258,200		3,258,200	54.01
54.02 WOMENS IMAGING CTR	1,649,204		1,649,204		1,649,204	54.02
54.06 SPECIAL PROCEDURES	2,302,632		2,302,632		2,302,632	54.06
54.07 IMAGING CENTER	1,873,515		1,873,515		1,873,515	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	33,089,040		33,089,040	27,672	33,116,712	55
56 RADIOISOTOPE	2,889,200		2,889,200		2,889,200	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,599,106		4,599,106		4,599,106	57
58 MAGNETIC RESONANCE IMAGING	2,895,936		2,895,936		2,895,936	58
59 CARDIAC CATHETERIZATION	13,103,479		13,103,479		13,103,479	59
60 LABORATORY	13,945,100		13,945,100		13,945,100	60
62 WHOLE BLOOD & PCKD RED BLOO	4,329,810		4,329,810		4,329,810	62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	5,419,985		5,419,985		5,419,985	65
66 PHYSICAL THERAPY	5,576,696		5,576,696		5,576,696	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	631,591		631,591		631,591	68
69 ELECTROCARDIOLOGY	10,178,227		10,178,227		10,178,227	69
69.03 EMG/NCV	83,706		83,706		83,706	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	798,047		798,047	227	798,274	69.06
70 ELECTROENCEPHALOGRAPHY	6,737,537		6,737,537	11,500	6,749,037	70
71 MEDICAL SUPPLIES CHRGED TO	2,781,589		2,781,589		2,781,589	71
72 IMPL. DEV. CHARGED TO PATIE	32,088,945		32,088,945		32,088,945	72
73 DRUGS CHARGED TO PATIENTS	13,613,659		13,613,659		13,613,659	73
75 ASC (NON-DISTINCT PART)	7,893,099		7,893,099		7,893,099	75
76.97 CARDIAC REHABILITATION	1,965,941		1,965,941		1,965,941	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,757,302		1,757,302		1,757,302	90
90.01 URODYNAMICS	126,126		126,126		126,126	90.01
90.02 PLAINFIELD CLINIC	21,994,841		21,994,841		21,994,841	90.02
90.03 OSWEGO CLINIC	2,459,452		2,459,452		2,459,452	90.03
90.04 BLOINGBROOK CLINIC	2,179,744		2,179,744		2,179,744	90.04
91 EMERGENCY	22,771,110		22,771,110	1,143,732	23,914,842	91
92 OBSERVATION BEDS	7,901,886		7,901,886		7,901,886	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	397,612,256		397,612,256	1,380,883	398,993,139	200
201 LESS OBSERVATION BEDS	7,901,886		7,901,886		7,901,886	201
202 TOTAL (SEE INSTRUCTIONS)	389,710,370		389,710,370	1,380,883	391,091,253	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	92,796,871		92,796,871			30
31 INTENSIVE CARE UNIT	13,783,571		13,783,571			31
32 CORONARY CARE UNIT	21,982,681		21,982,681			32
35 NICU	22,676,050		22,676,050			35
43 NURSERY	5,883,497		5,883,497			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	63,341,436	57,536,827	120,878,263	0.274041	0.274041	0.274041 50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	5,527,275	23,485,997	29,013,272	0.183733	0.183733	0.183733 50.02
51 RECOVERY ROOM	10,289,598	11,048,483	21,338,081	0.116747	0.116747	0.116747 51
52 DELIVERY ROOM & LABOR ROOM	20,079,903	3,353,367	23,433,270	0.536640	0.536640	0.537308 52
53 ANESTHESIOLOGY	13,905,389	15,863,344	29,768,733	0.100602	0.100602	0.100602 53
54 RADIOLOGY-DIAGNOSTIC	12,384,927	33,313,597	45,698,524	0.166030	0.166030	0.166030 54
54.01 ULTRASOUND	7,580,210	23,142,082	30,722,292	0.106053	0.106053	0.106053 54.01
54.02 WOMENS IMAGING CTR	4,247	7,283,039	7,287,286	0.226313	0.226313	0.226313 54.02
54.06 SPECIAL PROCEDURES	7,415,383	3,121,496	10,536,879	0.218531	0.218531	0.218531 54.06
54.07 IMAGING CENTER	32,130	17,725,196	17,757,326	0.105507	0.105507	0.105507 54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,710,877	100,108,926	101,819,803	0.324976	0.324976	0.325248 55
56 RADIOISOTOPE	2,106,974	13,160,803	15,267,777	0.189235	0.189235	0.189235 56
57 COMPUTED TOMOGRAPHY (CT) SC	27,655,230	75,072,964	102,728,194	0.044770	0.044770	0.044770 57
58 MAGNETIC RESONANCE IMAGING	9,706,634	22,502,271	32,208,905	0.089911	0.089911	0.089911 58
59 CARDIAC CATHETERIZATION	26,252,006	33,637,763	59,889,769	0.218793	0.218793	0.218793 59
60 LABORATORY	54,703,128	84,221,710	138,924,838	0.100379	0.100379	0.100379 60
62 WHOLE BLOOD & PCKD RED BLOO	10,305,766	3,398,878	13,704,644	0.315937	0.315937	0.315937 62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	32,959,071	4,642,985	37,602,056	0.144141	0.144141	0.144141 65
66 PHYSICAL THERAPY	7,255,624	6,833,660	14,089,284	0.395811	0.395811	0.395811 66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,327,097	1,222,982	2,550,079	0.247675	0.247675	0.247675 68
69 ELECTROCARDIOLOGY	14,749,392	50,844,039	65,593,431	0.155171	0.155171	0.155171 69
69.03 EMG/NCV	136,401	1,793,522	1,929,923	0.043373	0.043373	0.043373 69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	396,095	1,091,361	1,487,456	0.536518	0.536518	0.536671 69.06
70 ELECTROENCEPHALOGRAPHY	6,301,166	8,890,827	15,191,993	0.443493	0.443493	0.444250 70
71 MEDICAL SUPPLIES CHRGD TO	11,060,285	3,692,050	14,752,335	0.188552	0.188552	0.188552 71
72 IMPL. DEV. CHARGED TO PATIE	77,288,129	26,442,542	103,730,671	0.309349	0.309349	0.309349 72
73 DRUGS CHARGED TO PATIENTS	56,271,115	16,361,696	72,632,811	0.187431	0.187431	0.187431 73
75 ASC (NON-DISTINCT PART)	2,169,654	9,239,106	11,408,760	0.691845	0.691845	0.691845 75
76.97 CARDIAC REHABILITATION	221,397	4,236,745	4,458,142	0.440978	0.440978	0.440978 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	21,500	3,313,922	3,335,422	0.526860	0.526860	0.526860 90
90.01 URODYNAMICS		670,328	670,328	0.188156	0.188156	0.188156 90.01
90.02 PLAINFIELD CLINIC	3,548,283	112,305,443	115,853,726	0.189850	0.189850	0.189850 90.02
90.03 OSWEGO CLINIC	16,456	7,583,737	7,600,193	0.323604	0.323604	0.323604 90.03
90.04 BLOINGBROOK CLINIC	13,671	9,946,971	9,960,642	0.218836	0.218836	0.218836 90.04
91 EMERGENCY	33,162,926	77,971,195	111,134,121	0.204898	0.204898	0.215189 91
92 OBSERVATION BEDS	1,356,771	9,011,704	10,368,475	0.762107	0.762107	0.762107 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	678,378,816	884,071,558	1,562,450,374			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	678,378,816	884,071,558	1,562,450,374			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	12,864,779		12,864,779	174.33	28,051	4,890,131	30
31 INTENSIVE CARE UNIT	1,205,565		1,205,565	294.40	2,119	623,834	31
32 CORONARY CARE UNIT	2,743,473		2,743,473	494.85	2,761	1,366,281	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NICU	564,656		564,656	209.29			35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	1,191,870		1,191,870	169.16			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	18,570,343		18,570,343		32,931	6,880,246	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0231) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,313,926	120,878,263	0.035688	21,393,106	763,477	50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	908,187	29,013,272	0.031302	3,005,134	94,067	50.02
51	RECOVERY ROOM	48,892	21,338,081	0.002291	3,617,327	8,287	51
52	DELIVERY ROOM & LABOR ROOM	2,072,784	23,433,270	0.088455	34,692	3,069	52
53	ANESTHESIOLOGY	164,102	29,768,733	0.005513	4,011,835	22,117	53
54	RADIOLOGY-DIAGNOSTIC	1,198,525	45,698,524	0.026227	7,240,304	189,891	54
54.01	ULTRASOUND	206,746	30,722,292	0.006730	4,109,586	27,658	54.01
54.02	WOMENS IMAGING CTR	75,777	7,287,286	0.010399	790	8	54.02
54.06	SPECIAL PROCEDURES	153,640	10,536,879	0.014581	5,297,215	77,239	54.06
54.07	IMAGING CENTER	28,660	17,757,326	0.001614	26,437	43	54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	670,723	101,819,803	0.006587	1,014,242	6,681	55
56	RADIOISOTOPE	341,487	15,267,777	0.022367	1,257,963	28,137	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	256,506	102,728,194	0.002497	16,222,953	40,509	57
58	MAGNETIC RESONANCE IMAGING (M	282,687	32,208,905	0.008777	5,030,650	44,154	58
59	CARDIAC CATHETERIZATION	2,292,240	59,889,769	0.038274	15,103,520	578,072	59
60	LABORATORY	939,170	138,924,838	0.006760	28,225,783	190,806	60
62	WHOLE BLOOD & PCKD RED BLOOD	152,626	13,704,644	0.011137	5,064,334	56,401	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	314,688	37,602,056	0.008369	17,219,391	144,109	65
66	PHYSICAL THERAPY	137,112	14,089,284	0.009732	4,322,009	42,062	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	10,759	2,550,079	0.004219	915,952	3,864	68
69	ELECTROCARDIOLOGY	2,046,072	65,593,431	0.031193	8,407,629	262,259	69
69.03	EMG/NCV	1,986	1,929,923	0.001029	91,039	94	69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	15,632	1,487,456	0.010509	241,030	2,533	69.06
70	ELECTROENCEPHALOGRAPHY	90,247	15,191,993	0.005940	2,452,671	14,569	70
71	MEDICAL SUPPLIES CHRGD TO PA	65,172	14,752,335	0.004418	4,828,606	21,333	71
72	IMPL. DEV. CHARGED TO PATIENT	738,567	103,730,671	0.007120	32,646,905	232,446	72
73	DRUGS CHARGED TO PATIENTS	304,530	72,632,811	0.004193	26,754,911	112,183	73
75	ASC (NON-DISTINCT PART)	1,319,474	11,408,760	0.115654	992,296	114,763	75
76.97	CARDIAC REHABILITATION	271,256	4,458,142	0.060845	116,050	7,061	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	157,823	3,335,422	0.047317	18,755	887	90
90.01	URODYNAMICS	2,024	670,328	0.003019			90.01
90.02	PLAINFIELD CLINIC	325,244	115,853,726	0.002807	1,481,427	4,158	90.02
90.03	OSWEGO CLINIC	28,433	7,600,193	0.003741	14,520	54	90.03
90.04	BLOINGBROOK CLINIC	28,203	9,960,642	0.002831	6,405	18	90.04
91	EMERGENCY	3,233,091	111,134,121	0.029092	16,509,035	480,281	91
92	OBSERVATION BEDS	1,430,557	10,368,475	0.137972			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	24,627,548	1,405,327,704	1,405,327,704	237,674,502	3,573,290	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		64,225			64,225	30
31 INTENSIVE CARE UNIT		14,272			14,272	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NICU						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 (SUM OF LINES 30-199)		78,497			78,497	200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	73,795	0.87	28,051	24,404	30
31 INTENSIVE CARE UNIT	4,095	3.49	2,119	7,395	31
32 CORONARY CARE UNIT	5,544		2,761		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NICU	2,698				35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	7,046				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	93,178		32,931	31,799	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2		MEDICAL EDUCATION COST 4	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			14,272		14,272	14,272	50
50.01 SAME DAY SURGERY							50.01
50.02 GASTROENTEROLOGY							50.02
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 WOMENS IMAGING CTR							54.02
54.06 SPECIAL PROCEDURES							54.06
54.07 IMAGING CENTER							54.07
54.08 P.E.T							54.08
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			37,465		37,465	37,465	60
62 WHOLE BLOOD & PCKD RED BLOOD							62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY			7,136		7,136	7,136	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.03 EMG/NCV							69.03
69.04 CARDIAC REHAB							69.04
69.05 CARDIAC CATH LAB							69.05
69.06 WOUND OSTOMY							69.06
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75 ASC (NON-DISTINCT PART)			10,704		10,704	10,704	75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 URODYNAMICS							90.01
90.02 PLAINFIELD CLINIC							90.02
90.03 OSWEGO CLINIC							90.03
90.04 BLOINGBROOK CLINIC							90.04
91 EMERGENCY			823,333		823,333	823,333	91
92 OBSERVATION BEDS			7,143		7,143	7,143	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			900,053		900,053	900,053	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0231)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	120,878,263	0.000118	0.000118	21,393,106	2,524	6,662,721	786	50
50.01	SAME DAY SURGERY								50.01
50.02	GASTROENTEROLOGY	29,013,272			3,005,134		5,809,918		50.02
51	RECOVERY ROOM	21,338,081			3,617,327		1,429,661		51
52	DELIVERY ROOM & LABOR ROOM	23,433,270			34,692		11,978		52
53	ANESTHESIOLOGY	29,768,733			4,011,835		2,357,485		53
54	RADIOLOGY-DIAGNOSTIC	45,698,524			7,240,304		5,311,826		54
54.01	ULTRASOUND	30,722,292			4,109,586		3,924,754		54.01
54.02	WOMENS IMAGING CTR	7,287,286			790		790,665		54.02
54.06	SPECIAL PROCEDURES	10,536,879			5,297,215		1,450,819		54.06
54.07	IMAGING CENTER	17,757,326			26,437		3,560,304		54.07
54.08	P.E.T								54.08
55	RADIOLOGY-THERAPEUTIC	101,819,803			1,014,242		34,941,026		55
56	RADIOISOTOPE	15,267,777			1,257,963		4,062,121		56
57	COMPUTED TOMOGRAPHY (CT) SCA	102,728,194			16,222,953		16,743,027		57
58	MAGNETIC RESONANCE IMAGING (	32,208,905			5,030,650		4,334,011		58
59	CARDIAC CATHETERIZATION	59,889,769			15,103,520		11,066,713		59
60	LABORATORY	138,924,838	0.000270	0.000270	28,225,783	7,621	3,484,974	941	60
62	WHOLE BLOOD & PCKD RED BLOOD	13,704,644			5,064,334		690,751		62
62.30	BLOOD CLOTTING FACTORS ADMIN								62.30
65	RESPIRATORY THERAPY	37,602,056	0.000190	0.000190	17,219,391	3,272	910,606	173	65
66	PHYSICAL THERAPY	14,089,284			4,322,009		2,577		66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	2,550,079			915,952		39,772		68
69	ELECTROCARDIOLOGY	65,593,431			8,407,629		15,121,407		69
69.03	EMG/NCV	1,929,923			91,039		406,783		69.03
69.04	CARDIAC REHAB								69.04
69.05	CARDIAC CATH LAB								69.05
69.06	WOUND OSTOMY	1,487,456			241,030		631,671		69.06
70	ELECTROENCEPHALOGRAPHY	15,191,993			2,452,671		1,952,403		70
71	MEDICAL SUPPLIES CHRGED TO P	14,752,335			4,828,606		453,376		71
72	IMPL. DEV. CHARGED TO PATIEN	103,730,671			32,646,905		8,023,100		72
73	DRUGS CHARGED TO PATIENTS	72,632,811			26,754,911		2,583,708		73
75	ASC (NON-DISTINCT PART)	11,408,760	0.000938	0.000938	992,296	931	1,435,802	1,347	75
76.97	CARDIAC REHABILITATION	4,458,142			116,050		1,719,890		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	3,335,422			18,755		265,328		90
90.01	URODYNAMICS	670,328					83,762		90.01
90.02	PLAINFIELD CLINIC	115,853,726			1,481,427		18,834,986		90.02
90.03	OSWEGO CLINIC	7,600,193			14,520		440,323		90.03
90.04	BLOINGBROOK CLINIC	9,960,642			6,405		247,734		90.04
91	EMERGENCY	111,134,121	0.007408	0.007408	16,509,035	122,299	10,584,007	78,406	91
92	OBSERVATION BEDS	10,368,475	0.000689	0.000689			1,729,590	1,192	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,405,327,704			237,674,502	136,647	172,099,579	82,845	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.274041	6,662,721			1,825,859			50
50.01 SAME DAY SURGERY								50.01
50.02 GASTROENTEROLOGY	0.183733	5,809,918			1,067,474			50.02
51 RECOVERY ROOM	0.116747	1,429,661			166,909			51
52 DELIVERY ROOM & LABOR ROOM	0.536640	11,978			6,428			52
53 ANESTHESIOLOGY	0.100602	2,357,485			237,168			53
54 RADIOLOGY-DIAGNOSTIC	0.166030	5,311,826			881,922			54
54.01 ULTRASOUND	0.106053	3,924,754			416,232			54.01
54.02 WOMENS IMAGING CTR	0.226313	790,665			178,938			54.02
54.06 SPECIAL PROCEDURES	0.218531	1,450,819			317,049			54.06
54.07 IMAGING CENTER	0.105507	3,560,304			375,637			54.07
54.08 P.E.T								54.08
55 RADIOLOGY-THERAPEUTIC	0.324976	34,941,026			11,354,995			55
56 RADIOISOTOPE	0.189235	4,062,121			768,695			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044770	16,743,027			749,585			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089911	4,334,011			389,675			58
59 CARDIAC CATHETERIZATION	0.218793	11,066,713			2,421,319			59
60 LABORATORY	0.100379	3,484,974			349,818			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.315937	690,751			218,234			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.144141	910,606			131,256			65
66 PHYSICAL THERAPY	0.395811	2,577			1,020			66
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY	0.247675	39,772			9,851			68
69 ELECTROCARDIOLOGY	0.155171	15,121,407			2,346,404			69
69.03 EMG/NCV	0.043373	406,783			17,643			69.03
69.04 CARDIAC REHAB								69.04
69.05 CARDIAC CATH LAB								69.05
69.06 WOUND OSTOMY	0.536518	631,671			338,903			69.06
70 ELECTROENCEPHALOGRAPHY	0.443493	1,952,403			865,877			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.188552	453,376			85,485			71
72 IMPL. DEV. CHARGED TO PATIENT	0.309349	8,023,100			2,481,938			72
73 DRUGS CHARGED TO PATIENTS	0.187431	2,583,708		120,419	484,267		22,570	73
75 ASC (NON-DISTINCT PART)	0.691845	1,435,802			993,352			75
76.97 CARDIAC REHABILITATION	0.440978	1,719,890			758,434			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.526860	265,328			139,791			90
90.01 URODYNAMICS	0.188156	83,762			15,760			90.01
90.02 PLAINFIELD CLINIC	0.189850	18,834,986			3,575,822			90.02
90.03 OSWEGO CLINIC	0.323604	440,323			142,490			90.03
90.04 BLOINGBROOK CLINIC	0.218836	247,734			54,213			90.04
91 EMERGENCY	0.204898	10,584,007			2,168,642			91
92 OBSERVATION BEDS	0.762107	1,729,590			1,318,133			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		172,099,579		120,419	37,655,218		22,570	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		172,099,579		120,419	37,655,218		22,570	202

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KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL	REDUCED	TOTAL	PER	INPAT	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)	PATIENT DAYS	DIEM (COL.3 + COL.4)	PGM DAYS	CAP COST (COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NICU							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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 WOMENS IMAGING CTR					54.02
54.06 SPECIAL PROCEDURES					54.06
54.07 IMAGING CENTER					54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.03 EMG/NCV					69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY					69.06
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 URODYNAMICS					90.01
90.02 PLAINFIELD CLINIC					90.02
90.03 OSWEGO CLINIC					90.03
90.04 BLOINGBROOK CLINIC					90.04
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [ ] TITLE XVIII-PT A  
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NICU					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 (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NICU					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 (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2			
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			14,272		14,272	14,272	50
50.01 SAME DAY SURGERY							50.01
50.02 GASTROENTEROLOGY							50.02
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 WOMENS IMAGING CTR							54.02
54.06 SPECIAL PROCEDURES							54.06
54.07 IMAGING CENTER							54.07
54.08 P.E.T							54.08
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			37,465		37,465	37,465	60
62 WHOLE BLOOD & PCKD RED BLOOD							62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY			7,136		7,136	7,136	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.03 EMG/NCV							69.03
69.04 CARDIAC REHAB							69.04
69.05 CARDIAC CATH LAB							69.05
69.06 WOUND OSTOMY							69.06
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75 ASC (NON-DISTINCT PART)			10,704		10,704	10,704	75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 URODYNAMICS							90.01
90.02 PLAINFIELD CLINIC							90.02
90.03 OSWEGO CLINIC							90.03
90.04 BLOINGBROOK CLINIC							90.04
91 EMERGENCY			823,333		823,333	823,333	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			892,910		892,910	892,910	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0231)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	120,878,263	0.000118	0.000118			50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	29,013,272					50.02
51	RECOVERY ROOM	21,338,081					51
52	DELIVERY ROOM & LABOR ROOM	23,433,270					52
53	ANESTHESIOLOGY	29,768,733					53
54	RADIOLOGY-DIAGNOSTIC	45,698,524					54
54.01	ULTRASOUND	30,722,292					54.01
54.02	WOMENS IMAGING CTR	7,287,286					54.02
54.06	SPECIAL PROCEDURES	10,536,879					54.06
54.07	IMAGING CENTER	17,757,326					54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	101,819,803					55
56	RADIOISOTOPE	15,267,777					56
57	COMPUTED TOMOGRAPHY (CT) SCA	102,728,194					57
58	MAGNETIC RESONANCE IMAGING (	32,208,905					58
59	CARDIAC CATHETERIZATION	59,889,769					59
60	LABORATORY	138,924,838	0.000270	0.000270			60
62	WHOLE BLOOD & PCKD RED BLOOD	13,704,644					62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	37,602,056	0.000190	0.000190			65
66	PHYSICAL THERAPY	14,089,284					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	2,550,079					68
69	ELECTROCARDIOLOGY	65,593,431					69
69.03	EMG/NCV	1,929,923					69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	1,487,456					69.06
70	ELECTROENCEPHALOGRAPHY	15,191,993					70
71	MEDICAL SUPPLIES CHRGED TO P	14,752,335					71
72	IMPL. DEV. CHARGED TO PATIEN	103,730,671					72
73	DRUGS CHARGED TO PATIENTS	72,632,811					73
75	ASC (NON-DISTINCT PART)	11,408,760	0.000938	0.000938			75
76.97	CARDIAC REHABILITATION	4,458,142					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,335,422					90
90.01	URODYNAMICS	670,328					90.01
90.02	PLAINFIELD CLINIC	115,853,726					90.02
90.03	OSWEGO CLINIC	7,600,193					90.03
90.04	BLOINGBROOK CLINIC	9,960,642					90.04
91	EMERGENCY	111,134,121	0.007408	0.007408			91
92	OBSERVATION BEDS	10,368,475					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,405,327,704					200



COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,795	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,795	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73,795	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	28,051	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 TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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)	71,060,437	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	71,060,437	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,140,541	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75,140,541	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.945700	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)	1,018.23	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 - LINE 36)	71,060,437	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 962.94 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 27,011,430 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) 27,011,430 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,622,893	4,095	1,861.51	2,119	3,944,540	43
44 CORONARY CARE UNIT	11,925,098	5,544	2,150.99	2,761	5,938,883	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	7,189,389	2,698	2,664.71			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					47,101,184	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					83,996,037	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 6,912,045 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,709,937 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 10,621,982 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 73,374,055 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 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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 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 INSTRU (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,206 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 962.94 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,901,886 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,864,779	71,060,437	0.181040	7,901,886	1,430,557	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	64,225	71,060,437	0.000904	7,901,886	7,143	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,795	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,795	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73,795	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,567	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 TITLE XIX ONLY)	7,046	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	636	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)	70,878,347	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	70,878,347	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75,140,541	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75,140,541	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.943277	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)	1,018.23	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 - LINE 36)	70,878,347	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 960.48 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,426,032 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) 3,426,032 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)	4,997,070	7,046	709.21	636	451,058	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,622,893	4,095	1,861.51	194	361,133	43
44 CORONARY CARE UNIT	11,925,098	5,544	2,150.99	254	546,351	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	7,189,389	2,698	2,664.71	811	2,161,080	47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,945,654	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 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 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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 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 INSTRU (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,206 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		44,833,029			30
31 INTENSIVE CARE UNIT		7,126,850			31
32 CORONARY CARE UNIT		10,697,972			32
35 NICU					35
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.274041	21,393,106	5,862,588		50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY	0.183733	3,005,134	552,142		50.02
51 RECOVERY ROOM	0.116747	3,617,327	422,312		51
52 DELIVERY ROOM & LABOR ROOM	0.537308	34,692	18,640		52
53 ANESTHESIOLOGY	0.100602	4,011,835	403,599		53
54 RADIOLOGY-DIAGNOSTIC	0.166030	7,240,304	1,202,108		54
54.01 ULTRASOUND	0.106053	4,109,586	435,834		54.01
54.02 WOMENS IMAGING CTR	0.226313	790	179		54.02
54.06 SPECIAL PROCEDURES	0.218531	5,297,215	1,157,606		54.06
54.07 IMAGING CENTER	0.105507	26,437	2,789		54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC	0.325248	1,014,242	329,880		55
56 RADIOISOTOPE	0.189235	1,257,963	238,051		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044770	16,222,953	726,302		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089911	5,030,650	452,311		58
59 CARDIAC CATHETERIZATION	0.218793	15,103,520	3,304,544		59
60 LABORATORY	0.100379	28,225,783	2,833,276		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.315937	5,064,334	1,600,010		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.144141	17,219,391	2,482,020		65
66 PHYSICAL THERAPY	0.395811	4,322,009	1,710,699		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	0.247675	915,952	226,858		68
69 ELECTROCARDIOLOGY	0.155171	8,407,629	1,304,620		69
69.03 EMG/NCV	0.043373	91,039	3,949		69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY	0.536671	241,030	129,354		69.06
70 ELECTROENCEPHALOGRAPHY	0.444250	2,452,671	1,089,599		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.188552	4,828,606	910,443		71
72 IMPL. DEV. CHARGED TO PATIENT	0.309349	32,646,905	10,099,287		72
73 DRUGS CHARGED TO PATIENTS	0.187431	26,754,911	5,014,700		73
75 ASC (NON-DISTINCT PART)	0.691845	992,296	686,515		75
76.97 CARDIAC REHABILITATION	0.440978	116,050	51,175		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.526860	18,755	9,881		90
90.01 URODYNAMICS	0.188156				90.01
90.02 PLAINFIELD CLINIC	0.189850	1,481,427	281,249		90.02
90.03 OSWEGO CLINIC	0.323604	14,520	4,699		90.03
90.04 BLOINGBROOK CLINIC	0.218836	6,405	1,402		90.04
91 EMERGENCY	0.215189	16,509,035	3,552,563		91
92 OBSERVATION BEDS	0.762107				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		237,674,502	47,101,184		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		237,674,502			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
35 NICU				35
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.274041			50
50.01 SAME DAY SURGERY				50.01
50.02 GASTROENTEROLOGY	0.183733			50.02
51 RECOVERY ROOM	0.116747			51
52 DELIVERY ROOM & LABOR ROOM	0.536640			52
53 ANESTHESIOLOGY	0.100602			53
54 RADIOLOGY-DIAGNOSTIC	0.166030			54
54.01 ULTRASOUND	0.106053			54.01
54.02 WOMENS IMAGING CTR	0.226313			54.02
54.06 SPECIAL PROCEDURES	0.218531			54.06
54.07 IMAGING CENTER	0.105507			54.07
54.08 P.E.T				54.08
55 RADIOLOGY-THERAPEUTIC	0.324976			55
56 RADIOISOTOPE	0.189235			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.044770			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089911			58
59 CARDIAC CATHETERIZATION	0.218793			59
60 LABORATORY	0.100379			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.315937			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.144141			65
66 PHYSICAL THERAPY	0.395811			66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.247675			68
69 ELECTROCARDIOLOGY	0.155171			69
69.03 EMG/NCV	0.043373			69.03
69.04 CARDIAC REHAB				69.04
69.05 CARDIAC CATH LAB				69.05
69.06 WOUND OSTOMY	0.536518			69.06
70 ELECTROENCEPHALOGRAPHY	0.443493			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.188552			71
72 IMPL. DEV. CHARGED TO PATIENT	0.309349			72
73 DRUGS CHARGED TO PATIENTS	0.187431			73
75 ASC (NON-DISTINCT PART)	0.691845			75
76.97 CARDIAC REHABILITATION	0.440978			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.526860			90
90.01 URODYNAMICS	0.188156			90.01
90.02 PLAINFIELD CLINIC	0.189850			90.02
90.03 OSWEGO CLINIC	0.323604			90.03
90.04 BLOINGBROOK CLINIC	0.218836			90.04
91 EMERGENCY	0.204898			91
92 OBSERVATION BEDS	0.762107			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0231)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	60,227,876	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,272,020	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	275.52	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	62,499,896	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	62,499,896	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,528,195	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0231)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	31,799	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	136,647	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	68,196,537	59
60	PRIMARY PAYER PAYMENTS	40,956	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	68,155,581	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,894,788	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	123,441	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	430,083	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	301,058	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	404,429	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	62,438,410	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (CROSSOVER CLAIMS 5/1/94 TO 4/3/99)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	62,438,410	71
72	INTERIM PAYMENTS	62,357,216	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	81,194	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0231)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		62,357,216		24,346,140	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	3.01
	TO .02				3.02
	PROVIDER .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		62,357,216		24,346,140	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			36,723	6.01
	TO .02				6.02
	PROVIDER .02	-62,357,216			6.02
	TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				24,382,863	7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
01/26/2012 12:04

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0231)     CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	20,135 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	32,931 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,474 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	77,926 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,562,450,374 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	20,580,081 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	6,945,654 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,945,654 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,945,654 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	6,945,654 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	6,945,654 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	6,945,654 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	6,945,654 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)	3,742,721 37
38	SUBTOTAL (LINE 36 ± LINE 37)	3,742,721 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	3,742,721 40
41	INTERIM PAYMENTS	3,742,721 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	9,314,000			1
2 TEMPORARY INVESTMENTS	5,010,000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	64,943,000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	8,434,000			7
8 PREPAID EXPENSES	7,304,000			8
9 OTHER CURRENT ASSETS	815,000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	95,820,000			11
FIXED ASSETS				
12 LAND	150,000			12
13 LAND IMPROVEMENTS	9,593,000			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	342,627,000			15
16 ACCUMULATED DEPRECIATION	-177,416,000			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	185,416,000			23
24 ACCUMULATED DEPRECIATION	-134,349,000			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)	226,021,000			30
OTHER ASSETS				
31 INVESTMENTS	295,123,000			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	75,938,000			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	371,061,000			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	692,902,000			36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	13,951,000			37
38 SALARIES, WAGES & FEES PAYABLE	33,111,000			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	5,010,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	73,395,000			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	125,467,000			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	272,175,000			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	31,649,000			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	303,824,000			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	429,291,000			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	263,611,000			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				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 52-58)	263,611,000			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	692,902,000			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	3	5	7	
	2	4	6	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	196,754,000				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	65,877,176				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	262,631,176				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5					5
6 TRANSFERS FROM AFFILIATES	927,000				6
7 CONTRIBUTIONS	1,193,000				7
8					8
9					9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	2,120,000				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	264,751,176				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13					13
14 CHANGE IN INTEREST OF RESTR	1,140,176				14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	1,140,176				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	263,611,000				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	98,270,387		98,270,387	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	98,270,387		98,270,387	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	13,639,999		13,639,999	11
13 CORONARY CARE UNIT	21,945,977		21,945,977	12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 NICU	15,833,739		15,833,739	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	51,419,715		51,419,715	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	149,690,102		149,690,102	17
18 ANCILLARY SERVICES	533,870,683	943,187,508	1,477,058,191	18
19 OUTPATIENT SERVICES		6,797,130	6,797,130	19
20 RHC				20
21 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 COL. 3 TO WKST G-3, LINE 1)	683,560,785	949,984,638	1,633,545,423	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		440,079,147	29
30 ADD (SPECIFY)			30
31			31
32 BAD DEBTS	23,143,000		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		23,143,000	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 WKST G-3, LINE 4)		463,222,147	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,633,545,423	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,157,420,423	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	476,125,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	463,222,147	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	12,902,853	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,343,814	6
7	INCOME FROM INVESTMENTS	338,517	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	16,206	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	400	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	19,292	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	397,313	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	818,065	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MANAGEMENT FEES)	552,516	24
24.01	OTHER (ABANDONED PROPERTY)	89,335	24.01
24.02	OTHER (GAIN ON INVESTMENTS)	9,918,000	24.02
24.03	OTHER (VOLUNTEER REVENUE)	1,079,515	24.03
24.04	OTHER (ECHO SCHOOL)	120,675	24.04
24.05	OTHER (PEDIATRIC OUTPATIENT OTHER REVE)	140,818	24.05
24.06	OTHER (LAB OTHER REVENUE)	242,833	24.06
24.07	OTHER (OTHER OPERATING REVENUE)	41,568	24.07
24.08	OTHER (CARDIOGRAPHICS)	836,597	24.08
24.09	OTHER (RADIOLOGY OTHER REVENUE)	22,483	24.09
24.10	OTHER (TERTIARY PAY)	30,996	24.10
24.11	OTHER (ER TRAUMA SVCS OTHER REV)	223,822	24.11
24.12	OTHER (COMMUNITY TRAINING CTR OTHER REV)	136,618	24.12
24.13	OTHER (NURSING STAFF OTHER REVENUE)	54,894	24.13
24.14	OTHER (CARD ADMIN EMPLY LEASING)	173,045	24.14
24.15	OTHER (CANCER CENTER RESEARCH)	170,121	24.15
24.16	OTHER (PATIENT ACCOUNTING REVENUE)	455	24.16
24.17	OTHER (RESP THERAPY OTHER REVENUE)	361	24.17
24.18	OTHER (MEDICAL STAFF APPLICATIONS)	54,000	24.18
24.19	OTHER (IRB OTHER REVENUE)	43,049	24.19
24.20	OTHER (ICU OTHER REVENUE)	13,238	24.20
24.21	OTHER (URODYNAMICS)	19,777	24.21
24.22	OTHER (UN-RELIZED GAIN ON INVEST)	31,147,000	24.22
24.23	OTHER (GAIN ON INTEREST RATE SWAPS)	4,492,000	24.23
24.24	OTHER (OTHER NON-OPERATING REVENUE)	437,000	24.24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	52,974,323	25
26	TOTAL (LINE 5 PLUS LINE 25)	65,877,176	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	65,877,176	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-023) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	4,911,711	1
2	CAPITAL DRG OUTLIER PAYMENTS	509,409	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	213.50	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1067	8
9	SUM OF LINES 7 AND 8	0.1067	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0218	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	107,075	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,528,195	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-EMS					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
35 NICU					35
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 WOMENS IMAGING CTR					54.02
54.06 SPECIAL PROCEDURES					54.06
54.07 IMAGING CENTER					54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD C					62
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.03 EMG/NCV					69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY					69.06
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 URODYNAMICS					90.01
90.02 PLAINFIELD CLINIC					90.02
90.03 OSWEGO CLINIC					90.03
90.04 BLOINGBROOK CLINIC					90.04
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)		POST STEP- DOWN ADJS	
	0	2A	24	25	26
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES					192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL					194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	38.01		4.83				42.84	30
31 INTENSIVE CARE UNIT	51.75		4.74				56.49	31
32 CORONARY CARE UNIT	49.80		4.58				54.38	32
35 NICU			30.06				30.06	35
43 NURSERY			9.03				9.03	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	17.70	5.51					23.21	50
50.02 GASTROENTEROLOGY	10.36	20.03					30.39	50.02
51 RECOVERY ROOM	16.95	6.70					23.65	51
52 DELIVERY ROOM & LABOR ROOM	0.15	0.05					0.20	52
53 ANESTHESIOLOGY	13.48	7.92					21.40	53
54 RADIOLOGY-DIAGNOSTIC	15.84	11.62					27.46	54
54.01 ULTRASOUND	13.38	12.77					26.15	54.01
54.02 WOMENS IMAGING CTR	0.01	10.85					10.86	54.02
54.06 SPECIAL PROCEDURES	50.27	13.77					64.04	54.06
54.07 IMAGING CENTER	0.15	20.05					20.20	54.07
55 RADIOLOGY-THERAPEUTIC	1.00	34.32					35.32	55
56 RADIOISOTOPE	8.24	26.61					34.85	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.79	16.30					32.09	57
58 MAGNETIC RESONANCE IMAGING (MRI)	15.62	13.46					29.08	58
59 CARDIAC CATHETERIZATION	25.22	18.48					43.70	59
60 LABORATORY	20.32	2.51					22.83	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	36.95	5.04					41.99	62
65 RESPIRATORY THERAPY	45.79	2.42					48.21	65
66 PHYSICAL THERAPY	30.68	0.02					30.70	66
68 SPEECH PATHOLOGY	35.92	1.56					37.48	68
69 ELECTROCARDIOLOGY	12.82	23.05					35.87	69
69.03 EMG/NCV	4.72	21.08					25.80	69.03
69.06 WOUND OSTOMY	16.20	42.47					58.67	69.06
70 ELECTROENCEPHALOGRAPHY	16.14	12.85					28.99	70
71 MEDICAL SUPPLIES CHRGED TO PATI	32.73	3.07					35.80	71
72 IMPL. DEV. CHARGED TO PATIENT	31.47	7.73					39.20	72
73 DRUGS CHARGED TO PATIENTS	36.84	3.56					40.40	73
75 ASC (NON-DISTINCT PART)	8.70	12.59					21.29	75
76.97 CARDIAC REHABILITATION	2.60	38.58					41.18	76.97
90 CLINIC	0.56	7.95					8.51	90
90.01 URODYNAMICS		12.50					12.50	90.01
90.02 PLAINFIELD CLINIC	1.28	16.26					17.54	90.02
90.03 OSWEGO CLINIC	0.19	5.79					5.98	90.03
90.04 BLOINGBROOK CLINIC	0.06	2.49					2.55	90.04
91 EMERGENCY	14.86	9.52					24.38	91
92 OBSERVATION BEDS		16.68					16.68	92
200 TOTAL CHARGES	16.91	12.25					29.16	200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	25,033,513	6.32	-25,033,513	-14.82		1
2	CAP REL COSTS-MVBLE EQUIP	17,510,619	4.42	-17,510,619	-10.37		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	17,824,688	4.50	-17,824,688	-10.55		4
5	ADMINISTRATIVE & GENERAL	75,700,016	19.10	-75,700,016	-44.82		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	10,702,494	2.70	-10,702,494	-6.34		7
8	LAUNDRY & LINEN SERVICE	290,912	0.07	-290,912	-0.17		8
9	HOUSEKEEPING	3,877,327	0.98	-3,877,327	-2.30		9
10	DIETARY	899,500	0.23	-899,500	-0.53		10
11	CAFETERIA	2,666,757	0.67	-2,666,757	-1.58		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,390,994	0.60	-2,390,994	-1.42		13
14	CENTRAL SERVICES & SUPPLY	1,828,979	0.46	-1,828,979	-1.08		14
15	PHARMACY	4,819,123	1.22	-4,819,123	-2.85		15
16	MEDICAL RECORDS & LIBRARY	4,914,380	1.24	-4,914,380	-2.91		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-EMS	450,713	0.11	-450,713	-0.27		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	33,121,108	8.36	37,757,239	22.35	70,878,347	17.89
31	INTENSIVE CARE UNIT	3,835,509	0.97	3,787,384	2.24	7,622,893	1.92
32	CORONARY CARE UNIT	5,009,629	1.26	6,915,469	4.09	11,925,098	3.01
35	NICU	4,306,940	1.09	2,882,449	1.71	7,189,389	1.81
43	NURSERY	2,089,456	0.53	2,907,614	1.72	4,997,070	1.26
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,946,925	4.78	14,178,634	8.39	33,125,559	8.36
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	2,649,486	0.67	2,681,207	1.59	5,330,693	1.35
51	RECOVERY ROOM	1,626,579	0.41	864,581	0.51	2,491,160	0.63
52	DELIVERY ROOM & LABOR ROOM	6,437,673	1.62	6,137,558	3.63	12,575,231	3.17
53	ANESTHESIOLOGY	1,931,377	0.49	1,063,404	0.63	2,994,781	0.76
54	RADIOLOGY-DIAGNOSTIC	3,745,794	0.95	3,841,536	2.27	7,587,330	1.91
54.01	ULTRASOUND	1,952,407	0.49	1,305,793	0.77	3,258,200	0.82
54.02	WOMENS IMAGING CTR	1,074,718	0.27	574,486	0.34	1,649,204	0.42
54.06	SPECIAL PROCEDURES	1,513,057	0.38	789,575	0.47	2,302,632	0.58
54.07	IMAGING CENTER	1,303,980	0.33	569,535	0.34	1,873,515	0.47
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	22,153,669	5.59	10,935,371	6.47	33,089,040	8.35
56	RADIOISOTOPE	1,594,439	0.40	1,294,761	0.77	2,889,200	0.73
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,656,621	0.67	1,942,485	1.15	4,599,106	1.16
58	MAGNETIC RESONANCE IMAGING (MRI)	1,629,433	0.41	1,066,503	0.75	2,895,936	0.73
59	CARDIAC CATHETERIZATION	6,794,635	1.71	6,308,844	3.74	13,103,479	3.31
60	LABORATORY	8,664,075	2.19	5,281,025	3.13	13,945,100	3.52
62	WHOLE BLOOD & PCKD RED BLOOD CE	3,069,602	0.77	1,260,208	0.75	4,329,810	1.09
62.30	BLOOD CLOTTING FACTORS ADMIN CO						62.30
65	RESPIRATORY THERAPY	3,420,978	0.86	1,999,007	1.18	5,419,985	1.37
66	PHYSICAL THERAPY	3,799,895	0.96	1,776,801	1.05	5,576,696	1.41
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	431,492	0.11	200,099	0.12	631,591	0.16
69	ELECTROCARDIOLOGY	4,734,741	1.19	5,443,486	3.22	10,178,227	2.57
69.03	EMG/NCV	52,026	0.01	31,680	0.02	83,706	0.02
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	559,865	0.14	238,182	0.14	798,047	0.20
70	ELECTROENCEPHALOGRAPHY	5,027,702	1.27	1,709,835	1.01	6,737,537	1.70
71	MEDICAL SUPPLIES CHRGD TO PATI	2,019,972	0.51	761,617	0.45	2,781,589	0.70
72	IMPL. DEV. CHARGED TO PATIENT	23,683,347	5.98	8,405,598	4.98	32,088,945	8.10
73	DRUGS CHARGED TO PATIENTS	8,752,842	2.21	4,860,817	2.88	13,613,659	3.44
75	ASC (NON-DISTINCT PART)	4,035,368	1.02	3,857,731	2.28	7,893,099	1.99
76.97	CARDIAC REHABILITATION	1,064,074	0.27	901,867	0.53	1,965,941	0.50
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	1,026,652	0.26	730,650	0.43	1,757,302	0.44
90.01	URODYNAMICS	89,272	0.02	36,854	0.02	126,126	0.03
90.02	PLAINFIELD CLINIC	15,454,240	3.90	6,540,601	3.87	21,994,841	5.55
90.03	OSWEGO CLINIC	1,732,688	0.44	726,764	0.43	2,459,452	0.62
90.04	BLOINGBROOK CLINIC	1,432,075	0.36	747,669	0.44	2,179,744	0.55
91	EMERGENCY	10,118,709	2.55	12,652,401	7.49	22,771,110	5.75
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
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							
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN	296,382	0.07	302,074	0.18	598,456	0.15	190
192 PHYSICIANS' PRIVATE OFFICES	3,491,287	0.88	1,935,002	1.15	5,426,289	1.37	192
192.01 PHYSICIANS CLINICS							192.01
192.03 PHYSICIAN OFFICES			8,500	0.01	8,500		192.03
192.04 IRB							192.04
194 LINDEN OAKS HOSPITAL			497,119	0.29	497,119	0.13	194
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	396,240,734	100.00			396,240,734	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,313,926	120,878,263	0.035688	21,393,106	763,477	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	908,187	29,013,272	0.031302	3,005,134	94,067	50.02
51 RECOVERY ROOM	48,892	21,338,081	0.002291	3,617,327	8,287	51
52 DELIVERY ROOM & LABOR ROOM	2,072,784	23,433,270	0.088455	34,692	3,069	52
53 ANESTHESIOLOGY	164,102	29,768,733	0.005513	4,011,835	22,117	53
54 RADIOLOGY-DIAGNOSTIC	1,198,525	45,698,524	0.026227	7,240,304	189,891	54
54.01 ULTRASOUND	206,746	30,722,292	0.006730	4,109,586	27,658	54.01
54.02 WOMENS IMAGING CTR	75,777	7,287,286	0.010399	790	8	54.02
54.06 SPECIAL PROCEDURES	153,640	10,536,879	0.014581	5,297,215	77,239	54.06
54.07 IMAGING CENTER	28,660	17,757,326	0.001614	26,437	43	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	670,723	101,819,803	0.006587	1,014,242	6,681	55
56 RADIOISOTOPE	341,487	15,267,777	0.022367	1,257,963	28,137	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	256,506	102,728,194	0.002497	16,222,953	40,509	57
58 MAGNETIC RESONANCE IMAGING (MRI)	282,687	32,208,905	0.008777	5,030,650	44,154	58
59 CARDIAC CATHETERIZATION	2,292,240	59,889,769	0.038274	15,103,520	578,072	59
60 LABORATORY	939,170	138,924,838	0.006760	28,225,783	190,806	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	152,626	13,704,644	0.011137	5,064,334	56,401	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	314,688	37,602,056	0.008369	17,219,391	144,109	65
66 PHYSICAL THERAPY	137,112	14,089,284	0.009732	4,322,009	42,062	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	10,759	2,550,079	0.004219	915,952	3,864	68
69 ELECTROCARDIOLOGY	2,046,072	65,593,431	0.031193	8,407,629	262,259	69
69.03 EMG/NCV	1,986	1,929,923	0.001029	91,039	94	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	15,632	1,487,456	0.010509	241,030	2,533	69.06
70 ELECTROENCEPHALOGRAPHY	90,247	15,191,993	0.005940	2,452,671	14,569	70
71 MEDICAL SUPPLIES CHRGD TO PATI	65,172	14,752,335	0.004418	4,828,606	21,333	71
72 IMPL. DEV. CHARGED TO PATIENT	738,567	103,730,671	0.007120	32,646,905	232,446	72
73 DRUGS CHARGED TO PATIENTS	304,530	72,632,811	0.004193	26,754,911	112,183	73
75 ASC (NON-DISTINCT PART)	1,319,474	11,408,760	0.115654	992,296	114,763	75
76.97 CARDIAC REHABILITATION	271,256	4,458,142	0.060845	116,050	7,061	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	157,823	3,335,422	0.047317	18,755	887	90
90.01 URODYNAMICS	2,024	670,328	0.003019			90.01
90.02 PLAINFIELD CLINIC	325,244	115,853,726	0.002807	1,481,427	4,158	90.02
90.03 OSWEGO CLINIC	28,433	7,600,193	0.003741	14,520	54	90.03
90.04 BLOINGBROOK CLINIC	28,203	9,960,642	0.002831	6,405	18	90.04
91 EMERGENCY	3,233,091	111,134,121	0.029092	16,509,035	480,281	91
92 OBSERVATION BEDS	1,430,557	10,368,475	0.137972			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	24,627,548	1,405,327,704		237,674,502	3,573,290	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	12,864,779		12,864,779	73,795	174.33	28,051	4,890,131 30
31 INTENSIVE CARE UNIT	1,205,565		1,205,565	4,095	294.40	2,119	623,834 31
32 CORONARY CARE UNIT	2,743,473		2,743,473	5,544	494.85	2,761	1,366,281 32
35 NICU	564,656		564,656	2,698	209.29		
200 TOTAL	17,378,473		17,378,473	86,132		32,931	6,880,246 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	6,880,246
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	3,573,290
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	10,453,536
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	7,491
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	32,931
PER DISCHARGE CAPITAL COSTS	1,395.48
PER DIEM CAPITAL COSTS	317.44

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	73,374,055
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	300,332,353
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.244

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	10,453,536
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	37,561,492
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	172,057,230
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.218