

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 DATE: _____ TIME: _____
 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.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

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 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		420,099	346,008		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		420,099	346,008		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.

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:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			3
											6	7	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: 07/01/2011												20
21	TYPE OF CONTROL													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		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO	OTHER MEDICAID	6	24
		MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID	MEDICAID				
		1	2	3	4	5	6				
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	8,761	303								24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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.										26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.										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.										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 OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.										38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

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 2148? IF YES, COMPLETE WORKSHEET D-5.	N			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
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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL 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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

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
INPATIENT PSYCHIATRIC FACILITY PPS				
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
INPATIENT REHABILITATION FACILITY PPS				
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
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/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
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			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- N	OCCUP- Y	RESPI- N
			ATIONAL	RATORY
				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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR 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.	1 Y	2 14H131	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: EDWARD HEALTH SERVICES COPORAT	P.O. BOX: 0	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 116	141
142	STREET: 801 S. WASHINGTON ST				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, LINE 74 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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
	N	N	4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

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	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND 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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
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 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		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 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			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.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

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. | N | | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|------------------|-----------------|--------|----|
| 41 FIRST NAME: | LAST NAME: | TITLE: | 41 |
| 42 EMPLOYER: | | | 42 |
| 43 PHONE NUMBER: | E-MAIL ADDRESS: | | 43 |

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	155,360,551	155,360,551	4,756,903.00	32.66	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		1,380,992	1,380,992	7,113.00	194.15	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		12,384,652	12,384,652	64,476.00	192.08	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,233,536	404,710	2,638,246	66,972.00	39.39
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,788,955	1,788,955	22,024.00	81.23	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		28,065,655	28,065,655	545,897.00	51.41	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		36,202,676	36,202,676			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		676,437	676,437			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		100,608	100,608			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		994,776	994,776			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		499,998	499,998	10,076.00	49.62	26
27	ADMINISTRATIVE & GENERAL		11,959,946	-559,531	11,400,415	419,160.00	27.20
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		587,139	587,139	1,786.00	328.75	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		719,822	719,822	20,336.00	35.40	30
31	LAUNDRY & LINEN SERVICE		83,153	83,153	6,157.00	13.51	31
32	HOUSEKEEPING		2,957,359	2,957,359	223,273.00	13.25	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		1,924,868	1,924,868	55,916.00	34.42	38
39	CENTRAL SERVICES AND SUPPLY		1,580,078	1,580,078	95,773.00	16.50	39
40	PHARMACY		3,820,607	3,820,607	98,343.00	38.85	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,305,337	3,305,337	162,676.00	20.32	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	146,587,042		146,587,042	4,860,272.0	30.16	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,233,536	404,710	2,638,246	66,972.00	39.39	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	144,353,506	-404,710	143,948,796	4,793,300.0	30.03	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	29,854,610		29,854,610	567,921.00	52.57	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	36,303,284		36,303,284		25.22%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	210,511,400	-404,710	210,106,690	5,361,221.0	39.19	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	30,462,311	-559,531	29,902,780	1,259,555.0	23.74	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT	
	REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	6,379,697	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	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 (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	556,276	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	33,615,613	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 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 10:07

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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.236965	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				6,379,697	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				111,983,177	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				26,536,094	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				20,156,397	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO 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)				20,156,397	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	36,275,608	4,243,232	40,518,840		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,596,049	1,005,497	9,601,546		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,813,780	424,323	2,238,103		22
23	COST OF CHARITY CARE	6,782,269	581,174	7,363,443		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				31,909,030	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				1,355,815	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				30,553,215	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				7,240,043	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				14,603,486	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				34,759,883	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				24,722,401	1
2	00200				21,418,564	2
3	00300					3
4	00400	499,998	27,768,953	28,268,951	-6,934,379	4
5	00500	11,959,946	136,039,550	147,999,496	-39,813,349	5
6	00600					6
7	00700	719,822	6,659,970	7,379,792		7
8	00800	83,153	310,777	393,930		8
9	00900	2,957,359	1,357,777	4,315,136		9
10	01000		4,756,591	4,756,591	-3,430,372	10
11	01100				3,430,372	11
12	01200					12
13	01300	1,924,868	761,152	2,686,020		13
14	01400	1,580,078	1,806,136	3,386,214	-1,250,519	14
15	01500	3,820,607	10,285,481	14,106,088	-8,915,318	15
16	01600	3,305,337	1,972,581	5,277,918		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				679,310	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	31,731,943	6,638,508	38,370,451	-2,102,443	30
31	03100	3,408,555	626,916	4,035,471	3,783	31
32	03200	4,332,824	865,509	5,198,333	4,947	32
35	02060	4,347,376	1,370,107	5,717,483		35
43	04300				2,161,183	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,166,679	32,456,518	38,623,197	-17,393,503	50
50.01	03950					50.01
50.02	03340	1,498,357	1,320,278	2,818,635	18,789	50.02
51	05100	1,397,192	257,854	1,655,046	40,447	51
52	05200	5,356,878	1,849,599	7,206,477		52
53	05300	270,878	1,686,168	1,957,046		53
54	05400	3,853,231	804,916	4,658,147	-932,818	54
54.01	03630	1,419,553	277,806	1,697,359	220,515	54.01
54.02	03450	668,845	439,645	1,108,490	31,925	54.02
54.06	03955	587,554	1,169,730	1,757,284	-293,249	54.06
54.07	03956	814,062	545,331	1,359,393	109,730	54.07
54.08	03957					54.08
55	05500	3,826,548	20,445,484	24,272,032	2,907	55
56	05600	686,632	713,958	1,400,590	83,102	56
57	05700	1,355,536	688,014	2,043,550	540,714	57
58	05800	996,289	401,367	1,397,656	180,296	58
59	05900	2,398,763	11,153,954	13,552,717	-10,420,898	59
60	06000	3,933,598	5,716,209	9,649,807	107	60
62	06200	399,372	2,573,402	2,972,774		62
62.30	06250					62.30
65	06500	2,565,062	935,930	3,500,992	386	65
66	06600	4,134,296	647,006	4,781,302		66
67	06700					67
68	06800	473,751	46,377	520,128		68
69	06900	2,941,001	4,127,278	7,068,279		69
69.03	03291	28,241	309,604	337,845		69.03
69.04	03952					69.04
69.05	03953					69.05
69.06	03954	491,736	308,975	800,711		69.06
70	07000	1,160,879	4,751,488	5,912,367	-176,907	70
71	07100				1,350,422	71
72	07200				28,357,096	72
73	07300				8,915,318	73
75	07500	3,264,629	779,072	4,043,701		75
76.97	07697	918,548	122,650	1,041,198		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	898,127	287,615	1,185,742		90
90.01	04950	79,958	73,625	153,583		90.01
90.02	09001	6,475,003	10,683,850	17,158,853		90.02
90.03	04951	1,483,716	651,118	2,134,834		90.03
90.04	09002	2,147,144	508,393	2,655,537		90.04
91	09100	19,763,091	3,838,848	23,601,939	-608,559	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		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
118		153,127,015	311,792,070	464,919,085		118
190	19000	102,171	382,205	484,376		190
192	19200	2,131,365	1,316,241	3,447,606		192
192.01	19201					192.01
192.03	19202					192.03
192.04	19203					192.04
194	07950					194
200		155,360,551	313,490,516	468,851,067		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	24,722,401	-5,583,090	19,139,311	1
2	00200	21,418,564	-785,445	20,633,119	2
3	00300				3
4	00400	21,334,572	-189,886	21,144,686	4
5	00500	108,186,147	-18,100,280	90,085,867	5
6	00600				6
7	00700	7,379,792	3,869,743	11,249,535	7
8	00800	393,930		393,930	8
9	00900	4,315,136		4,315,136	9
10	01000	1,326,219		1,326,219	10
11	01100	3,430,372	-1,376,200	2,054,172	11
12	01200				12
13	01300	2,686,020	-163,848	2,522,172	13
14	01400	2,135,695		2,135,695	14
15	01500	5,190,770		5,190,770	15
16	01600	5,277,918	-118,814	5,159,104	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	679,310	-264,866	414,444	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	36,268,008	-336,974	35,931,034	30
31	03100	4,039,254		4,039,254	31
32	03200	5,203,280		5,203,280	32
35	02060	5,717,483	-517,186	5,200,297	35
43	04300	2,161,183		2,161,183	43
ANCILLARY SERVICE COST CENTERS					
50	05000	21,229,694		21,229,694	50
50.01	03950				50.01
50.02	03340	2,837,424		2,837,424	50.02
51	05100	1,695,493		1,695,493	51
52	05200	7,206,477	-642,076	6,564,401	52
53	05300	1,957,046		1,957,046	53
54	05400	3,725,329	-39,155	3,686,174	54
54.01	03630	1,917,874		1,917,874	54.01
54.02	03450	1,140,415		1,140,415	54.02
54.06	03955	1,464,035		1,464,035	54.06
54.07	03956	1,469,123	-77,110	1,392,013	54.07
54.08	03957				54.08
55	05500	24,274,939	-760,079	23,514,860	55
56	05600	1,483,692	-655	1,483,037	56
57	05700	2,584,264		2,584,264	57
58	05800	1,577,952		1,577,952	58
59	05900	3,131,819		3,131,819	59
60	06000	9,649,914	-386,217	9,263,697	60
62	06200	2,972,774	-3,753	2,969,021	62
62.30	06250				62.30
65	06500	3,501,378	-109,356	3,392,022	65
66	06600	4,781,302	-36,509	4,744,793	66
67	06700				67
68	06800	520,128		520,128	68
69	06900	7,068,279	-3,924,930	3,143,349	69
69.03	03291	337,845	-296,471	41,374	69.03
69.04	03952				69.04
69.05	03953				69.05
69.06	03954	800,711	-844	799,867	69.06
70	07000	5,735,460	-465,377	5,270,083	70
71	07100	1,350,422		1,350,422	71
72	07200	28,357,096		28,357,096	72
73	07300	8,915,318		8,915,318	73
75	07500	4,043,701		4,043,701	75
76.97	07697	1,041,198	-1,316	1,039,882	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,185,742	-39,220	1,146,522	90
90.01	04950	153,583	-25,247	128,336	90.01
90.02	09001	17,158,853	-1,293,621	15,865,232	90.02
90.03	04951	2,134,834	-585,229	1,549,605	90.03
90.04	09002	2,655,537	-1,161,795	1,493,742	90.04
91	09100	22,993,380	-12,200,292	10,793,088	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)	464,919,085	-45,616,098	419,302,987	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	484,376		484,376	190
192 19200 PHYSICIANS' PRIVATE OFFICES	3,447,606	-126,658	3,320,948	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)	468,851,067	-45,742,756	423,108,311	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		11,974,063 1
500 TOTAL RECLASSIFICATIONS					11,974,063 500
CODE LETTER - A					
1 DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		12,748,338 1
2		CAP REL COSTS-MVBLE EQUIP	2		21,418,564 2
500 TOTAL RECLASSIFICATIONS					34,166,902 500
CODE LETTER - B					
1 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	5		6,934,379 1
500 TOTAL RECLASSIFICATIONS					6,934,379 500
CODE LETTER - C					
1 SHARED DIETARY	D	CAFETERIA	11		3,430,372 1
500 TOTAL RECLASSIFICATIONS					3,430,372 500
CODE LETTER - D					
1 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHRGD TO PA	71		1,250,519 1
500 TOTAL RECLASSIFICATIONS					1,250,519 500
CODE LETTER - E					
1 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73		8,915,318 1
500 TOTAL RECLASSIFICATIONS					8,915,318 500
CODE LETTER - F					
1 PATIENT TRANSPORT	G	RADIOLOGY-DIAGNOSTIC	54	81,699	6,897 1
2		ULTRASOUND	54.01	71,482	6,034 2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	62,597	5,284 3
4		MAGNETIC RESONANCE IMAGING (M	58	31,801	2,684 4
5		GASTROENTEROLOGY	50.02	17,326	1,463 5
6		OPERATING ROOM	50	14,493	1,223 6
7		RECOVERY ROOM	51	37,298	3,149 7
8		RADIOLOGY-THERAPEUTIC	55	2,681	226 8
9		CARDIAC CATHETERIZATION	59	7,226	610 9
10		EMERGENCY	91	65,243	5,508 10
11		LABORATORY	60	99	8 11
12		RESPIRATORY THERAPY	65	356	30 12
13		ADULTS & PEDIATRICS	30	54,167	4,573 13
14		INTENSIVE CARE UNIT	31	3,489	294 14
15		CORONARY CARE UNIT	32	4,562	385 15
16		MEDICAL SUPPLIES CHRGD TO PA	71	92,126	7,777 16
17		ELECTROENCEPHALOGRAPHY	70	905	76 17
18					18
19		RADIOISOTOPE	56	11,981	1,011 19
500 TOTAL RECLASSIFICATIONS				559,531	47,232 500
CODE LETTER - G					
1 RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	54.01	117,301	25,698 1
2		WOMENS IMAGING CTR	54.02	26,188	5,737 2
3		SPECIAL PROCEDURES	54.06	39,379	8,627 3
4		COMPUTED TOMOGRAPHY (CT) SCAN	57	387,861	84,972 4
5		MAGNETIC RESONANCE IMAGING (M	58	119,608	26,203 5
6		IMAGING CENTER	54.07	90,011	19,719 6
7		RADIOISOTOPE	56	57,511	12,599 7
500 TOTAL RECLASSIFICATIONS				837,859	183,555 500
CODE LETTER - H					
1 NURSERY RECLASS	J	NURSERY	43	1,824,546	336,637 1
500 TOTAL RECLASSIFICATIONS				1,824,546	336,637 500
CODE LETTER - J					
1 EMT RECLASS	L	PARAMED ED PRGM-EMS	23	404,710	274,600 1
500 TOTAL RECLASSIFICATIONS				404,710	274,600 500
CODE LETTER - L					

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER	
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1 IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	72		28,357,096	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					28,357,096	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				3,626,646	95,870,673	

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		11,974,063	11 1
500 TOTAL RECLASSIFICATIONS					11,974,063	500
CODE LETTER - A						
1 DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		34,166,902	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS					34,166,902	500
CODE LETTER - B						
1 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS	4		6,934,379	1
500 TOTAL RECLASSIFICATIONS					6,934,379	500
CODE LETTER - C						
1 SHARED DIETARY	D	DIETARY	10		3,430,372	1
500 TOTAL RECLASSIFICATIONS					3,430,372	500
CODE LETTER - D						
1 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	14		1,250,519	1
500 TOTAL RECLASSIFICATIONS					1,250,519	500
CODE LETTER - E						
1 CHARGEABLE DRUGS	F	PHARMACY	15		8,915,318	1
500 TOTAL RECLASSIFICATIONS					8,915,318	500
CODE LETTER - F						
1 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	5	559,531	47,232	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
500 TOTAL RECLASSIFICATIONS				559,531	47,232	500
CODE LETTER - G						
1 RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	54	837,859	183,555	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				837,859	183,555	500
CODE LETTER - H						
1 NURSERY RECLASS	J	ADULTS & PEDIATRICS	30	1,824,546	336,637	1
500 TOTAL RECLASSIFICATIONS				1,824,546	336,637	500
CODE LETTER - J						
1 EMT RECLASS	L	EMERGENCY	91	404,710	274,600	1
500 TOTAL RECLASSIFICATIONS				404,710	274,600	500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 IMPLANT COSTS	M	OPERATING ROOM	50		17,409,219	1
2		SPECIAL PROCEDURES	54.06		341,255	2
3		CARDIAC CATHETERIZATION	59		10,428,734	3
4		ELECTROENCEPHALOGRAPHY	70		177,888	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					28,357,096	500
GRAND TOTAL (DECREASES)				3,626,646	95,870,673	

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	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	150,004					150,004	1
2 LAND IMPROVEMENTS	9,592,834	256,989		256,989		9,849,823	2
3 BUILDINGS AND FIXTURES	342,627,190	21,946,033		21,946,033	165,366	364,407,857	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	185,416,068	17,141,899		17,141,899	6,371,017	196,186,950	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	537,786,096	39,344,921		39,344,921	6,536,383	570,594,634	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	537,786,096	39,344,921		39,344,921	6,536,383	570,594,634	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	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	(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	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	7,194,220		11,945,091				19,139,311
2 CAP REL COSTS-MVBLE EQUIP	20,648,627		-15,508				20,633,119
3 TOTAL	27,842,847		11,929,583				39,772,430

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	-217,363	CAP REL COSTS-BLDG & FIXT	1	9 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)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-41,863	ADMINISTRATIVE & GENERAL	5	5 6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-104,037	ADMINISTRATIVE & GENERAL	5	7 8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-20,202,697			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-4,355,551			12 13
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,376,200	CAFETERIA	11	14 15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3,290	MEDICAL RECORDS & LIBRARY	16	18 19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 29
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31 32
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TELEVISION	A	-10,800	CAP REL COSTS-MVBLE EQUIP	2	11 33
33.01 PAT TELEPHONE CAPITAL COSTS	A	-4,708	CAP REL COSTS-MVBLE EQUIP	2	11 33.01
34 MISC REV	B	-9,875	RADIOLOGY-DIAGNOSTIC	54	34
34.03 RENTAL INCOME OTHER	B	-870,965	CAP REL COSTS-BLDG & FIXT	1	9 34.03
34.04 OTHER REVENUE	B	-7,650	PHYSICAL THERAPY	66	34.04
34.05 MISCELLANEOUS REVENUE	B	-655	RADIOISOTOPE	56	34.05
34.10 MISC REV	B	-32,864	ADMINISTRATIVE & GENERAL	5	34.10
34.12 RESEARCH REVENUE	B	-234,041	RADIOLOGY-THERAPEUTIC	55	34.12
34.19 MISC REV	B	-163,848	NURSING ADMINISTRATION	13	34.19
34.21 MISC INCOME	B	-266,605	LABORATORY	60	34.21
35					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	-18,130	ADMINISTRATIVE & GENERAL	5	35.04
35.05 CLINICAL EXCELLENCE OTHER REV	B	-531	ADMINISTRATIVE & GENERAL	5	35.05
35.06 EMPLOYEE HEALTH REVENUE	B	-325	EMPLOYEE BENEFITS	4	35.06
35.14 MEDICAL STAFF APPLI	B	-64,200	ADMINISTRATIVE & GENERAL	5	35.14
35.18 NON-ALLOWABLE INTEREST EXPENSE	A	-4,465,790	CAP REL COSTS-BLDG & FIXT	1	9 35.18
35.20 SMALL PATIENT LOSSES	A	-7,271	ADMINISTRATIVE & GENERAL	5	35.20
35.21 INCOME TAXES	A	-61,291	ADMINISTRATIVE & GENERAL	5	35.21
35.23 PATIENT ACCTG REV	B	-5,314	ADMINISTRATIVE & GENERAL	5	35.23
35.24 MALPRACTICE INS	A	-165,895	ADMINISTRATIVE & GENERAL	5	35.24
35.25 SWAP INTEREST	A	-4,782,596	ADMINISTRATIVE & GENERAL	5	35.25
35.30 PLAINFIELD CLINIC	B	-1,955	PLAINFIELD CLINIC	90.02	35.30
35.31 ER OTHER REVENUE	B	-32,975	EMERGENCY	91	35.31
36 OTHER REVENUE	B	-26,121	BLOINGBROOK CLINIC	90.04	36
37 EMT FEES	B	-264,866	PARAMED ED PRGM-EMS	23	37
38 OTHER REVENUE	B	-137,075	ADULTS & PEDIATRICS	30	38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
39					39
40 OTHER REVENUE	B	-3,753	WHOLE BLOOD & PACKED RED BLOOD	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	-952,348	ADMINISTRATIVE & GENERAL	5	45.16
45.17 COST OF VOLUNTEERS	A	-1,013,627	ADMINISTRATIVE & GENERAL	5	45.17
45.20 OFFSET DEPR EXP ADDED TO HO CR	A	-4,115,891	CAP REL COSTS-MVBLE EQUIP	2	9 45.20
45.22 PATIENT ACCOUNTING	A	-340,396	ADMINISTRATIVE & GENERAL	5	45.22
45.23 LINDEN OAKS EMPLOYEE BENEFITS	A	-47,524	EMPLOYEE BENEFITS	4	45.23
45.24 PATIENT ACCESS	A	-168,106	ADMINISTRATIVE & GENERAL	5	45.24
45.26 MEDICAL STAFF	A	-34,481	ADMINISTRATIVE & GENERAL	5	45.26
45.28 CONTRIBUTIONS	A	-323,656	ADMINISTRATIVE & GENERAL	5	45.28
45.29 CONTRIBUTIONS	A	-39,600	EMERGENCY	91	45.29
45.30 EKG REVENUE	B	-800,627	ELECTROCARDIOLOGY	69	45.30
45.31 OTHER REVENUE	B	-21,028	ADMINISTRATIVE & GENERAL	5	45.31
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-45,742,756			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	54,428,911	63,339,154	-8,910,243	1
2	7	OPERATION OF PLANT	HOME OFFICE	3,869,743		3,869,743	2
3	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,345,954		3,345,954	9 3
4	5	ADMINISTRATIVE & GENERAL	RENT	490,665	722,264	-231,599	4
4.01	16	MEDICAL RECORDS & LIBRARY	RENT	244,748	360,272	-115,524	4.01
4.02	35	NICU	RENT	54,902	80,817	-25,915	4.02
4.03	54	RADIOLOGY-DIAGNOSTIC	RENT	62,032	91,312	-29,280	4.03
4.04	54.07	IMAGING CENTER	RENT	163,365	240,475	-77,110	4.04
4.05	55	RADIOLOGY-THERAPEUTIC	RENT	1,114,461	1,640,499	-526,038	4.05
4.06	66	PHYSICAL THERAPY	RENT	61,141	90,000	-28,859	4.06
4.07	70	ELECTROENCEPHALOGRAPHY	RENT	151,171	222,526	-71,355	4.07
4.08	76.97	CARDIAC REHABILITATION	RENT	2,788	4,104	-1,316	4.08
4.09	90	CLINIC	RENT	83,090	122,310	-39,220	4.09
4.10	90.01	URODYNAMICS	RENT	23,635	34,791	-11,156	4.10
4.11	90.02	PLAINFIELD CLINIC	RENT	2,412,980	3,551,935	-1,138,955	4.11
4.12	90.03	OSWEGO CLINIC	RENT	327,255	481,723	-154,468	4.12
4.13	90.04	BLOINGBROOK CLINIC	RENT	166,418	244,969	-78,551	4.13
4.14	91	EMERGENCY	RENT	10,596	15,597	-5,001	4.14
4.15	192	PHYSICIANS' PRIVATE OFFICES	RENT	268,338	394,996	-126,658	4.15
5		TOTALS (SUM OF LINES 1-4)		67,282,193	71,637,744	-4,355,551	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	PERCENT OF OWNERSHIP		NAME	PERCENT OF OWNERSHIP		TYPE OF BUSINESS
		3	4		5	6	
6	B	EHSC	100.00				6
7							7
8							8
9							9
10							10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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	905,489		905,489	177,000	1	85	4	1
2	30 ADULTS & PEDIATRICS	199,984		199,984	177,000	1	85	4	2
3	52 DELIVERY ROOM & LABOR RO	660,797	630,028	30,769	177,000	220	18,721	936	3
4	4 EMPLOYEE BENEFITS	294,019		294,019	177,000	1,786	151,982	7,599	4
5	60 LABORATORY	119,612	119,612						5
6	65 RESPIRATORY THERAPY	109,356	109,356						6
7	69.03 EMG/NCV	296,471	296,471						7
8	69 ELECTROCARDIOLOGY	3,124,303	3,124,303						8
9	70 ELECTROENCEPHALOGRAPHY	413,849	384,786	29,063	177,000	233	19,827	991	9
10	35 NICU	491,271	491,271						10
11	90.02 PLAINFIELD CLINIC	152,711	152,711						11
12	90.03 OSWEGO CLINIC	430,761	430,761						12
13	91 EMERGENCY	12,536,454	11,510,451	1,026,003	177,000	4,862	413,738	20,687	13
14	90.04 BLOINGBROOK CLINIC	1,057,123	1,057,123						14
15	90.01 URODYNAMICS	14,091	14,091						15
17	69.06 WOUND OSTOMY	1,950		1,950	177,000	13	1,106	55	17
200	TOTAL	20,808,241	18,320,964	2,487,277		7,116	605,544	30,276	200

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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	AGGREGATE				85	905,404	905,404	1
2	30 ADULTS & PEDIATRICS	AGGREGATE				85	199,899	199,899	2
3	52 DELIVERY ROOM & LABOR RO	AGGREGATE				18,721	12,048	642,076	3
4	4 EMPLOYEE BENEFITS	EMPLOYEE HEALTH				151,982	142,037	142,037	4
5	60 LABORATORY	LABORATORY						119,612	5
6	65 RESPIRATORY THERAPY	RESP THERAPY						109,356	6
7	69.03 EMG/NCV	EMG						296,471	7
8	69 ELECTROCARDIOLOGY	EKG						3,124,303	8
9	70 ELECTROENCEPHALOGRAPHY	EEG				19,827	9,236	394,022	9
10	35 NICU	AGGREGATE						491,271	10
11	90.02 PLAINFIELD CLINIC	PLAINFIELD						152,711	11
12	90.03 OSWEGO CLINIC	OSWEGO						430,761	12
13	91 EMERGENCY	TRAUMA SVCES				413,738	612,265	12,122,716	13
14	90.04 BLOINGBROOK CLINIC	AGGREGATE						1,057,123	14
15	90.01 URODYNAMICS	AGGREGATE						14,091	15
17	69.06 WOUND OSTOMY	AGGREGATE				1,106	844	844	17
200	TOTAL					605,544	1,881,733	20,202,697	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	19,139,311	19,139,311				1
2 CAP REL COSTS-MVBLE EQUIP	20,633,119		20,633,119			2
4 EMPLOYEE BENEFITS	21,144,686	134,578	145,082	21,424,346		4
5 ADMINISTRATIVE & GENERAL	90,085,867	2,082,821	2,245,384	1,577,202	95,991,274	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,249,535	5,497,743	5,926,837	99,584	22,773,699	7
8 LAUNDRY & LINEN SERVICE	393,930	47,793	51,523	11,504	504,750	8
9 HOUSEKEEPING	4,315,136	85,124	91,768	409,139	4,901,167	9
10 DIETARY	1,326,219	141,302	152,330		1,619,851	10
11 CAFETERIA	2,054,172	365,495	394,022		2,813,689	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,522,172	42,056	45,338	266,298	2,875,864	13
14 CENTRAL SERVICES & SUPPLY	2,135,695	301,477	325,007	218,597	2,980,776	14
15 PHARMACY	5,190,770	160,902	173,460	528,566	6,053,698	15
16 MEDICAL RECORDS & LIBRARY	5,159,104	59,241	63,865	457,280	5,739,490	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	414,444	61,734	66,552	55,990	598,720	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	35,931,034	3,612,843	3,894,823	4,145,069	47,583,769	30
31 INTENSIVE CARE UNIT	4,039,254	324,867	350,223	472,043	5,186,387	31
32 CORONARY CARE UNIT	5,203,280	778,809	839,595	600,060	7,421,744	32
35 NICU	5,200,297	145,404	156,752	601,442	6,103,895	35
43 NURSERY	2,161,183	183,098	197,389	252,419	2,794,089	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,229,694	1,182,959	1,275,288	855,140	24,543,081	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	2,837,424	250,621	270,182	209,689	3,567,916	50.02
51 RECOVERY ROOM	1,695,493			198,456	1,893,949	51
52 DELIVERY ROOM & LABOR ROOM	6,564,401	573,645	618,417	741,103	8,497,566	52
53 ANESTHESIOLOGY	1,957,046	17,471	18,835	37,475	2,030,827	53
54 RADIOLOGY-DIAGNOSTIC	3,686,174	327,385	352,938	428,467	4,794,964	54
54.01 ULTRASOUND	1,917,874	45,431	48,976	222,507	2,234,788	54.01
54.02 WOMENS IMAGING CTR	1,140,415	12,980	13,993	96,155	1,263,543	54.02
54.06 SPECIAL PROCEDURES	1,464,035	37,149	40,049	86,734	1,627,967	54.06
54.07 IMAGING CENTER	1,392,013			125,075	1,517,088	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	23,514,860			529,759	24,044,619	55
56 RADIOISOTOPE	1,483,037	88,654	95,574	104,607	1,771,872	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,584,264	50,700	54,658	249,852	2,939,474	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,577,952	71,183	76,739	158,779	1,884,653	58
59 CARDIAC CATHETERIZATION	3,131,819	209,240	225,571	332,859	3,899,489	59
60 LABORATORY	9,263,697	213,498	230,161	544,211	10,251,567	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,969,021	17,757	19,143	55,252	3,061,173	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,392,022	62,850	67,755	354,915	3,877,542	65
66 PHYSICAL THERAPY	4,744,793	9,372	10,103	571,963	5,336,231	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	520,128			65,542	585,670	68
69 ELECTROCARDIOLOGY	3,143,349	581,511	626,897	406,876	4,758,633	69
69.03 EMG/NCV	41,374			3,907	45,281	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	799,867			68,030	867,897	69.06
70 ELECTROENCEPHALOGRAPHY	5,270,083			160,728	5,430,811	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,350,422			12,745	1,363,167	71
72 IMPL. DEV. CHARGED TO PATIENT	28,357,096				28,357,096	72
73 DRUGS CHARGED TO PATIENTS	8,915,318				8,915,318	73
75 ASC (NON-DISTINCT PART)	4,043,701	365,002	393,490	451,648	5,253,841	75
76.97 CARDIAC REHABILITATION	1,039,882	76,583	82,560	127,077	1,326,102	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,146,522	37,980	40,944	124,252	1,349,698	90
90.01 URODYNAMICS	128,336			11,062	139,398	90.01
90.02 PLAINFIELD CLINIC	15,865,232			895,791	16,761,023	90.02
90.03 OSWEGO CLINIC	1,549,605			205,266	1,754,871	90.03
90.04 BLOINGBROOK CLINIC	1,493,742			297,049	1,790,791	90.04
91 EMERGENCY	10,793,088	750,331	808,893	2,687,181	15,039,493	91

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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)	419,302,987	19,007,589	20,491,116	21,115,345	418,720,261	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	484,376	31,905	34,395	14,135	564,811	190
192 PHYSICIANS' PRIVATE OFFICES	3,320,948	99,817	107,608	294,866	3,823,239	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)	423,108,311	19,139,311	20,633,119	21,424,346	423,108,311	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	95,991,274					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,682,851	29,456,550				7
8 LAUNDRY & LINEN SERVICE	148,117	123,231	776,098			8
9 HOUSEKEEPING	1,438,228	219,487		6,558,882		9
10 DIETARY	475,339	364,339		75,371	2,534,900	10
11 CAFETERIA	825,666	942,408		194,956		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	843,911	108,438		22,433		13
14 CENTRAL SERVICES & SUPPLY	874,697	777,341		160,808		14
15 PHARMACY	1,776,433	414,876		85,825		15
16 MEDICAL RECORDS & LIBRARY	1,684,230	152,751		31,821		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	175,692	159,176	21,328	32,929		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,963,353	9,315,502	281,572	1,927,093	2,359,553	30
31 INTENSIVE CARE UNIT	1,521,925	837,651	28,837	173,285	75,988	31
32 CORONARY CARE UNIT	2,177,881	2,008,114	31,802	415,418	99,359	32
35 NICU	1,791,164	374,915	23,293	77,559		35
43 NURSERY	819,914	472,108		97,665		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,202,069	3,050,191	59,678	630,992		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	1,046,991	646,211	13,490	133,682		50.02
51 RECOVERY ROOM	555,772		18,900			51
52 DELIVERY ROOM & LABOR ROOM	2,493,577	1,479,110	53,324	305,983		52
53 ANESTHESIOLOGY	595,938	45,049		9,319		53
54 RADIOLOGY-DIAGNOSTIC	1,407,063	844,144	12,018	174,628		54
54.01 ULTRASOUND	655,790	117,140	12,704	24,233		54.01
54.02 WOMENS IMAGING CTR	370,782	33,469	1,313	6,924		54.02
54.06 SPECIAL PROCEDURES	477,720	95,787	2,346	19,815		54.06
54.07 IMAGING CENTER	445,183		1,856			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	7,055,797		6,758			55
56 RADIOISOTOPE	519,949	228,590	12,360	47,288		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	862,577	130,728	12,530	27,044		57
58 MAGNETIC RESONANCE IMAGING (MRI)	553,044	183,542	11,101	37,969		58
59 CARDIAC CATHETERIZATION	1,144,289	539,513	1,996	111,609		59
60 LABORATORY	3,008,281	550,491		113,880		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	898,289	45,785		9,472		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,137,849	162,055		33,524		65
66 PHYSICAL THERAPY	1,565,896	24,164	8,152	4,999		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	171,863					68
69 ELECTROCARDIOLOGY	1,396,402	1,499,391		310,179		69
69.03 EMG/NCV	13,288					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	254,681		1,759			69.06
70 ELECTROENCEPHALOGRAPHY	1,593,650		2,004			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	400,016					71
72 IMPL. DEV. CHARGED TO PATIENT	8,321,276					72
73 DRUGS CHARGED TO PATIENTS	2,616,164					73
75 ASC (NON-DISTINCT PART)	1,541,719	941,136	23,736	194,693		75
76.97 CARDIAC REHABILITATION	389,139	197,465	1,189	40,849		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	396,063	97,929	725	20,259		90
90.01 URODYNAMICS	40,906					90.01
90.02 PLAINFIELD CLINIC	4,918,455		15,364			90.02
90.03 OSWEGO CLINIC	514,960		1,807			90.03
90.04 BLOINGBROOK CLINIC	525,500		292			90.04
91 EMERGENCY	4,413,279	1,934,684	67,929	400,228		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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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	
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)	94,703,618	29,116,911	730,163	5,952,732	2,534,900	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,742	82,266		17,018		190
192 PHYSICIANS' PRIVATE OFFICES	1,121,914	257,373	2,794	53,243		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			43,141	535,889		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	95,991,274	29,456,550	776,098	6,558,882	2,534,900	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	4,776,719					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	69,650	3,920,296				13
14 CENTRAL SERVICES & SUPPLY	119,296	141,734	5,054,652			14
15 PHARMACY	122,497			8,453,329		15
16 MEDICAL RECORDS & LIBRARY	202,631				7,810,923	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	12,682	15,067	8,039	7,901		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,166,843	1,386,305	188,267	1,297	454,786	30
31 INTENSIVE CARE UNIT	119,460	141,929	25,431		55,491	31
32 CORONARY CARE UNIT	145,139	172,437	37,979	630	83,821	32
35 NICU	141,149	167,697	24,030	1,194	102,342	35
43 NURSERY	64,918	77,128			25,365	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	242,798	288,465	1,024,685	1,095	589,231	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	61,623	73,213	85,181	227	151,458	50.02
51 RECOVERY ROOM	46,568	55,327	9,456		98,538	51
52 DELIVERY ROOM & LABOR ROOM	207,625	246,676	54,150	456	95,037	52
53 ANESTHESIOLOGY	17,613	20,926	103,395	102,081	151,689	53
54 RADIOLOGY-DIAGNOSTIC	134,340	159,608	11,718	359	237,034	54
54.01 ULTRASOUND	52,946	62,904	7,385		155,369	54.01
54.02 WOMENS IMAGING CTR	24,712	29,360	31,070	587	34,686	54.02
54.06 SPECIAL PROCEDURES	16,093		65,185	151	52,159	54.06
54.07 IMAGING CENTER	24,911		6,222		119,223	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	138,151		17,857	4,533,038	501,695	55
56 RADIOISOTOPE	25,763		8,967	134,868	76,175	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	84,145	99,971	34,581	899	513,734	57
58 MAGNETIC RESONANCE IMAGING (MRI)	35,535	42,218	23,467	150	158,424	58
59 CARDIAC CATHETERIZATION	65,453		9,884	2	310,654	59
60 LABORATORY	187,314	222,545	224,829	108	821,645	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	16,193	19,239	206,065	11,169	65,685	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	128,984		40,653	2,265	180,752	65
66 PHYSICAL THERAPY	211,786		4,528		93,445	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	16,393		94		15,075	68
69 ELECTROCARDIOLOGY	124,150		55,932	3,853	323,078	69
69.03 EMG/NCV	2,227		859		8,365	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	17,973		15,295	1,087	15,276	69.06
70 ELECTROENCEPHALOGRAPHY	64,464	76,589	38,203		72,906	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,473		104,910	273	2,182	71
72 IMPL. DEV. CHARGED TO PATIENT			2,378,953		393,130	72
73 DRUGS CHARGED TO PATIENTS			5,574	2,362,524	329,693	73
75 ASC (NON-DISTINCT PART)	118,865		34,386	24	50,012	75
76.97 CARDIAC REHABILITATION	38,567		1,418	115	24,120	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	52,379	62,231	6,139	70	17,244	90
90.01 URODYNAMICS	3,377		1,112		4,148	90.01
90.02 PLAINFIELD CLINIC			62,639	1,263,945	698,094	90.02
90.03 OSWEGO CLINIC			3,490	448	33,324	90.03
90.04 BLOINGBROOK CLINIC			8,212	6,985	33,798	90.04
91 EMERGENCY	371,293	358,727	75,118	498	662,040	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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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	
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
118 SPECIAL PURPOSE COST CENTERS						
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,331		1			190
192 PHYSICIANS' PRIVATE OFFICES	66,409			15,030		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			9,293			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)	4,776,719	3,920,296	5,054,652	8,453,329	7,810,923	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	EDUCATION		POST STEP-		
	EMS	24	DOWN ADJS	26	
	23		25		
GENERAL SERVICE COST CENTERS					
1					1
2					2
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
19					19
20					20
21					21
22					22
23					23
	1,031,534				
INPATIENT ROUTINE SERV COST CENTERS					
30	67,457	78,695,797		78,695,797	30
31	14,991	8,181,375		8,181,375	31
32		12,594,324		12,594,324	32
35		8,807,238		8,807,238	35
43		4,351,187		4,351,187	43
ANCILLARY SERVICE COST CENTERS					
50	14,991	37,647,276		37,647,276	50
50.01					50.01
50.02		5,779,992		5,779,992	50.02
51		2,678,510		2,678,510	51
52		13,433,504		13,433,504	52
53		3,076,837		3,076,837	53
54		7,775,876		7,775,876	54
54.01		3,323,259		3,323,259	54.01
54.02		1,796,446		1,796,446	54.02
54.06		2,357,223		2,357,223	54.06
54.07		2,114,483		2,114,483	54.07
54.08					54.08
55		36,297,915		36,297,915	55
56		2,825,832		2,825,832	56
57		4,705,683		4,705,683	57
58		2,930,103		2,930,103	58
59		6,082,889		6,082,889	59
60	39,350	15,420,010		15,420,010	60
62		4,333,070		4,333,070	62
62.30					62.30
65	7,495	5,571,119		5,571,119	65
66		7,249,201		7,249,201	66
67					67
68		789,095		789,095	68
69		8,471,618		8,471,618	69
69.03		70,020		70,020	69.03
69.04					69.04
69.05					69.05
69.06		1,173,968		1,173,968	69.06
70		7,278,627		7,278,627	70
71		1,880,021		1,880,021	71
72		39,450,455		39,450,455	72
73		14,229,273		14,229,273	73
75	11,243	8,169,655		8,169,655	75
76.97		2,018,964		2,018,964	76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90		2,002,737		2,002,737	90
90.01		188,941		188,941	90.01
90.02		23,719,520		23,719,520	90.02
90.03		2,308,900		2,308,900	90.03
90.04		2,365,578		2,365,578	90.04
91	864,764	24,188,053		24,188,053	91
92					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
118 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,020,291	416,334,574		416,334,574	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		834,169		834,169	190
192 PHYSICIANS' PRIVATE OFFICES		5,340,002		5,340,002	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		9,293		9,293	192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL	11,243	590,273		590,273	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,031,534	423,108,311		423,108,311	202

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	108	134,578	145,082	279,768	279,768	4
5 ADMINISTRATIVE & GENERAL	502,897	2,082,821	2,245,384	4,831,102	20,601	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,685	5,497,743	5,926,837	11,428,265	1,301	7
8 LAUNDRY & LINEN SERVICE		47,793	51,523	99,316	150	8
9 HOUSEKEEPING	120,708	85,124	91,768	297,600	5,344	9
10 DIETARY	1,766	141,302	152,330	295,398		10
11 CAFETERIA		365,495	394,022	759,517		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,956	42,056	45,338	90,350	3,478	13
14 CENTRAL SERVICES & SUPPLY	195,233	301,477	325,007	821,717	2,855	14
15 PHARMACY	2,292	160,902	173,460	336,654	6,904	15
16 MEDICAL RECORDS & LIBRARY	245,414	59,241	63,865	368,520	5,973	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		61,734	66,552	128,286	731	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	122,811	3,612,843	3,894,823	7,630,477	54,077	30
31 INTENSIVE CARE UNIT	4,804	324,867	350,223	679,894	6,166	31
32 CORONARY CARE UNIT	121	778,809	839,595	1,618,525	7,838	32
35 NICU		145,404	156,752	302,156	7,856	35
43 NURSERY		183,098	197,389	380,487	3,297	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	405,472	1,182,959	1,275,288	2,863,719	11,169	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	454	250,621	270,182	521,257	2,739	50.02
51 RECOVERY ROOM	453			453	2,592	51
52 DELIVERY ROOM & LABOR ROOM	1	573,645	618,417	1,192,063	9,680	52
53 ANESTHESIOLOGY	1,908	17,471	18,835	38,214	489	53
54 RADIOLOGY-DIAGNOSTIC	151,130	327,385	352,938	831,453	5,596	54
54.01 ULTRASOUND	1,190	45,431	48,976	95,597	2,906	54.01
54.02 WOMENS IMAGING CTR		12,980	13,993	26,973	1,256	54.02
54.06 SPECIAL PROCEDURES	1,189	37,149	40,049	78,387	1,133	54.06
54.07 IMAGING CENTER	248,957			248,957	1,634	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,121,809			1,121,809	6,919	55
56 RADIOISOTOPE	881	88,654	95,574	185,109	1,366	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,189	50,700	54,658	106,547	3,263	57
58 MAGNETIC RESONANCE IMAGING (MRI)	985	71,183	76,739	148,907	2,074	58
59 CARDIAC CATHETERIZATION	18,339	209,240	225,571	453,150	4,348	59
60 LABORATORY	60,038	213,498	230,161	503,697	7,108	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	108	17,757	19,143	37,008	722	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	54,526	62,850	67,755	185,131	4,636	65
66 PHYSICAL THERAPY	174,088	9,372	10,103	193,563	7,471	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,742			1,742	856	68
69 ELECTROCARDIOLOGY		581,511	626,897	1,208,408	5,314	69
69.03 EMG/NCV					51	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	753			753	889	69.06
70 ELECTROENCEPHALOGRAPHY	154,212			154,212	2,099	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					166	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)	975	365,002	393,490	759,467	5,899	75
76.97 CARDIAC REHABILITATION	3,049	76,583	82,560	162,192	1,660	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	84,286	37,980	40,944	163,210	1,623	90
90.01 URODYNAMICS	23,851			23,851	144	90.01
90.02 PLAINFIELD CLINIC	2,501,098			2,501,098	11,700	90.02
90.03 OSWEGO CLINIC	329,544			329,544	2,681	90.03
90.04 BLOINGBROOK CLINIC	139,275			139,275	3,880	90.04
91 EMERGENCY	13,867	750,331	808,893	1,573,091	35,098	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

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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		BENEFITS 4	
				2A		
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
118 SPECIAL PURPOSE COST CENTERS						
SUBTOTALS (SUM OF LINES 1-117)	6,698,164	19,007,589	20,491,116	46,196,869	275,732	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		31,905	34,395	66,300	185	190
192 PHYSICIANS' PRIVATE OFFICES		99,817	107,608	207,425	3,851	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)	6,698,164	19,139,311	20,633,119	46,470,594	279,768	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	4,851,703					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	337,780	11,767,346				7
8 LAUNDRY & LINEN SERVICE	7,486	49,229	156,181			8
9 HOUSEKEEPING	72,694	87,681		463,319		9
10 DIETARY	24,026	145,547		5,324	470,295	10
11 CAFETERIA	41,733	376,474		13,772		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	42,655	43,319		1,585		13
14 CENTRAL SERVICES & SUPPLY	44,211	310,533		11,359		14
15 PHARMACY	89,788	165,735		6,063		15
16 MEDICAL RECORDS & LIBRARY	85,128	61,021		2,248		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	8,880	63,588	4,292	2,326		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	705,668	3,721,373	56,664	136,131	437,763	30
31 INTENSIVE CARE UNIT	76,924	334,626	5,803	12,241	14,098	31
32 CORONARY CARE UNIT	110,079	802,204	6,400	29,345	18,434	32
35 NICU	90,533	149,772	4,687	5,479		35
43 NURSERY	41,442	188,598		6,899		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	364,023	1,218,495	12,010	44,573		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	52,919	258,149	2,715	9,443		50.02
51 RECOVERY ROOM	28,091		3,803			51
52 DELIVERY ROOM & LABOR ROOM	126,036	590,877	10,731	21,615		52
53 ANESTHESIOLOGY	30,121	17,996		658		53
54 RADIOLOGY-DIAGNOSTIC	71,119	337,220	2,418	12,336		54
54.01 ULTRASOUND	33,146	46,795	2,556	1,712		54.01
54.02 WOMENS IMAGING CTR	18,741	13,370	264	489		54.02
54.06 SPECIAL PROCEDURES	24,146	38,265	472	1,400		54.06
54.07 IMAGING CENTER	22,501		373			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	356,630		1,360			55
56 RADIOISOTOPE	26,280	91,318	2,487	3,340		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	43,598	52,223	2,521	1,910		57
58 MAGNETIC RESONANCE IMAGING (MRI)	27,953	73,321	2,234	2,682		58
59 CARDIAC CATHETERIZATION	57,837	215,526	402	7,884		59
60 LABORATORY	152,051	219,911		8,044		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	45,403	18,290		669		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	57,512	64,738		2,368		65
66 PHYSICAL THERAPY	79,147	9,653	1,641	353		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	8,687					68
69 ELECTROCARDIOLOGY	70,580	598,979		21,911		69
69.03 EMG/NCV	672					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	12,873		354			69.06
70 ELECTROENCEPHALOGRAPHY	80,550		403			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	20,218					71
72 IMPL. DEV. CHARGED TO PATIENT	420,592					72
73 DRUGS CHARGED TO PATIENTS	132,232					73
75 ASC (NON-DISTINCT PART)	77,925	375,966	4,777	13,753		75
76.97 CARDIAC REHABILITATION	19,669	78,883	239	2,886		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	20,019	39,121	146	1,431		90
90.01 URODYNAMICS	2,068					90.01
90.02 PLAINFIELD CLINIC	248,599		3,092			90.02
90.03 OSWEGO CLINIC	26,028		364			90.03
90.04 BLOINGBROOK CLINIC	26,561		59			90.04
91 EMERGENCY	223,066	772,870	13,670	28,272		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)	4,786,620	11,631,666	146,937	420,501	470,295	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,377	32,864		1,202		190
192 PHYSICIANS' PRIVATE OFFICES	56,706	102,816	562	3,761		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			8,682	37,855		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,851,703	11,767,346	156,181	463,319	470,295	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	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	1,191,496					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,373	198,760				13
14 CENTRAL SERVICES & SUPPLY	29,757	7,186	1,227,618			14
15 PHARMACY	30,555			635,699		15
16 MEDICAL RECORDS & LIBRARY	50,544				573,434	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	3,163	764	1,952	594		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	291,055	70,286	45,724	98	33,347	30
31 INTENSIVE CARE UNIT	29,798	7,196	6,176		4,069	31
32 CORONARY CARE UNIT	36,203	8,743	9,224	47	6,146	32
35 NICU	35,208	8,502	5,836	90	7,504	35
43 NURSERY	16,193	3,910			1,860	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	60,563	14,625	248,864	82	43,205	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	15,371	3,712	20,688	17	11,106	50.02
51 RECOVERY ROOM	11,616	2,805	2,297		7,225	51
52 DELIVERY ROOM & LABOR ROOM	51,790	12,507	13,151	34	6,969	52
53 ANESTHESIOLOGY	4,393	1,061	25,111	7,677	11,123	53
54 RADIOLOGY-DIAGNOSTIC	33,510	8,092	2,846	27	17,380	54
54.01 ULTRASOUND	13,207	3,189	1,794		11,392	54.01
54.02 WOMENS IMAGING CTR	6,164	1,489	7,546	44	2,543	54.02
54.06 SPECIAL PROCEDURES	4,014		15,831	11	3,825	54.06
54.07 IMAGING CENTER	6,214		1,511		8,742	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	34,460		4,337	340,890	36,786	55
56 RADIOISOTOPE	6,426		2,178	10,142	5,585	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,989	5,069	8,399	68	37,669	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,864	2,140	5,699	11	11,616	58
59 CARDIAC CATHETERIZATION	16,327		2,401		22,779	59
60 LABORATORY	46,723	11,283	54,604	8	60,952	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,039	975	50,047	840	4,816	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	32,174		9,873	170	13,253	65
66 PHYSICAL THERAPY	52,828		1,100		6,852	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	4,089		23		1,105	68
69 ELECTROCARDIOLOGY	30,968		13,584	290	23,689	69
69.03 EMG/NCV	556		209		613	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	4,483		3,715	82	1,120	69.06
70 ELECTROENCEPHALOGRAPHY	16,080	3,883	9,278		5,346	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,363		25,479	21	160	71
72 IMPL. DEV. CHARGED TO PATIENT			577,775		28,826	72
73 DRUGS CHARGED TO PATIENTS			1,354	177,664	24,175	73
75 ASC (NON-DISTINCT PART)	29,649		8,351	2	3,667	75
76.97 CARDIAC REHABILITATION	9,620		344	9	1,769	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,065	3,155	1,491	5	1,264	90
90.01 URODYNAMICS	842		270		304	90.01
90.02 PLAINFIELD CLINIC			15,213	95,050	51,187	90.02
90.03 OSWEGO CLINIC			848	34	2,443	90.03
90.04 BLOINGBROOK CLINIC			1,994	525	2,478	90.04
91 EMERGENCY	92,615	18,188	18,244	37	48,544	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
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,173,851	198,760	1,225,361	634,569	573,434	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,080					190
192 PHYSICIANS' PRIVATE OFFICES	16,565			1,130		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			2,257			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)	1,191,496	198,760	1,227,618	635,699	573,434	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	214,576				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		13,182,663		13,182,663	30
31 INTENSIVE CARE UNIT		1,176,991		1,176,991	31
32 CORONARY CARE UNIT		2,653,188		2,653,188	32
35 NICU		617,623		617,623	35
43 NURSERY		642,686		642,686	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		4,881,328		4,881,328	50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY		898,116		898,116	50.02
51 RECOVERY ROOM		58,882		58,882	51
52 DELIVERY ROOM & LABOR ROOM		2,035,453		2,035,453	52
53 ANESTHESIOLOGY		136,843		136,843	53
54 RADIOLOGY-DIAGNOSTIC		1,321,997		1,321,997	54
54.01 ULTRASOUND		212,294		212,294	54.01
54.02 WOMENS IMAGING CTR		78,879		78,879	54.02
54.06 SPECIAL PROCEDURES		167,484		167,484	54.06
54.07 IMAGING CENTER		289,932		289,932	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		1,903,191		1,903,191	55
56 RADIOISOTOPE		334,231		334,231	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		282,256		282,256	57
58 MAGNETIC RESONANCE IMAGING (MRI)		285,501		285,501	58
59 CARDIAC CATHETERIZATION		780,654		780,654	59
60 LABORATORY		1,064,381		1,064,381	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		162,809		162,809	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		369,855		369,855	65
66 PHYSICAL THERAPY		352,608		352,608	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		16,502		16,502	68
69 ELECTROCARDIOLOGY		1,973,723		1,973,723	69
69.03 EMG/NCV		2,101		2,101	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		24,269		24,269	69.06
70 ELECTROENCEPHALOGRAPHY		271,851		271,851	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		48,407		48,407	71
72 IMPL. DEV. CHARGED TO PATIENT		1,027,193		1,027,193	72
73 DRUGS CHARGED TO PATIENTS		335,425		335,425	73
75 ASC (NON-DISTINCT PART)		1,279,456		1,279,456	75
76.97 CARDIAC REHABILITATION		277,271		277,271	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		244,530		244,530	90
90.01 URODYNAMICS		27,479		27,479	90.01
90.02 PLAINFIELD CLINIC		2,925,939		2,925,939	90.02
90.03 OSWEGO CLINIC		361,942		361,942	90.03
90.04 BLOINGBROOK CLINIC		174,772		174,772	90.04
91 EMERGENCY		2,823,695		2,823,695	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					

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COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	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
118 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		45,704,400		45,704,400	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		110,008		110,008	190
192 PHYSICIANS' PRIVATE OFFICES		392,816		392,816	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		2,257		2,257	192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL		46,537		46,537	194
200 CROSS FOOT ADJUSTMENTS	214,576	214,576		214,576	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	214,576	46,470,594		46,470,594	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	737,253					1
2 CAP REL COSTS-MVBLE EQUIP		737,253				2
4 EMPLOYEE BENEFITS	5,184	5,184	154,860,553			4
5 ADMINISTRATIVE & GENERAL	80,231	80,231	11,400,415	-95,991,274	327,117,037	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	211,775	211,775	719,822		22,773,699	7
8 LAUNDRY & LINEN SERVICE	1,841	1,841	83,153		504,750	8
9 HOUSEKEEPING	3,279	3,279	2,957,359		4,901,167	9
10 DIETARY	5,443	5,443			1,619,851	10
11 CAFETERIA	14,079	14,079			2,813,689	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620	1,620	1,924,868		2,875,864	13
14 CENTRAL SERVICES & SUPPLY	11,613	11,613	1,580,078		2,980,776	14
15 PHARMACY	6,198	6,198	3,820,607		6,053,698	15
16 MEDICAL RECORDS & LIBRARY	2,282	2,282	3,305,337		5,739,490	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	2,378	2,378	404,710		598,720	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	139,168	139,168	29,961,564		47,583,769	30
31 INTENSIVE CARE UNIT	12,514	12,514	3,412,044		5,186,387	31
32 CORONARY CARE UNIT	30,000	30,000	4,337,386		7,421,744	32
35 NICU	5,601	5,601	4,347,376		6,103,895	35
43 NURSERY	7,053	7,053	1,824,546		2,794,089	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,568	45,568	6,181,172		24,543,081	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	9,654	9,654	1,515,683		3,567,916	50.02
51 RECOVERY ROOM			1,434,490		1,893,949	51
52 DELIVERY ROOM & LABOR ROOM	22,097	22,097	5,356,878		8,497,566	52
53 ANESTHESIOLOGY	673	673	270,878		2,030,827	53
54 RADIOLOGY-DIAGNOSTIC	12,611	12,611	3,097,071		4,794,964	54
54.01 ULTRASOUND	1,750	1,750	1,608,336		2,234,788	54.01
54.02 WOMENS IMAGING CTR	500	500	695,033		1,263,543	54.02
54.06 SPECIAL PROCEDURES	1,431	1,431	626,933		1,627,967	54.06
54.07 IMAGING CENTER			904,073		1,517,088	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC			3,829,229		24,044,619	55
56 RADIOISOTOPE	3,415	3,415	756,124		1,771,872	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,953	1,953	1,805,994		2,939,474	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,742	2,742	1,147,698		1,884,653	58
59 CARDIAC CATHETERIZATION	8,060	8,060	2,405,989		3,899,489	59
60 LABORATORY	8,224	8,224	3,933,697		10,251,567	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	684	684	399,372		3,061,173	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,421	2,421	2,565,418		3,877,542	65
66 PHYSICAL THERAPY	361	361	4,134,296		5,336,231	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			473,751		585,670	68
69 ELECTROCARDIOLOGY	22,400	22,400	2,941,001		4,758,633	69
69.03 EMG/NCV			28,241		45,281	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY			491,736		867,897	69.06
70 ELECTROENCEPHALOGRAPHY			1,161,784		5,430,811	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			92,126		1,363,167	71
72 IMPL. DEV. CHARGED TO PATIENT					28,357,096	72
73 DRUGS CHARGED TO PATIENTS					8,915,318	73
75 ASC (NON-DISTINCT PART)	14,060	14,060	3,264,629		5,253,841	75
76.97 CARDIAC REHABILITATION	2,950	2,950	918,548		1,326,102	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,463	1,463	898,127		1,349,698	90
90.01 URODYNAMICS			79,958		139,398	90.01
90.02 PLAINFIELD CLINIC			6,475,003		16,761,023	90.02
90.03 OSWEGO CLINIC			1,483,716		1,754,871	90.03
90.04 BLOINGBROOK CLINIC			2,147,144		1,790,791	90.04
91 EMERGENCY	28,903	28,903	19,423,624		15,039,493	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)	732,179	732,179	152,627,017	-95,991,274	322,728,987	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,229	1,229	102,171		564,811	190
192 PHYSICIANS' PRIVATE OFFICES	3,845	3,845	2,131,365		3,823,239	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	19,139,311	20,633,119	21,424,346		95,991,274	202
203 UNIT COST MULT-WS B PT I	25.960303	27.986484	0.138346		0.293446	203
204 COST TO BE ALLOC PER B PT II			279,768		4,851,703	204
205 UNIT COST MULT-WS B PT II			0.001807		0.014832	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTE'S) SERVED 11
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	440,063				7
8 LAUNDRY & LINEN SERVICE	1,841	1,318,486			8
9 HOUSEKEEPING	3,279		473,659		9
10 DIETARY	5,443		5,443	206,626	10
11 CAFETERIA	14,079		14,079		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,620		1,620		13
14 CENTRAL SERVICES & SUPPLY	11,613		11,613		14
15 PHARMACY	6,198		6,198		15
16 MEDICAL RECORDS & LIBRARY	2,282		2,298		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	2,378	36,233	2,378		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	139,168	478,353	139,168	192,333	30
31 INTENSIVE CARE UNIT	12,514	48,991	12,514	6,194	31
32 CORONARY CARE UNIT	30,000	54,027	30,000	8,099	32
35 NICU	5,601	39,571	5,601		35
43 NURSERY	7,053		7,053		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	45,568	101,385	45,568		50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY	9,654	22,918	9,654		50.02
51 RECOVERY ROOM		32,108			51
52 DELIVERY ROOM & LABOR ROOM	22,097	90,591	22,097		52
53 ANESTHESIOLOGY	673		673		53
54 RADIOLOGY-DIAGNOSTIC	12,611	20,417	12,611		54
54.01 ULTRASOUND	1,750	21,582	1,750		54.01
54.02 WOMENS IMAGING CTR	500	2,231	500		54.02
54.06 SPECIAL PROCEDURES	1,431	3,986	1,431		54.06
54.07 IMAGING CENTER		3,153			54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		11,481			55
56 RADIOISOTOPE	3,415	20,998	3,415		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,953	21,286	1,953		57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,742	18,859	2,742		58
59 CARDIAC CATHETERIZATION	8,060	3,391	8,060		59
60 LABORATORY	8,224		8,224		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	684		684		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	2,421		2,421		65
66 PHYSICAL THERAPY	361	13,850	361		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	22,400		22,400		69
69.03 EMG/NCV					69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		2,988			69.06
70 ELECTROENCEPHALOGRAPHY		3,404			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)	14,060	40,325	14,060		75
76.97 CARDIAC REHABILITATION	2,950	2,020	2,950		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,463	1,232	1,463		90
90.01 URODYNAMICS					90.01
90.02 PLAINFIELD CLINIC		26,102			90.02
90.03 OSWEGO CLINIC		3,070			90.03
90.04 BLOINGBROOK CLINIC		496			90.04
91 EMERGENCY	28,903	115,402	28,903		91
92 OBSERVATION BEDS					92

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	
	7	8	9	10	11	
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)	434,989	1,240,450	429,885	206,626	3,778,046	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,229		1,229		3,477	190
192 PHYSICIANS' PRIVATE OFFICES	3,845	4,746	3,845		53,314	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	29,456,550	776,098	6,558,882	2,534,900	4,776,719	202
203 UNIT COST MULT-WS B PT I	66.937120	0.588628	13.847266	12.268059	1.245612	203
204 COST TO BE ALLOC PER B PT II	11,767,346	156,181	463,319	470,295	1,191,496	204
205 UNIT COST MULT-WS B PT II	26.740139	0.118455	0.978170	2.276069	0.310703	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (FTE'S) NRSNG HRS 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	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	2,649,042					13
14 CENTRAL SERVICES & SUPPLY	95,773	60,251,284				14
15 PHARMACY			31,899,891			15
16 MEDICAL RECORDS & LIBRARY				1,756,943,698		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	10,181	95,820	29,815		1,101	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	936,762	2,244,138	4,896	102,291,107	72	30
31 INTENSIVE CARE UNIT	95,905	303,133		12,481,079	16	31
32 CORONARY CARE UNIT	116,520	452,703	2,377	18,853,129		32
35 NICU	113,317	286,436	4,506	23,018,791		35
43 NURSERY	52,117			5,705,073		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	194,923	12,214,194	4,132	132,530,669	16	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	49,472	1,015,347	856	34,066,184		50.02
51 RECOVERY ROOM	37,386	112,713		22,163,319		51
52 DELIVERY ROOM & LABOR ROOM	166,685	645,466	1,721	21,375,831		52
53 ANESTHESIOLOGY	14,140	1,232,462	385,219	34,118,127		53
54 RADIOLOGY-DIAGNOSTIC	107,851	139,673	1,355	53,313,935		54
54.01 ULTRASOUND	42,506	88,032		34,945,825		54.01
54.02 WOMENS IMAGING CTR	19,839	370,350	2,214	7,801,695		54.02
54.06 SPECIAL PROCEDURES		777,001	569	11,731,728		54.06
54.07 IMAGING CENTER		74,169		26,815,759		54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC		212,856	17,106,115	112,841,915		55
56 RADIOISOTOPE		106,882	508,944	17,133,427		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	67,553	412,208	3,394	115,549,784		57
58 MAGNETIC RESONANCE IMAGING (MRI)	28,528	279,723	566	35,633,011		58
59 CARDIAC CATHETERIZATION		117,820	6	69,872,806		59
60 LABORATORY	150,379	2,679,951	407	184,906,331	42	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,000	2,456,285	42,149	14,773,993		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		484,579	8,548	40,654,881	8	65
66 PHYSICAL THERAPY		53,968		21,017,710		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY		1,123		3,390,625		68
69 ELECTROCARDIOLOGY		666,706	14,540	72,667,112		69
69.03 EMG/NCV		10,245		1,881,385		69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY		182,316	4,103	3,435,981		69.06
70 ELECTROENCEPHALOGRAPHY	51,753	455,374		16,398,006		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,250,519	1,031	490,775		71
72 IMPL. DEV. CHARGED TO PATIENT		28,357,096		88,423,323		72
73 DRUGS CHARGED TO PATIENTS		66,445	8,915,318	74,155,019		73
75 ASC (NON-DISTINCT PART)		409,879	89	11,248,867	12	75
76.97 CARDIAC REHABILITATION		16,901	434	5,425,037		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	42,051	73,173	266	3,878,446		90
90.01 URODYNAMICS		13,256		932,887		90.01
90.02 PLAINFIELD CLINIC		746,659	4,769,674	157,016,217		90.02
90.03 OSWEGO CLINIC		41,606	1,690	7,495,173		90.03
90.04 BLOINGBROOK CLINIC		97,888	26,359	7,601,923		90.04
91 EMERGENCY	242,401	895,406	1,879	148,906,813	923	91
92 OBSERVATION BEDS						92

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COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (FTE'S) NRSING HRS 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
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)	2,649,042	60,140,501	31,843,172	1,756,943,698	1,089	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		9				190
192 PHYSICIANS' PRIVATE OFFICES			56,719			192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES		110,774				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	3,920,296	5,054,652	8,453,329	7,810,923	1,031,534	202
203 UNIT COST MULT-WS B PT I	1.479892	0.083893	0.264996	0.004446	936.906449	203
204 COST TO BE ALLOC PER B PT II	198,760	1,227,618	635,699	573,434	214,576	204
205 UNIT COST MULT-WS B PT II	0.075031	0.020375	0.019928	0.000326	194.891916	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	78,695,797		78,695,797	199,899	78,895,696	30
31 INTENSIVE CARE UNIT	8,181,375		8,181,375		8,181,375	31
32 CORONARY CARE UNIT	12,594,324		12,594,324		12,594,324	32
35 NICU	8,807,238		8,807,238		8,807,238	35
43 NURSERY	4,351,187		4,351,187		4,351,187	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	37,647,276		37,647,276		37,647,276	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	5,779,992		5,779,992		5,779,992	50.02
51 RECOVERY ROOM	2,678,510		2,678,510		2,678,510	51
52 DELIVERY ROOM & LABOR ROOM	13,433,504		13,433,504	12,048	13,445,552	52
53 ANESTHESIOLOGY	3,076,837		3,076,837		3,076,837	53
54 RADIOLOGY-DIAGNOSTIC	7,775,876		7,775,876		7,775,876	54
54.01 ULTRASOUND	3,323,259		3,323,259		3,323,259	54.01
54.02 WOMENS IMAGING CTR	1,796,446		1,796,446		1,796,446	54.02
54.06 SPECIAL PROCEDURES	2,357,223		2,357,223		2,357,223	54.06
54.07 IMAGING CENTER	2,114,483		2,114,483		2,114,483	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	36,297,915		36,297,915		36,297,915	55
56 RADIOISOTOPE	2,825,832		2,825,832		2,825,832	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,705,683		4,705,683		4,705,683	57
58 MAGNETIC RESONANCE IMAGING	2,930,103		2,930,103		2,930,103	58
59 CARDIAC CATHETERIZATION	6,082,889		6,082,889		6,082,889	59
60 LABORATORY	15,420,010		15,420,010		15,420,010	60
62 WHOLE BLOOD & PACKED RED BL	4,333,070		4,333,070		4,333,070	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,571,119		5,571,119		5,571,119	65
66 PHYSICAL THERAPY	7,249,201		7,249,201		7,249,201	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	789,095		789,095		789,095	68
69 ELECTROCARDIOLOGY	8,471,618		8,471,618		8,471,618	69
69.03 EMG/NCV	70,020		70,020		70,020	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	1,173,968		1,173,968	844	1,174,812	69.06
70 ELECTROENCEPHALOGRAPHY	7,278,627		7,278,627	9,236	7,287,863	70
71 MEDICAL SUPPLIES CHRGED TO	1,880,021		1,880,021		1,880,021	71
72 IMPL. DEV. CHARGED TO PATIE	39,450,455		39,450,455		39,450,455	72
73 DRUGS CHARGED TO PATIENTS	14,229,273		14,229,273		14,229,273	73
75 ASC (NON-DISTINCT PART)	8,169,655		8,169,655		8,169,655	75
76.97 CARDIAC REHABILITATION	2,018,964		2,018,964		2,018,964	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,002,737		2,002,737		2,002,737	90
90.01 URODYNAMICS	188,941		188,941		188,941	90.01
90.02 PLAINFIELD CLINIC	23,719,520		23,719,520		23,719,520	90.02
90.03 OSWEGO CLINIC	2,308,900		2,308,900		2,308,900	90.03
90.04 BLOINGBROOK CLINIC	2,365,578		2,365,578		2,365,578	90.04
91 EMERGENCY	24,188,053		24,188,053	612,265	24,800,318	91
92 OBSERVATION BEDS	7,527,020		7,527,020		7,527,020	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)	423,861,594		423,861,594	834,292	424,695,886	200
201 LESS OBSERVATION BEDS	7,527,020		7,527,020		7,527,020	201
202 TOTAL (SEE INSTRUCTIONS)	416,334,574		416,334,574		417,168,866	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	95,741,479		95,741,479			30
31 INTENSIVE CARE UNIT	12,481,079		12,481,079			31
32 CORONARY CARE UNIT	18,853,129		18,853,129			32
35 NICU	23,018,791		23,018,791			35
43 NURSERY	5,705,073		5,705,073			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,656,821	63,873,848	132,530,669	0.284065	0.284065	0.284065 50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	7,063,342	27,002,842	34,066,184	0.169669	0.169669	0.169669 50.02
51 RECOVERY ROOM	9,533,943	12,629,376	22,163,319	0.120853	0.120853	0.120853 51
52 DELIVERY ROOM & LABOR ROOM	18,357,150	3,018,681	21,375,831	0.628444	0.628444	0.629007 52
53 ANESTHESIOLOGY	15,183,383	18,934,744	34,118,127	0.090182	0.090182	0.090182 53
54 RADIOLOGY-DIAGNOSTIC	14,969,070	38,344,865	53,313,935	0.145851	0.145851	0.145851 54
54.01 ULTRASOUND	9,198,145	25,747,680	34,945,825	0.095097	0.095097	0.095097 54.01
54.02 WOMENS IMAGING CTR	23,256	7,778,439	7,801,695	0.230264	0.230264	0.230264 54.02
54.06 SPECIAL PROCEDURES	7,974,789	3,756,939	11,731,728	0.200927	0.200927	0.200927 54.06
54.07 IMAGING CENTER	82,671	26,733,088	26,815,759	0.078852	0.078852	0.078852 54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	2,093,494	110,748,421	112,841,915	0.321670	0.321670	0.321670 55
56 RADIOISOTOPE	2,129,761	15,003,666	17,133,427	0.164931	0.164931	0.164931 56
57 COMPUTED TOMOGRAPHY (CT) SC	32,865,128	82,684,656	115,549,784	0.040724	0.040724	0.040724 57
58 MAGNETIC RESONANCE IMAGING	11,775,484	23,857,527	35,633,011	0.082230	0.082230	0.082230 58
59 CARDIAC CATHETERIZATION	35,146,227	34,726,579	69,872,806	0.087057	0.087057	0.087057 59
60 LABORATORY	71,316,327	113,590,004	184,906,331	0.083394	0.083394	0.083394 60
62 WHOLE BLOOD & PACKED RED BL	11,216,941	3,557,052	14,773,993	0.293290	0.293290	0.293290 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	35,360,019	5,294,862	40,654,881	0.137034	0.137034	0.137034 65
66 PHYSICAL THERAPY	9,307,237	11,710,473	21,017,710	0.344909	0.344909	0.344909 66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,750,174	1,640,451	3,390,625	0.232728	0.232728	0.232728 68
69 ELECTROCARDIOLOGY	18,479,139	54,187,973	72,667,112	0.116581	0.116581	0.116581 69
69.03 EMG/NCV	124,082	1,757,303	1,881,385	0.037217	0.037217	0.037217 69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	384,752	3,051,229	3,435,981	0.341669	0.341669	0.341915 69.06
70 ELECTROENCEPHALOGRAPHY	6,156,226	10,241,780	16,398,006	0.443873	0.443873	0.444436 70
71 MEDICAL SUPPLIES CHRGED TO	451,687	39,088	490,775	3.830719	3.830719	3.830719 71
72 IMPL. DEV. CHARGED TO PATIE	66,187,206	22,236,117	88,423,323	0.446154	0.446154	0.446154 72
73 DRUGS CHARGED TO PATIENTS	57,246,537	16,908,482	74,155,019	0.191886	0.191886	0.191886 73
75 ASC (NON-DISTINCT PART)	2,310,067	8,938,800	11,248,867	0.726265	0.726265	0.726265 75
76.97 CARDIAC REHABILITATION	280,300	5,144,737	5,425,037	0.372157	0.372157	0.372157 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	33,483	3,844,963	3,878,446	0.516376	0.516376	0.516376 90
90.01 URODYNAMICS		932,887	932,887	0.202534	0.202534	0.202534 90.01
90.02 PLAINFIELD CLINIC	6,465,772	150,550,445	157,016,217	0.151064	0.151064	0.151064 90.02
90.03 OSWEGO CLINIC	20,780	7,474,393	7,495,173	0.308052	0.308052	0.308052 90.03
90.04 BLOINGBROOK CLINIC	39,832	7,562,091	7,601,923	0.311182	0.311182	0.311182 90.04
91 EMERGENCY	44,812,614	104,094,199	148,906,813	0.162438	0.162438	0.166549 91
92 OBSERVATION BEDS	983,888	5,565,740	6,549,628	1.149229	1.149229	1.149229 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)	723,779,278	1,033,164,420	1,756,943,698			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	723,779,278	1,033,164,420	1,756,943,698			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) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 + COL.4) 5	PGM DAYS 6	(COL.5 x COL.6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	13,182,663		13,182,663	68,372	192.81	28,531	5,501,062 30
31 INTENSIVE CARE UNIT	1,176,991		1,176,991	4,129	285.05	2,020	575,801 31
32 CORONARY CARE UNIT	2,653,188		2,653,188	5,399	491.42	2,766	1,359,268 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NICU	617,623		617,623	4,273	144.54		35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	642,686		642,686	8,915	72.09		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	18,273,151		18,273,151	91,088		33,317	7,436,131 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

[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	4,881,328	132,530,669	0.036832	23,560,245	867,771	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	898,116	34,066,184	0.026364	3,671,340	96,791	50.02
51 RECOVERY ROOM	58,882	22,163,319	0.002657	3,470,141	9,220	51
52 DELIVERY ROOM & LABOR ROOM	2,035,453	21,375,831	0.095222	33,916	3,230	52
53 ANESTHESIOLOGY	136,843	34,118,127	0.004011	4,467,760	17,920	53
54 RADIOLOGY-DIAGNOSTIC	1,321,997	53,313,935	0.024796	8,469,272	210,004	54
54.01 ULTRASOUND	212,294	34,945,825	0.006075	4,896,356	29,745	54.01
54.02 WOMENS IMAGING CTR	78,879	7,801,695	0.010110	10,955	111	54.02
54.06 SPECIAL PROCEDURES	167,484	11,731,728	0.014276	4,209,313	60,092	54.06
54.07 IMAGING CENTER	289,932	26,815,759	0.010812	67,509	730	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,903,191	112,841,915	0.016866	1,193,497	20,130	55
56 RADIOISOTOPE	334,231	17,133,427	0.019508	1,231,108	24,016	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	282,256	115,549,784	0.002443	18,786,833	45,896	57
58 MAGNETIC RESONANCE IMAGING (M	285,501	35,633,011	0.008012	5,706,525	45,721	58
59 CARDIAC CATHETERIZATION	780,654	69,872,806	0.011173	19,193,244	214,446	59
60 LABORATORY	1,064,381	184,906,331	0.005756	36,387,626	209,447	60
62 WHOLE BLOOD & PACKED RED BLOO	162,809	14,773,993	0.011020	5,546,141	61,118	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	369,855	40,654,881	0.009097	18,654,707	169,702	65
66 PHYSICAL THERAPY	352,608	21,017,710	0.016777	5,501,359	92,296	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	16,502	3,390,625	0.004867	1,039,188	5,058	68
69 ELECTROCARDIOLOGY	1,973,723	72,667,112	0.027161	9,576,825	260,116	69
69.03 EMG/NCV	2,101	1,881,385	0.001117	80,167	90	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	24,269	3,435,981	0.007063	233,428	1,649	69.06
70 ELECTROENCEPHALOGRAPHY	271,851	16,398,006	0.016578	1,702,252	28,220	70
71 MEDICAL SUPPLIES CHRGED TO PA	48,407	490,775	0.098634	261,074	25,751	71
72 IMPL. DEV. CHARGED TO PATIENT	1,027,193	88,423,323	0.011617	28,011,393	325,408	72
73 DRUGS CHARGED TO PATIENTS	335,425	74,155,019	0.004523	26,827,726	121,342	73
75 ASC (NON-DISTINCT PART)	1,279,456	11,248,867	0.113741	1,090,960	124,087	75
76.97 CARDIAC REHABILITATION	277,271	5,425,037	0.051110	159,374	8,146	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	244,530	3,878,446	0.063048	27,749	1,750	90
90.01 URODYNAMICS	27,479	932,887	0.029456			90.01
90.02 PLAINFIELD CLINIC	2,925,939	157,016,217	0.018635	2,335,399	43,520	90.02
90.03 OSWEGO CLINIC	361,942	7,495,173	0.048290	15,332	740	90.03
90.04 BLOINGBROOK CLINIC	174,772	7,601,923	0.022990	7,832	180	90.04
91 EMERGENCY	2,823,695	148,906,813	0.018963	21,197,139	401,961	91
92 OBSERVATION BEDS	1,257,690	6,549,628	0.192025	942,518	180,987	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	28,688,939	1,601,144,147		258,566,203	3,707,391	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	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		67,457			67,457	31
31 INTENSIVE CARE UNIT		14,991			14,991	32
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)		82,448			82,448	200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
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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	68,372	0.99	28,531	28,246	30
31 INTENSIVE CARE UNIT	4,129	3.63	2,020	7,333	31
32 CORONARY CARE UNIT	5,399		2,766		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NICU	4,273				35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	8,915				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,088		33,317	35,579	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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		14,991		14,991	14,991	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		39,350		39,350	39,350	60
62	WHOLE BLOOD & PACKED RED BLOO						62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		7,495		7,495	7,495	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)		11,243		11,243	11,243	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		864,764		864,764	864,764	91
92	OBSERVATION BEDS		6,436		6,436	6,436	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		944,279		944,279	944,279	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	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	132,530,669	0.000113	0.000113	23,560,245	2,662	7,254,782	820	50
50.01	SAME DAY SURGERY								50.01
50.02	GASTROENTEROLOGY	34,066,184			3,671,340		6,897,205		50.02
51	RECOVERY ROOM	22,163,319			3,470,141		1,670,741		51
52	DELIVERY ROOM & LABOR ROOM	21,375,831			33,916		7,012		52
53	ANESTHESIOLOGY	34,118,127			4,467,760		2,710,624		53
54	RADIOLOGY-DIAGNOSTIC	53,313,935			8,469,272		6,488,148		54
54.01	ULTRASOUND	34,945,825			4,896,356		4,624,016		54.01
54.02	WOMENS IMAGING CTR	7,801,695			10,955		797,708		54.02
54.06	SPECIAL PROCEDURES	11,731,728			4,209,313		1,682,718		54.06
54.07	IMAGING CENTER	26,815,759			67,509		5,801,743		54.07
54.08	P.E.T								54.08
55	RADIOLOGY-THERAPEUTIC	112,841,915			1,193,497		39,302,964		55
56	RADIOISOTOPE	17,133,427			1,231,108		4,965,836		56
57	COMPUTED TOMOGRAPHY (CT) SCA	115,549,784			18,786,833		19,169,016		57
58	MAGNETIC RESONANCE IMAGING (35,633,011			5,706,525		5,184,391		58
59	CARDIAC CATHETERIZATION	69,872,806			19,193,244		12,149,485		59
60	LABORATORY	184,906,331	0.000213	0.000213	36,387,626	7,751	4,007,577	854	60
62	WHOLE BLOOD & PACKED RED BLO	14,773,993			5,546,141		792,226		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	40,654,881	0.000184	0.000184	18,654,707	3,432	1,052,682	194	65
66	PHYSICAL THERAPY	21,017,710			5,501,359		2,647		66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	3,390,625			1,039,188		61,039		68
69	ELECTROCARDIOLOGY	72,667,112			9,576,825		16,717,518		69
69.03	EMG/NCV	1,881,385			80,167		383,656		69.03
69.04	CARDIAC REHAB								69.04
69.05	CARDIAC CATH LAB								69.05
69.06	WOUND OSTOMY	3,435,981			233,428		1,348,288		69.06
70	ELECTROENCEPHALOGRAPHY	16,398,006			1,702,252		1,969,189		70
71	MEDICAL SUPPLIES CHRGED TO P	490,775			261,074		32,943		71
72	IMPL. DEV. CHARGED TO PATIEN	88,423,323			28,011,393		7,510,181		72
73	DRUGS CHARGED TO PATIENTS	74,155,019			26,827,726		3,119,558		73
75	ASC (NON-DISTINCT PART)	11,248,867	0.000999	0.000999	1,090,960	1,090	1,455,111	1,454	75
76.97	CARDIAC REHABILITATION	5,425,037			159,374		1,929,123		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	3,878,446			27,749		431,095		90
90.01	URODYNAMICS	932,887					210,726		90.01
90.02	PLAINFIELD CLINIC	157,016,217			2,335,399		24,585,486		90.02
90.03	OSWEGO CLINIC	7,495,173			15,332		799,558		90.03
90.04	BLOINGBROOK CLINIC	7,601,923			7,832		383,945		90.04
91	EMERGENCY	148,906,813	0.005807	0.005807	21,197,139	123,092	14,863,054	86,310	91
92	OBSERVATION BEDS	6,549,628	0.000983	0.000983	942,518	926	1,729,141	1,700	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,601,144,147			258,566,203	138,953	202,091,132	91,332	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	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.284065		7,254,782	33,085		2,060,830	9,398	50
50.01 SAME DAY SURGERY								50.01
50.02 GASTROENTEROLOGY	0.169669		6,897,205			1,170,242		50.02
51 RECOVERY ROOM	0.120853		1,670,741			201,914		51
52 DELIVERY ROOM & LABOR ROOM	0.628444		7,012			4,407		52
53 ANESTHESIOLOGY	0.090182		2,710,624			244,449		53
54 RADIOLOGY-DIAGNOSTIC	0.145851		6,488,148			946,303		54
54.01 ULTRASOUND	0.095097		4,624,016			439,730		54.01
54.02 WOMENS IMAGING CTR	0.230264		797,708			183,683		54.02
54.06 SPECIAL PROCEDURES	0.200927		1,682,718			338,103		54.06
54.07 IMAGING CENTER	0.078852		5,801,743			457,479		54.07
54.08 P.E.T								54.08
55 RADIOLOGY-THERAPEUTIC	0.321670		39,302,964			12,642,584		55
56 RADIOISOTOPE	0.164931		4,965,836			819,020		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040724		19,169,016			780,639		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082230		5,184,391			426,312		58
59 CARDIAC CATHETERIZATION	0.087057		12,149,485			1,057,698		59
60 LABORATORY	0.083394		4,007,577			334,208		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.293290		792,226			232,352		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.137034		1,052,682			144,253		65
66 PHYSICAL THERAPY	0.344909		2,647			913		66
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY	0.232728		61,039			14,205		68
69 ELECTROCARDIOLOGY	0.116581		16,717,518			1,948,945		69
69.03 EMG/NCV	0.037217		383,656			14,279		69.03
69.04 CARDIAC REHAB								69.04
69.05 CARDIAC CATH LAB								69.05
69.06 WOUND OSTOMY	0.341669		1,348,288			460,668		69.06
70 ELECTROENCEPHALOGRAPHY	0.443873		1,969,189			874,070		70
71 MEDICAL SUPPLIES CHRGED TO PATI	3.830719		32,943			126,195		71
72 IMPL. DEV. CHARGED TO PATIENT	0.446154		7,510,181			3,350,697		72
73 DRUGS CHARGED TO PATIENTS	0.191886		3,119,558		150,804	598,600		73
75 ASC (NON-DISTINCT PART)	0.726265		1,455,111			1,056,796		75
76.97 CARDIAC REHABILITATION	0.372157		1,929,123			717,937		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.516376		431,095			222,607		90
90.01 URODYNAMICS	0.202534		210,726			42,679		90.01
90.02 PLAINFIELD CLINIC	0.151064		24,585,486			3,713,982		90.02
90.03 OSWEGO CLINIC	0.308052		799,558			246,305		90.03
90.04 BLOINGBROOK CLINIC	0.311182		383,945			119,477		90.04
91 EMERGENCY	0.162438		14,863,054			2,414,325		91
92 OBSERVATION BEDS	1.149229		1,729,141			1,987,179		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			202,091,132	33,085	150,804	40,394,065	9,398	28,937 200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			202,091,132	33,085	150,804	40,394,065	9,398	28,937 202

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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 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.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3		4		5	6
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	13,182,663		13,182,663	68,372	192.81	2,852	549,894	30
31 INTENSIVE CARE UNIT	1,176,991		1,176,991	4,129	285.05	184	52,449	31
32 CORONARY CARE UNIT	2,653,188		2,653,188	5,399	491.42	156	76,662	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 NICU	617,623		617,623	4,273	144.54	493	71,258	35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	642,686		642,686	8,915	72.09	752	54,212	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	18,273,151		18,273,151	91,088		4,437	804,475	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

[] PPS
 [] TEFRA
 [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	4,881,328	132,530,669	0.036832		50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY	898,116	34,066,184	0.026364		50.02
51 RECOVERY ROOM	58,882	22,163,319	0.002657		51
52 DELIVERY ROOM & LABOR ROOM	2,035,453	21,375,831	0.095222		52
53 ANESTHESIOLOGY	136,843	34,118,127	0.004011		53
54 RADIOLOGY-DIAGNOSTIC	1,321,997	53,313,935	0.024796		54
54.01 ULTRASOUND	212,294	34,945,825	0.006075		54.01
54.02 WOMENS IMAGING CTR	78,879	7,801,695	0.010110		54.02
54.06 SPECIAL PROCEDURES	167,484	11,731,728	0.014276		54.06
54.07 IMAGING CENTER	289,932	26,815,759	0.010812		54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC	1,903,191	112,841,915	0.016866		55
56 RADIOISOTOPE	334,231	17,133,427	0.019508		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	282,256	115,549,784	0.002443		57
58 MAGNETIC RESONANCE IMAGING (M	285,501	35,633,011	0.008012		58
59 CARDIAC CATHETERIZATION	780,654	69,872,806	0.011173		59
60 LABORATORY	1,064,381	184,906,331	0.005756		60
62 WHOLE BLOOD & PACKED RED BLOO	162,809	14,773,993	0.011020		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	369,855	40,654,881	0.009097		65
66 PHYSICAL THERAPY	352,608	21,017,710	0.016777		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	16,502	3,390,625	0.004867		68
69 ELECTROCARDIOLOGY	1,973,723	72,667,112	0.027161		69
69.03 EMG/NCV	2,101	1,881,385	0.001117		69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY	24,269	3,435,981	0.007063		69.06
70 ELECTROENCEPHALOGRAPHY	271,851	16,398,006	0.016578		70
71 MEDICAL SUPPLIES CHRGD TO PA	48,407	490,775	0.098634		71
72 IMPL. DEV. CHARGED TO PATIENT	1,027,193	88,423,323	0.011617		72
73 DRUGS CHARGED TO PATIENTS	335,425	74,155,019	0.004523		73
75 ASC (NON-DISTINCT PART)	1,279,456	11,248,867	0.113741		75
76.97 CARDIAC REHABILITATION	277,271	5,425,037	0.051110		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	244,530	3,878,446	0.063048		90
90.01 URODYNAMICS	27,479	932,887	0.029456		90.01
90.02 PLAINFIELD CLINIC	2,925,939	157,016,217	0.018635		90.02
90.03 OSWEGO CLINIC	361,942	7,495,173	0.048290		90.03
90.04 BLOINGBROOK CLINIC	174,772	7,601,923	0.022990		90.04
91 EMERGENCY	2,823,695	148,906,813	0.018963		91
92 OBSERVATION BEDS	1,257,690	6,549,628	0.192025		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	28,688,939	1,601,144,147			200

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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	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		67,457			67,457	31
31 INTENSIVE CARE UNIT		14,991			14,991	32
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)		82,448			82,448	200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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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	68,372	0.99	2,852	2,823	30
31 INTENSIVE CARE UNIT	4,129	3.63	184	668	31
32 CORONARY CARE UNIT	5,399		156		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NICU	4,273		493		35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	8,915		752		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,088		4,437	3,491	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			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			14,991		14,991	14,991	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			39,350		39,350	39,350	60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			7,495		7,495	7,495	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)			11,243		11,243	11,243	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			864,764		864,764	864,764	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			937,843		937,843	937,843	200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0231) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	68,372	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	68,372	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61,849	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)	28,531	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)	78,895,696	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	78,895,696	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)	1.049975	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)	1,214.90	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)	78,895,696	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) 1,153.92 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 32,922,492 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) 32,922,492 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	8,181,375	4,129	1,981.44	2,020	4,002,509	43
44 CORONARY CARE UNIT	12,594,324	5,399	2,332.71	2,766	6,452,276	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	8,807,238	4,273	2,061.14			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					50,003,269	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					93,380,546	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 7,471,710 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,846,344 51
 52 TOTAL PROGRAM EXCLUDABLE COST 11,318,054 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 82,062,492 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 THE MARKET BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 6,523 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,153.92 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,527,020 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) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST	13,182,663	78,895,696	0.167090	7,527,020	1,257,690	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	67,457	78,895,696	0.000855	7,527,020	6,436	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0231) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	68,372	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	68,372	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61,849	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)	2,852	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)	8,915	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	752	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)	78,695,797	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	78,695,797	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)	1.047315	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)	1,214.90	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)	78,695,797	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) 1,150.99 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,282,623 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) 3,282,623 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)	4,351,187	8,915	488.07	752	367,029 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,181,375	4,129	1,981.44	184	364,585 43
44 CORONARY CARE UNIT	12,594,324	5,399	2,332.71	156	363,903 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 NICU	8,807,238	4,273	2,061.14	493	1,016,142 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					5,394,282 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 807,966 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 807,966 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 THE MARKET BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 6,523 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 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) (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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		43,250,002			30
31 INTENSIVE CARE UNIT		6,293,419			31
32 CORONARY CARE UNIT		9,635,872			32
35 NICU					35
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.284065	23,560,245	6,692,641		50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY	0.169669	3,671,340	622,913		50.02
51 RECOVERY ROOM	0.120853	3,470,141	419,377		51
52 DELIVERY ROOM & LABOR ROOM	0.629007	33,916	21,333		52
53 ANESTHESIOLOGY	0.090182	4,467,760	402,912		53
54 RADIOLOGY-DIAGNOSTIC	0.145851	8,469,272	1,235,252		54
54.01 ULTRASOUND	0.095097	4,896,356	465,629		54.01
54.02 WOMENS IMAGING CTR	0.230264	10,955	2,523		54.02
54.06 SPECIAL PROCEDURES	0.200927	4,209,313	845,765		54.06
54.07 IMAGING CENTER	0.078852	67,509	5,323		54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC	0.321670	1,193,497	383,912		55
56 RADIOISOTOPE	0.164931	1,231,108	203,048		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040724	18,786,833	765,075		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082230	5,706,525	469,248		58
59 CARDIAC CATHETERIZATION	0.087057	19,193,244	1,670,906		59
60 LABORATORY	0.083394	36,387,626	3,034,510		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.293290	5,546,141	1,626,628		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.137034	18,654,707	2,556,329		65
66 PHYSICAL THERAPY	0.344909	5,501,359	1,897,468		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	0.232728	1,039,188	241,848		68
69 ELECTROCARDIOLOGY	0.116581	9,576,825	1,116,476		69
69.03 EMG/NCV	0.037217	80,167	2,984		69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY	0.341915	233,428	79,813		69.06
70 ELECTROENCEPHALOGRAPHY	0.444436	1,702,252	756,542		70
71 MEDICAL SUPPLIES CHRGD TO PATI	3.830719	261,074	1,000,101		71
72 IMPL. DEV. CHARGED TO PATIENT	0.446154	28,011,393	12,497,395		72
73 DRUGS CHARGED TO PATIENTS	0.191886	26,827,726	5,147,865		73
75 ASC (NON-DISTINCT PART)	0.726265	1,090,960	792,326		75
76.97 CARDIAC REHABILITATION	0.372157	159,374	59,312		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.516376	27,749	14,329		90
90.01 URODYNAMICS	0.202534				90.01
90.02 PLAINFIELD CLINIC	0.151064	2,335,399	352,795		90.02
90.03 OSWEGO CLINIC	0.308052	15,332	4,723		90.03
90.04 BLOINGBROOK CLINIC	0.311182	7,832	2,437		90.04
91 EMERGENCY	0.166549	21,197,139	3,530,362		91
92 OBSERVATION BEDS	1.149229	942,518	1,083,169		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		258,566,203	50,003,269		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		258,566,203			202

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 10:07

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	0.284065			50
50.01 SAME DAY SURGERY				50.01
50.02 GASTROENTEROLOGY	0.169669			50.02
51 RECOVERY ROOM	0.120853			51
52 DELIVERY ROOM & LABOR ROOM	0.628444			52
53 ANESTHESIOLOGY	0.090182			53
54 RADIOLOGY-DIAGNOSTIC	0.145851			54
54.01 ULTRASOUND	0.095097			54.01
54.02 WOMENS IMAGING CTR	0.230264			54.02
54.06 SPECIAL PROCEDURES	0.200927			54.06
54.07 IMAGING CENTER	0.078852			54.07
54.08 P.E.T				54.08
55 RADIOLOGY-THERAPEUTIC	0.321670			55
56 RADIOISOTOPE	0.164931			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040724			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082230			58
59 CARDIAC CATHETERIZATION	0.087057			59
60 LABORATORY	0.083394			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.293290			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.137034			65
66 PHYSICAL THERAPY	0.344909			66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.232728			68
69 ELECTROCARDIOLOGY	0.116581			69
69.03 EMG/NCV	0.037217			69.03
69.04 CARDIAC REHAB				69.04
69.05 CARDIAC CATH LAB				69.05
69.06 WOUND OSTOMY	0.341669			69.06
70 ELECTROENCEPHALOGRAPHY	0.443873			70
71 MEDICAL SUPPLIES CHRGD TO PATI	3.830719			71
72 IMPL. DEV. CHARGED TO PATIENT	0.446154			72
73 DRUGS CHARGED TO PATIENTS	0.191886			73
75 ASC (NON-DISTINCT PART)	0.726265			75
76.97 CARDIAC REHABILITATION	0.372157			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.516376			90
90.01 URODYNAMICS	0.202534			90.01
90.02 PLAINFIELD CLINIC	0.151064			90.02
90.03 OSWEGO CLINIC	0.308052			90.03
90.04 BLOINGBROOK CLINIC	0.311182			90.04
91 EMERGENCY	0.162438			91
92 OBSERVATION BEDS	1.149229			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	62,298,001	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,427,927	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	280.18	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)	64,725,928	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)	64,725,928	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,752,176	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
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	35,579	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	138,953	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	70,652,636	59
60	PRIMARY PAYER PAYMENTS	33,633	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	70,619,003	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,046,560	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	105,952	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	998,473	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	698,931	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	440,277	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	65,165,422	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)	65,165,422	71
72	INTERIM PAYMENTS	64,745,323	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	420,099	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 [XX] 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 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		64,740,086		26,398,498	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.	.01 03/23/2012	5,237	03/23/2012	31,822	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.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)		5,237		31,822	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		64,745,323		26,430,320	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	420,099		346,008	6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		65,165,422		26,776,328	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 10:07

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0231) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	20,976	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	33,317	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,505	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	75,650	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,756,943,698	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	40,518,840	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	5,394,282	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,394,282	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,394,282	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 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	5,394,282	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		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	985,000			1
2 TEMPORARY INVESTMENTS	5,325,000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	77,415,000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	8,888,000			7
8 PREPAID EXPENSES	3,562,000			8
9 OTHER CURRENT ASSETS	1,941,000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	98,116,000			11
FIXED ASSETS				
12 LAND	150,000			12
13 LAND IMPROVEMENTS	9,850,000			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	364,408,000			15
16 ACCUMULATED DEPRECIATION	-188,499,000			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	196,187,000			23
24 ACCUMULATED DEPRECIATION	-145,423,000			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)	236,673,000			30
OTHER ASSETS				
31 INVESTMENTS	325,699,000	1,169,000		31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	81,713,000			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	407,412,000	1,169,000		35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	742,201,000	1,169,000		36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	19,050,000			37
38 SALARIES, WAGES & FEES PAYABLE	32,084,000			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	5,325,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	92,154,000			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	148,613,000			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	266,862,000			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	54,943,000			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	321,805,000			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	470,418,000			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	271,783,000			52
53 SPECIFIC PURPOSE FUND BALANCE		1,169,000		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)	271,783,000	1,169,000		59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	742,201,000	1,169,000		60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	262,343,000		1,268,000						1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	7,409,975								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	269,752,975		1,268,000						3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 TRANSFERS FROM AFFILIATES	2,032,000								6
7 CONTRIBUTIONS			751,000						7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	2,032,000		751,000						10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	271,784,975		2,019,000						11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 CHANGE IN INTEREST OF RESTR			850,000						14
15 OTHER ADJUSTMENTS	1,975								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	1,975		850,000						18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	271,783,000		1,169,000						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	99,112,991		99,112,991	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)	99,112,991		99,112,991	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12,492,984		12,492,984	12
13 CORONARY CARE UNIT	18,845,891		18,845,891	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NICU	14,934,186		14,934,186	16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	46,273,061		46,273,061	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	145,386,052		145,386,052	17
18 ANCILLARY SERVICES	581,418,618	1,102,510,143	1,683,928,761	18
19 OUTPATIENT SERVICES		10,793,443	10,793,443	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)	726,804,670	1,113,303,586	1,840,108,256	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		468,851,067	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		468,851,067	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,840,108,256	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,353,649,761	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	486,458,495	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	468,851,067	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	17,607,428	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,072,763	6
7	INCOME FROM INVESTMENTS	217,363	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	46,314	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,376,200	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		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3,290	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	406,109	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1,001,802	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MANAGEMENT FEES)	552,516	24
24.02	OTHER (GAIN ON INVESTMENTS)		24.02
24.03	OTHER (VOLUNTEER REVENUE)	1,013,627	24.03
24.04	OTHER (ECHO SCHOOL)	81,350	24.04
24.05	OTHER (PEDIATRIC OUTPATIENT OTHER REVE)		24.05
24.06	OTHER (LAB OTHER REVENUE)	283,185	24.06
24.07	OTHER (OTHER OPERATING REVENUE)	534,122	24.07
24.08	OTHER (CARDIOGRAPHICS)	800,627	24.08
24.09	OTHER (RADIOLOGY OTHER REVENUE)	10,530	24.09
24.10	OTHER (TERTIARY PAY)	28,413	24.10
24.11	OTHER (ER TRAUMA SVCS OTHER REV)	264,866	24.11
24.12	OTHER (COMMUNITY TRAINING CTR OTHER REV)	131,002	24.12
24.13	OTHER (NURSING STAFF OTHER REVENUE)	137,050	24.13
24.14	OTHER (NEURO ADMIN EMPLOYEE LEASING)		24.14
24.15	OTHER (CANCER CENTER RESEARCH)	234,041	24.15
24.16	OTHER (PATIENT ACCOUNTING REVENUE)	5,314	24.16
24.17	OTHER (ER PROFESSIONAL FEE REVENUE)	293,505	24.17
24.18	OTHER (MEDICAL STAFF APPLICATIONS)	64,200	24.18
24.19	OTHER (IRB OTHER REVENUE)	67,350	24.19
24.20	OTHER (ICU OTHER REVENUE)		24.20
24.21	OTHER (URODYNAMICS)		24.21
24.22	OTHER (UN-RELIZED GAIN ON INVEST)		24.22
24.23	OTHER (GAIN ON INTEREST RATE SWAPS)		24.23
24.24	OTHER (OTHER NON-OPERATING REVENUE)		24.24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,625,539	25
26	TOTAL (LINE 5 PLUS LINE 25)	26,232,967	26
27			27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)	17,872,181	27.01
27.02	OTHER EXPENSES (LOSS ON DEFEASANCE OF DEBT)	781,608	27.02
27.03	OTHER EXPENSES (LOSS ON SALE OF ASSETS)	75,546	27.03
27.04	OTHER EXPENSES (INVESTMENT LOSS ON AFFILIATES)	93,657	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	18,822,992	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	7,409,975	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	5,044,083	1
2	CAPITAL DRG OUTLIER PAYMENTS	576,947	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	206.69	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)	0.0223	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1044	8
9	SUM OF LINES 7 AND 8	0.1267	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0260	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	131,146	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,752,176	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 & PACKED RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIC						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						

PROVIDER CCN: 14-0231 EDWARD HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 10:07

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	41.73		4.17				45.90 30
31 INTENSIVE CARE UNIT	48.92		4.46				53.38 31
32 CORONARY CARE UNIT	51.23		2.89				54.12 32
35 NICU			11.54				11.54 35
43 NURSERY			8.44				8.44 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	17.78	5.50					23.28 50
50.02 GASTROENTEROLOGY	10.78	20.25					31.03 50.02
51 RECOVERY ROOM	15.66	7.54					23.20 51
52 DELIVERY ROOM & LABOR ROOM	0.16	0.03					0.19 52
53 ANESTHESIOLOGY	13.09	7.94					21.03 53
54 RADIOLOGY-DIAGNOSTIC	15.89	12.17					28.06 54
54.01 ULTRASOUND	14.01	13.23					27.24 54.01
54.02 WOMENS IMAGING CTR	0.14	10.22					10.36 54.02
54.06 SPECIAL PROCEDURES	35.88	14.34					50.22 54.06
54.07 IMAGING CENTER	0.25	21.64					21.89 54.07
55 RADIOLOGY-THERAPEUTIC	1.06	34.83					35.89 55
56 RADIOISOTOPE	7.19	28.98					36.17 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16.26	16.59					32.85 57
58 MAGNETIC RESONANCE IMAGING (MRI)	16.01	14.55					30.56 58
59 CARDIAC CATHETERIZATION	27.47	17.39					44.86 59
60 LABORATORY	19.68	2.17					21.85 60
62 WHOLE BLOOD & PACKED RED BLOOD	37.54	5.36					42.90 62
65 RESPIRATORY THERAPY	45.89	2.59					48.48 65
66 PHYSICAL THERAPY	26.17	0.01					26.18 66
68 SPEECH PATHOLOGY	30.65	1.80					32.45 68
69 ELECTROCARDIOLOGY	13.18	23.01					36.19 69
69.03 EMG/NCV	4.26	20.39					24.65 69.03
69.06 WOUND OSTOMY	6.79	39.24					46.03 69.06
70 ELECTROENCEPHALOGRAPHY	10.38	12.01					22.39 70
71 MEDICAL SUPPLIES CHRGED TO PATI	53.20	6.71					59.91 71
72 IMPL. DEV. CHARGED TO PATIENT	31.68	8.49					40.17 72
73 DRUGS CHARGED TO PATIENTS	36.18	4.41					40.59 73
75 ASC (NON-DISTINCT PART)	9.70	12.94					22.64 75
76.97 CARDIAC REHABILITATION	2.94	35.56					38.50 76.97
90 CLINIC	0.72	11.12					11.84 90
90.01 URODYNAMICS		22.59					22.59 90.01
90.02 PLAINFIELD CLINIC	1.49	15.66					17.15 90.02
90.03 OSWEGO CLINIC	0.20	10.67					10.87 90.03
90.04 BLOINGBROOK CLINIC	0.10	5.05					5.15 90.04
91 EMERGENCY	14.24	9.98					24.22 91
92 OBSERVATION BEDS	14.39	26.40					40.79 92
200 TOTAL CHARGES	16.15	12.63					28.78 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	19,139,311	4.52	-19,139,311	-10.30		1
2	CAP REL COSTS-MVBLE EQUIP	20,633,119	4.88	-20,633,119	-11.11		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	21,144,686	5.00	-21,144,686	-11.38		4
5	ADMINISTRATIVE & GENERAL	90,085,867	21.29	-90,085,867	-48.49		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	11,249,535	2.66	-11,249,535	-6.06		7
8	LAUNDRY & LINEN SERVICE	393,930	0.09	-393,930	-0.21		8
9	HOUSEKEEPING	4,315,136	1.02	-4,315,136	-2.32		9
10	DIETARY	1,326,219	0.31	-1,326,219	-0.71		10
11	CAFETERIA	2,054,172	0.49	-2,054,172	-1.11		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,522,172	0.60	-2,522,172	-1.36		13
14	CENTRAL SERVICES & SUPPLY	2,135,695	0.50	-2,135,695	-1.15		14
15	PHARMACY	5,190,770	1.23	-5,190,770	-2.79		15
16	MEDICAL RECORDS & LIBRARY	5,159,104	1.22	-5,159,104	-2.78		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	414,444	0.10	-414,444	-0.22		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	35,931,034	8.49	42,764,763	23.02	78,695,797	18.60
31	INTENSIVE CARE UNIT	4,039,254	0.95	4,142,121	2.23	8,181,375	1.93
32	CORONARY CARE UNIT	5,203,280	1.23	7,391,044	3.98	12,594,324	2.98
35	NICU	5,200,297	1.23	3,606,941	1.94	8,807,238	2.08
43	NURSERY	2,161,183	0.51	2,190,004	1.18	4,351,187	1.03
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	21,229,694	5.02	16,417,582	8.84	37,647,276	8.90
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	2,837,424	0.67	2,942,568	1.58	5,779,992	1.37
51	RECOVERY ROOM	1,695,493	0.40	983,017	0.53	2,678,510	0.63
52	DELIVERY ROOM & LABOR ROOM	6,564,401	1.55	6,869,103	3.70	13,433,504	3.17
53	ANESTHESIOLOGY	1,957,046	0.46	1,119,791	0.60	3,076,837	0.73
54	RADIOLOGY-DIAGNOSTIC	3,686,174	0.87	4,089,702	2.20	7,775,876	1.84
54.01	ULTRASOUND	1,917,874	0.45	1,405,385	0.76	3,323,259	0.79
54.02	WOMENS IMAGING CTR	1,140,415	0.27	656,031	0.35	1,796,446	0.42
54.06	SPECIAL PROCEDURES	1,464,035	0.35	893,188	0.48	2,357,223	0.56
54.07	IMAGING CENTER	1,392,013	0.33	722,470	0.39	2,114,483	0.50
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	23,514,860	5.56	12,783,055	6.88	36,297,915	8.58
56	RADIOISOTOPE	1,483,037	0.35	1,342,795	0.72	2,825,832	0.67
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,584,264	0.61	2,121,419	1.14	4,705,683	1.11
58	MAGNETIC RESONANCE IMAGING (MRI)	1,577,952	0.37	1,352,151	0.73	2,930,103	0.69
59	CARDIAC CATHETERIZATION	3,131,819	0.74	2,951,070	1.59	6,082,889	1.44
60	LABORATORY	9,263,697	2.19	6,156,313	3.31	15,420,010	3.64
62	WHOLE BLOOD & PACKED RED BLOOD	2,969,021	0.70	1,364,049	0.73	4,333,070	1.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	3,392,022	0.80	2,179,097	1.17	5,571,119	1.32
66	PHYSICAL THERAPY	4,744,793	1.12	2,504,408	1.35	7,249,201	1.71
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	520,128	0.12	268,967	0.14	789,095	0.19
69	ELECTROCARDIOLOGY	3,143,349	0.74	5,328,269	2.87	8,471,618	2.00
69.03	EMG/NCV	41,374	0.01	28,646	0.02	70,020	0.02
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	799,867	0.19	374,101	0.20	1,173,968	0.28
70	ELECTROENCEPHALOGRAPHY	5,270,083	1.25	2,008,544	1.08	7,278,627	1.72
71	MEDICAL SUPPLIES CHRGD TO PATI	1,350,422	0.32	529,599	0.29	1,880,021	0.44
72	IMPL. DEV. CHARGED TO PATIENT	28,357,096	6.70	11,093,359	5.97	39,450,455	9.32
73	DRUGS CHARGED TO PATIENTS	8,915,318	2.11	5,313,955	2.86	14,229,273	3.36
75	ASC (NON-DISTINCT PART)	4,043,701	0.96	4,125,954	2.22	8,169,655	1.93
76.97	CARDIAC REHABILITATION	1,039,882	0.25	979,082	0.53	2,018,964	0.48
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	1,146,522	0.27	856,215	0.46	2,002,737	0.47
90.01	URODYNAMICS	128,336	0.03	60,605	0.03	188,941	0.04
90.02	PLAINFIELD CLINIC	15,865,232	3.75	7,854,288	4.23	23,719,520	5.61
90.03	OSWEGO CLINIC	1,549,605	0.37	759,295	0.41	2,308,900	0.55
90.04	BLOINGBROOK CLINIC	1,493,742	0.35	871,836	0.47	2,365,578	0.56
91	EMERGENCY	10,793,088	2.55	13,394,965	7.21	24,188,053	5.72
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	484,376	0.11	349,793	0.19	834,169	0.20	190
192 PHYSICIANS' PRIVATE OFFICES	3,320,948	0.78	2,019,054	1.09	5,340,002	1.26	192
192.01 PHYSICIANS CLINICS							192.01
192.03 PHYSICIAN OFFICES			9,293	0.01	9,293		192.03
192.04 IRB							192.04
194 LINDEN OAKS HOSPITAL			590,273	0.32	590,273	0.14	194
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	423,108,311	100.00			423,108,311	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	4,881,328	132,530,669	0.036832	23,560,245	867,771	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	898,116	34,066,184	0.026364	3,671,340	96,791	50.02
51 RECOVERY ROOM	58,882	22,163,319	0.002657	3,470,141	9,220	51
52 DELIVERY ROOM & LABOR ROOM	2,035,453	21,375,831	0.095222	33,916	3,230	52
53 ANESTHESIOLOGY	136,843	34,118,127	0.004011	4,467,760	17,920	53
54 RADIOLOGY-DIAGNOSTIC	1,321,997	53,313,935	0.024796	8,469,272	210,004	54
54.01 ULTRASOUND	212,294	34,945,825	0.006075	4,896,356	29,745	54.01
54.02 WOMENS IMAGING CTR	78,879	7,801,695	0.010110	10,955	111	54.02
54.06 SPECIAL PROCEDURES	167,484	11,731,728	0.014276	4,209,313	60,092	54.06
54.07 IMAGING CENTER	289,932	26,815,759	0.010812	67,509	730	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,903,191	112,841,915	0.016866	1,193,497	20,130	55
56 RADIOISOTOPE	334,231	17,133,427	0.019508	1,231,108	24,016	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	282,256	115,549,784	0.002443	18,786,833	45,896	57
58 MAGNETIC RESONANCE IMAGING (MRI)	285,501	35,633,011	0.008012	5,706,525	45,721	58
59 CARDIAC CATHETERIZATION	780,654	69,872,806	0.011173	19,193,244	214,446	59
60 LABORATORY	1,064,381	184,906,331	0.005756	36,387,626	209,447	60
62 WHOLE BLOOD & PACKED RED BLOOD	162,809	14,773,993	0.011020	5,546,141	61,118	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	369,855	40,654,881	0.009097	18,654,707	169,702	65
66 PHYSICAL THERAPY	352,608	21,017,710	0.016777	5,501,359	92,296	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	16,502	3,390,625	0.004867	1,039,188	5,058	68
69 ELECTROCARDIOLOGY	1,973,723	72,667,112	0.027161	9,576,825	260,116	69
69.03 EMG/NCV	2,101	1,881,385	0.001117	80,167	90	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	24,269	3,435,981	0.007063	233,428	1,649	69.06
70 ELECTROENCEPHALOGRAPHY	271,851	16,398,006	0.016578	1,702,252	28,220	70
71 MEDICAL SUPPLIES CHRGED TO PATI	48,407	490,775	0.098634	261,074	25,751	71
72 IMPL. DEV. CHARGED TO PATIENT	1,027,193	88,423,323	0.011617	28,011,393	325,408	72
73 DRUGS CHARGED TO PATIENTS	335,425	74,155,019	0.004523	26,827,726	121,342	73
75 ASC (NON-DISTINCT PART)	1,279,456	11,248,867	0.113741	1,090,960	124,087	75
76.97 CARDIAC REHABILITATION	277,271	5,425,037	0.051110	159,374	8,146	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	244,530	3,878,446	0.063048	27,749	1,750	90
90.01 URODYNAMICS	27,479	932,887	0.029456			90.01
90.02 PLAINFIELD CLINIC	2,925,939	157,016,217	0.018635	2,335,399	43,520	90.02
90.03 OSWEGO CLINIC	361,942	7,495,173	0.048290	15,332	740	90.03
90.04 BLOINGBROOK CLINIC	174,772	7,601,923	0.022990	7,832	180	90.04
91 EMERGENCY	2,823,695	148,906,813	0.018963	21,197,139	401,961	91
92 OBSERVATION BEDS	1,257,690	6,549,628	0.192025	942,518	180,987	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	28,688,939	1,601,144,147		258,566,203	3,707,391	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				
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT	
	1	2	COST	4	5	DAYS	PPS CAPITAL	
			3			6	COSTS	
							7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	13,182,663		13,182,663	68,372	192.81	28,531	5,501,062	30
31 INTENSIVE CARE UNIT	1,176,991		1,176,991	4,129	285.05	2,020	575,801	31
32 CORONARY CARE UNIT	2,653,188		2,653,188	5,399	491.42	2,766	1,359,268	32
35 NICU	617,623		617,623	4,273	144.54			35
200 TOTAL	17,630,465		17,630,465	82,173		33,317	7,436,131	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							7,436,131	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3,707,391	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							11,143,522	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							7,543	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							33,317	
PER DISCHARGE CAPITAL COSTS							1,477.33	
PER DIEM CAPITAL COSTS							334.47	

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)	82,062,492
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	317,745,496
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.258

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)	11,143,522
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 OPSS. (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)	40,287,600
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	202,027,446
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.199