

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1.  ELECTRONICALLY FILED COST REPORT
  2.  MANUALLY SUBMITTED COST REPORT
  3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: \_\_\_\_\_ TIME: \_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 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 07/01/2012 AND ENDING 06/30/2013, 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	-46,580	45,557		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	-46,580	45,557		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:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0231	16974	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: 07/01/2012			TO: 06/30/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		MEDICAID HMO	OTHER MEDICAID	1	2	
		PAID	ELIGIBLE	PAID	ELIGIBLE					
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS			
		1	2	3	4	5	6			
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.							N	N	22
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
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.	3,953				2,292				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 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.								1	26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.								1	27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:				36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:				38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							N	N	39

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	N	N	N	46

CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L,  
PART III AND L-1, PARTS I THROUGH III.

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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.  
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF  
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS  
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER  
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.  
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)).  
 (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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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
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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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

		V	XIX	
		1	2	
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N	2	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.	N	PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH N Y N RATORY	109
<b>MISCELLANEOUS COST REPORTING INFORMATION</b>				
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 15-1§ 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
<b>TRANSPLANT CENTER INFORMATION</b>				
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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 14H131 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND  
 ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141 NAME: EDWARD HEALTH SERVICES COPORAT CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES CONTRACTOR'S NUMBER: 116 141  
 142 STREET: 801 S. WASHINGTON ST P.O. BOX: 0 142  
 143 CITY: NAPERVILLE STATE: IL ZIP CODE: 60566 143  
 144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y 144  
 145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, 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 V 3	TITLE XIX 4
	PART A 1	PART B 2		
155 HOSPITAL	N	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		161
161.10 CORF				161.10

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?  
 ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN  
 COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME 0	COUNTY 1	STATE 2	ZIP CODE 3	CBSA 4	FTE/CAMPUS 5
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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  
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169  
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE  
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyyy) (SEE INSTRUCTIONS) 170

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	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	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.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
<b>FINANCIAL DATA AND REPORTS</b>				
		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.	Y	A	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
			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	2
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
<b>BED COMPLEMENT</b>				
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			12
				13
				14
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N
				15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
<b>PS&amp;R REPORT DATA</b>					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S 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	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT	41
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.			42
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	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)	
WKST A	REPORTED					
NUMBER	2	3	4	5	6	
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	158,308,695	158,308,695	4,783,596.00	33.09
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B					
4	PHYSICIAN-PART A ADMINISTRATIVE		770,659	770,659	3,958.00	194.71
4.01	PHYSICIAN-PART A - TEACHING					
5	PHYSICIAN-PART B		12,271,514	12,271,514	60,633.00	202.39
6	NON-PHYSICIAN-PART B					
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					
8	HOME OFFICE PERSONNEL					
9	SNF	44				
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,055,949	2,638,445	58,595.00	45.03
	OTHER WAGES & RELATED COSTS					
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,819,781	1,819,781	15,860.00	114.74
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		30,476,176	30,476,176	575,667.00	52.94
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING					
	WAGE-RELATED COSTS					
17	WAGE-RELATED COSTS (CORE)		40,753,323	40,753,323		
18	WAGE-RELATED COSTS (OTHER)					
19	EXCLUDED AREAS		779,567	779,567		
20	NON-PHYSICIAN ANESTHETIST PART A					
21	NON-PHYSICIAN ANESTHETIST PART B					
22	PHYSICIAN PART A - ADMINISTRATIVE		66,888	66,888		
22.01	PHYSICIAN PART A - TEACHING					
23	PHYSICIAN PART B		853,402	853,402		
24	WAGE-RELATED COSTS (RHC/FQHC)					
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)					
	OVERHEAD COSTS - DIRECT SALARIES					
26	EMPLOYEE BENEFITS DEPARTMENT		434,421	434,421	6,626.00	65.56
27	ADMINISTRATIVE & GENERAL		13,002,774	12,422,895	426,626.00	29.12
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		908,357	908,357	1,814.00	500.75
29	MAINTENANCE & REPAIRS					
30	OPERATION OF PLANT		811,561	811,561	22,885.00	35.46
31	LAUNDRY & LINEN SERVICE		99,811	99,811	7,607.00	13.12
32	HOUSEKEEPING		3,062,831	3,062,831	230,962.00	13.26
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					
34	DIETARY					
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		3,125,900	3,125,900	174,331.00	17.93
36	CAFETERIA					
37	MAINTENANCE OF PERSONNEL					
38	NURSING ADMINISTRATION		2,938,324	2,938,324	128,851.00	22.80
39	CENTRAL SERVICES AND SUPPLY		1,710,770	1,710,770	98,743.00	17.33
40	PHARMACY		3,966,840	3,874,060	101,364.00	38.22
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,247,206	3,247,206	150,901.00	21.52
42	SOCIAL SERVICE					
43	OTHER GENERAL SERVICE					

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	150,071,438		150,071,438	4,899,108.00	30.63
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,055,949	582,496	2,638,445	58,595.00	45.03
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	148,015,489	-582,496	147,432,993	4,840,513.00	30.46
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	32,295,957		32,295,957	591,527.00	54.60
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	40,820,211		40,820,211		27.69%
6	TOTAL (SUM OF LINES 3 THRU 5)	221,131,657	-582,496	220,549,161	5,432,040.00	40.60
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	33,308,795	-672,659	32,636,136	1,350,710.00	24.16

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	7,525,943	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	17,396,258	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	589,663	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	105,690	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,168,683	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	4,066,774	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	10,927,650	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	200,830	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	471,690	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	42,453,181	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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/20/2013 11:23

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

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)				0.221673	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				10,294,518	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				99,468,144	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				22,049,402	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.				11,754,884	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)				11,754,884	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	37,076,586	19,418,353		56,494,939	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,218,878	4,304,525		12,523,403	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,853,829	1,941,835		3,795,664	22
23	COST OF CHARITY CARE	6,365,049	2,362,690		8,727,739	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				21,817,643	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,113,649	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				20,703,994	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				4,589,516	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				13,317,255	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				25,072,139	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				22,719,628	1
2	00200				17,105,614	2
3	00300					3
4	00400	434,421	31,564,662	31,999,083	-7,509,578	4
5	00500	13,002,774	137,686,199	150,688,973	-32,923,587	5
6	00600					6
7	00700	811,561	7,766,821	8,578,382		7
8	00800	99,811	87,611	187,422		8
9	00900	3,062,831	983,233	4,046,064		9
10	01000		5,170,835	5,170,835	-3,730,153	10
11	01100				3,730,153	11
12	01200					12
13	01300	2,938,324	474,720	3,413,044		13
14	01400	1,710,770	1,623,473	3,334,243	-6,669	14
15	01500	3,966,840	10,444,354	14,411,194	-9,594,010	15
16	01600	3,247,206	2,011,083	5,258,289		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				772,239	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	31,447,494	4,485,163	35,932,657	-1,950,738	30
31	03100	3,593,595	453,356	4,046,951	15,626	31
32	03200	4,454,737	618,353	5,073,090	29,563	32
35	02060	4,604,871	1,239,308	5,844,179	114	35
43	04300				2,124,751	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,358,117	35,387,841	41,745,958	-22,566,853	50
50.01	05001					50.01
50.02	03340	1,699,257	1,286,211	2,985,468	11,214	50.02
51	05100	1,393,737	157,357	1,551,094	50,141	51
52	05200	5,224,667	1,461,000	6,685,667	1,992	52
53	05300	289,872	1,772,880	2,062,752		53
54	05400	3,661,098	521,629	4,182,727	-973,483	54
54.01	03630	1,358,624	118,989	1,477,613	181,916	54.01
54.02	03450	678,051	338,930	1,016,981	31,925	54.02
54.06	05401	551,677	883,196	1,434,873	-210,481	54.06
54.07	05402	921,802	584,566	1,506,368	109,730	54.07
54.08	05403					54.08
55	05500	4,070,637	16,574,824	20,645,461	3,045	55
56	05600	688,184	609,841	1,298,025	75,926	56
57	05700	1,398,833	433,020	1,831,853	511,998	57
58	05800	898,616	408,211	1,306,827	163,571	58
59	05900	2,462,638	9,542,595	12,005,233	-8,984,556	59
60	06000	4,122,897	5,754,602	9,877,499		60
62	06200	383,432	2,252,073	2,635,505		62
62.30	06250					62.30
65	06500	2,748,437	981,738	3,730,175	9	65
66	06600	3,287,682	365,423	3,653,105	19	66
67	06700					67
68	06800	531,576	34,245	565,821		68
69	06900	3,097,605	3,275,306	6,372,911		69
69.01	06901	358,110	456,810	814,920		69.01
69.03	03291	45,840	239,185	285,025		69.03
69.04	06902					69.04
69.05	06903					69.05
69.06	06904	860,265	418,971	1,279,236		69.06
70	07000	1,132,264	5,443,201	6,575,465	-175,814	70
71	07100				25,426	71
72	07200				32,020,169	72
73	07300				8,894,961	73
74	07400					74
75	07500	3,262,360	541,726	3,804,086	17,268	75
76.97	07697	906,326	43,714	950,040		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,120,341	285,301	1,405,642		90
90.01	09001	152,568	87,769	240,337		90.01
90.02	09002	7,013,662	11,406,025	18,419,687		90.02
90.03	09003	1,666,246	586,981	2,253,227		90.03
90.04	09004	2,279,082	401,969	2,681,051		90.04
91	09100	18,253,008	3,011,372	21,264,380	-670,125	91
92	09200					92

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
118						
		156,252,746	310,276,672	466,529,418	-699,049	118
NONREIMBURSABLE COST CENTERS						
190	19000	104,524	395,259	499,783		190
192	19200	1,951,425	1,074,474	3,025,899	699,049	192
192.01	19201					192.01
192.03	19202					192.03
192.04	19203					192.04
194	07950					194
200		158,308,695	311,746,405	470,055,100		200
TOTAL (SUM OF LINES 118-199)						

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	CAP REL COSTS-BLDG & FIXT	22,719,628	-6,608,977	16,110,651	1
2	00200	CAP REL COSTS-MVBLE EQUIP	17,105,614	-1,161,773	15,943,841	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	24,489,505	-171,894	24,317,611	4
5	00500	ADMINISTRATIVE & GENERAL	117,765,386	-12,963,851	104,801,535	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	8,578,382	4,284,415	12,862,797	7
8	00800	LAUNDRY & LINEN SERVICE	187,422		187,422	8
9	00900	HOUSEKEEPING	4,046,064		4,046,064	9
10	01000	DIETARY	1,440,682		1,440,682	10
11	01100	CAFETERIA	3,730,153	-1,813,003	1,917,150	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	3,413,044	-223,154	3,189,890	13
14	01400	CENTRAL SERVICES & SUPPLY	3,327,574		3,327,574	14
15	01500	PHARMACY	4,817,184	-1,062	4,816,122	15
16	01600	MEDICAL RECORDS & LIBRARY	5,258,289	-253,500	5,004,789	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-EMS	772,239	-214,013	558,226	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	33,981,919	-326,336	33,655,583	30
31	03100	INTENSIVE CARE UNIT	4,062,577		4,062,577	31
32	03200	CORONARY CARE UNIT	5,102,653	-294	5,102,359	32
35	02060	NICU	5,844,293	-614,740	5,229,553	35
43	04300	NURSERY	2,124,751		2,124,751	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	19,179,105	-17,666	19,161,439	50
50.01	05001	SAME DAY SURGERY				50.01
50.02	03340	GASTROENTEROLOGY	2,996,682		2,996,682	50.02
51	05100	RECOVERY ROOM	1,601,235		1,601,235	51
52	05200	DELIVERY ROOM & LABOR ROOM	6,687,659	-638,950	6,048,709	52
53	05300	ANESTHESIOLOGY	2,062,752	-1,359	2,061,393	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,209,244	-71,358	3,137,886	54
54.01	03630	ULTRASOUND	1,659,529		1,659,529	54.01
54.02	03450	WOMENS IMAGING CTR	1,048,906	-1,258	1,047,648	54.02
54.06	05401	SPECIAL PROCEDURES	1,224,392		1,224,392	54.06
54.07	05402	IMAGING CENTER	1,616,098	-160,989	1,455,109	54.07
54.08	05403	P.E.T				54.08
55	05500	RADIOLOGY-THERAPEUTIC	20,648,506	-1,381,030	19,267,476	55
56	05600	RADIOISOTOPE	1,373,951	-1,149	1,372,802	56
57	05700	CT SCAN	2,343,851	-2,676	2,341,175	57
58	05800	MRI	1,470,398		1,470,398	58
59	05900	CARDIAC CATHETERIZATION	3,020,677	-3,383	3,017,294	59
60	06000	LABORATORY	9,877,499	-602,349	9,275,150	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,635,505	-4,471	2,631,034	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,730,184	-77,513	3,652,671	65
66	06600	PHYSICAL THERAPY	3,653,124	-62,213	3,590,911	66
67	06700	OCCUPATIONAL THERAPY				67
68	06800	SPEECH PATHOLOGY	565,821		565,821	68
69	06900	ELECTROCARDIOLOGY	6,372,911	-3,473,285	2,899,626	69
69.01	06901	CARDIOLOGY OUTREACH	814,920	-98,607	716,313	69.01
69.03	03291	EMG/NCV	285,025	-233,342	51,683	69.03
69.04	06902	CARDIAC REHAB				69.04
69.05	06903	CARDIAC CATH LAB				69.05
69.06	06904	WOUND OSTOMY	1,279,236	-4,793	1,274,443	69.06
70	07000	ELECTROENCEPHALOGRAPHY	6,399,651	-444,882	5,954,769	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,426		25,426	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	32,020,169		32,020,169	72
73	07300	DRUGS CHARGED TO PATIENTS	8,894,961		8,894,961	73
74	07400	RENAL DIALYSIS				74
75	07500	ASC (NON-DISTINCT PART)	3,821,354		3,821,354	75
76.97	07697	CARDIAC REHABILITATION	950,040	-2,811	947,229	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	1,405,642	-200,346	1,205,296	90
90.01	09001	URODYNAMICS	240,337	-30,387	209,950	90.01
90.02	09002	PLAINFIELD CLINIC	18,419,687	-2,449,368	15,970,319	90.02
90.03	09003	OSWEGO CLINIC	2,253,227	-421,951	1,831,276	90.03
90.04	09004	BOLINGBROOK CLINIC	2,681,051	-1,349,869	1,331,182	90.04
91	09100	EMERGENCY	20,594,255	-12,107,950	8,486,305	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92

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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	
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		465,830,369	-43,912,137	421,918,232	118
NONREIMBURSABLE COST CENTERS					
190	19000	499,783		499,783	190
192	19200	3,724,948	-176,718	3,548,230	192
192.01	19201				192.01
192.03	19202				192.03
192.04	19203				192.04
194	07950				194
200		470,055,100	-44,088,855	425,966,245	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 INTEREST/PROP TAXES	A	CAP REL COSTS-BLDG & FIXT	1			11,337,266 1
500 TOTAL RECLASSIFICATIONS						11,337,266 500
CODE LETTER - A						
1 DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			11,382,362 1
2		CAP REL COSTS-MVBLE EQUIP	2			17,105,614 2
500 TOTAL RECLASSIFICATIONS						28,487,976 500
CODE LETTER - B						
1 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	5			7,509,578 1
500 TOTAL RECLASSIFICATIONS						7,509,578 500
CODE LETTER - C						
1 SHARED DIETARY	D	CAFETERIA	11			3,730,153 1
500 TOTAL RECLASSIFICATIONS						3,730,153 500
CODE LETTER - D						
1 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	71			6,669 1
500 TOTAL RECLASSIFICATIONS						6,669 500
CODE LETTER - E						
1 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73			8,894,961 1
500 TOTAL RECLASSIFICATIONS						8,894,961 500
CODE LETTER - F						
1 PATIENT TRANSPORT	G	NICU	35		109	5 1
2		NURSERY	43		63	3 2
3		DELIVERY ROOM & LABOR ROOM	52		1,900	92 3
4		PHYSICAL THERAPY	66		18	1 4
5		ASC (NON-DISTINCT PART)	75		16,471	797 5
6		RADIOLOGY-DIAGNOSTIC	54		45,720	2,211 6
7		ULTRASOUND	54.01		37,122	1,795 7
8		CT SCAN	57		37,358	1,807 8
9		MRI	58		16,941	819 9
10		GASTROENTEROLOGY	50.02		10,697	517 10
11		OPERATING ROOM	50		19,068	922 11
12		RECOVERY ROOM	51		47,828	2,313 12
13		RADIOLOGY-THERAPEUTIC	55		2,905	140 13
14		CARDIAC CATHETERIZATION	59		13,783	667 14
15		EMERGENCY	91		97,403	4,711 15
16		RESPIRATORY THERAPY	65		9	16
17		ADULTS & PEDIATRICS	30		165,922	8,025 17
18		INTENSIVE CARE UNIT	31		14,905	721 18
19		CORONARY CARE UNIT	32		28,199	1,364 19
20		MEDICAL SUPPLIES CHARGED TO P	71		17,892	865 20
21		ELECTROENCEPHALOGRAPHY	70		18	1 21
22		RADIOISOTOPE	56		5,548	268 22
500 TOTAL RECLASSIFICATIONS					579,879	28,044 500
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		CT SCAN	57		387,861	84,972 4
5		MRI	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 RETAIL PHARMACY	I	PHYSICIANS' PRIVATE OFFICES	192		92,780	606,269 1
500 TOTAL RECLASSIFICATIONS					92,780	606,269 500
CODE LETTER - I						
1 NURSERY RECLASS	J	NURSERY	43		1,877,202	247,483 1
500 TOTAL RECLASSIFICATIONS					1,877,202	247,483 500
CODE LETTER - J						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 EMT RECLASS	L	PARAMED ED PRGM-EMS	23		489,716	282,523 1
500 TOTAL RECLASSIFICATIONS					489,716	282,523 500
CODE LETTER - L						
1 IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	72			32,020,169 1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS						32,020,169 500
CODE LETTER - M						
GRAND TOTAL (INCREASES)					3,877,436	93,334,646

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	10
1 INTEREST/PROP TAXES	A	ADMINISTRATIVE & GENERAL	5		11,337,266	11	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					11,337,266		500
1 DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		28,487,976	9	1
2						9	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					28,487,976		500
1 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS DEPARTMENT	4		7,509,578		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					7,509,578		500
1 SHARED DIETARY	D	DIETARY	10		3,730,153		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					3,730,153		500
1 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	14		6,669		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					6,669		500
1 CHARGEABLE DRUGS	F	PHARMACY	15		8,894,961		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					8,894,961		500
1 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	5	579,879	28,044		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				579,879	28,044		500
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 CODE LETTER - H				837,859	183,555		500
1 RETAIL PHARMACY	I	PHARMACY	15	92,780	606,269		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				92,780	606,269		500
1 NURSERY RECLASS	J	ADULTS & PEDIATRICS	30	1,877,202	247,483		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				1,877,202	247,483		500

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 EMT RECLASS	L	EMERGENCY	91	489,716	282,523	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				489,716	282,523	500
1 IMPLANT COSTS	M	OPERATING ROOM	50		22,586,843	1
2		SPECIAL PROCEDURES	54.06		258,487	2
3		CARDIAC CATHETERIZATION	59		8,999,006	3
4		ELECTROENCEPHALOGRAPHY	70		175,833	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					32,020,169	500
GRAND TOTAL (DECREASES)				3,877,436	93,334,646	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	150,004					150,004		1
2 LAND IMPROVEMENTS	9,849,823					9,849,823		2
3 BUILDINGS AND FIXTURES	372,060,549	3,277,465		3,277,465		375,338,014		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	236,905,728	8,524,437		8,524,437	1,742,925	243,687,240		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	618,966,104	11,801,902		11,801,902	1,742,925	629,025,081		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	618,966,104	11,801,902		11,801,902	1,742,925	629,025,081		10

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 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

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,802,357		11,308,294				16,110,651 1
2 CAP REL COSTS-MVBLE EQUIP	15,959,849		-16,008				15,943,841 2
3 TOTAL	20,762,206		11,292,286				32,054,492 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-3,139,035	CAP REL COSTS-BLDG & FIXT	1	9
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-26,058	ADMINISTRATIVE & GENERAL	5	5
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 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-18,909,160			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-12,483,245			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,813,003	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,062	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-12,960	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TELEVISION	A	-11,300	CAP REL COSTS-MVBLE EQUIP	2	11
33.01 PAT TELEPHONE CAPITAL COSTS	A	-4,708	CAP REL COSTS-MVBLE EQUIP	2	11
34 MISC REV	B	-10,390	RADIOLOGY-DIAGNOSTIC	54	34
34.03 RENTAL INCOME OTHER	B	-653,007	CAP REL COSTS-BLDG & FIXT	1	9
34.05 MISCELLANEOUS REVENUE	B	-1,149	RADIOISOTOPE	56	34.05
34.10 MISC REV	B	-32,864	ADMINISTRATIVE & GENERAL	5	34.10
34.12 RESEARCH REVENUE	B	-273,327	RADIOLOGY-THERAPEUTIC	55	34.12
34.19 MISC REV	B	-213,184	NURSING ADMINISTRATION	13	34.19
34.21 MISC INCOME	B	-476,566	LABORATORY	60	34.21
35					35
35.01 PY DEP ADJ	A	16,808	CAP REL COSTS-BLDG & FIXT	1	11
35.02 PY DEP ADJ	A	39,352	CAP REL COSTS-BLDG & FIXT	1	11
35.04 CONT MED OTHER REV	B	-600	ADMINISTRATIVE & GENERAL	5	35.04
35.06 EMPLOYEE HEALTH REVENUE	B	-235	EMPLOYEE BENEFITS DEPARTMENT	4	35.06
35.07 OCC HEALTH	B	-1,255	EMPLOYEE BENEFITS DEPARTMENT	4	35.07
35.14 MEDICAL STAFF APPLI	B	-85,800	ADMINISTRATIVE & GENERAL	5	35.14
35.18 NON-ALLOWABLE INTEREST EXPENSE	A	-2,787,963	CAP REL COSTS-BLDG & FIXT	1	9
35.21 INCOME TAXES	A	25,618	ADMINISTRATIVE & GENERAL	5	35.21
35.23 PATIENT ACCTG REV	B	-8,994	ADMINISTRATIVE & GENERAL	5	35.23
35.24 MALPRACTICE INS	A	-80,685	ADMINISTRATIVE & GENERAL	5	35.24
35.25 SWAP INTEREST	A	-4,721,177	ADMINISTRATIVE & GENERAL	5	35.25
35.30 PLAINFIELD CLINIC	B	-11,068	PLAINFIELD CLINIC	90.02	35.30
35.31 ER OTHER REVENUE	B	-159,640	EMERGENCY	91	35.31
35.32 OTHER REVENUE	B	-2,639	OSWEGO CLINIC	90.03	35.32
35.33 OTHER REVENUE	B	-294	CORONARY CARE UNIT	32	35.33
35.34 OTHER REVENUE	B	-17,666	OPERATING ROOM	50	35.34
35.35 OTHER REVENUE	B	-1,359	ANESTHESIOLOGY	53	35.35
35.36 OTHER REVENUE	B	-1,258	WOMENS IMAGING CTR	54.02	35.36
35.37 OTHER REVENUE	B	-1,686	CT SCAN	57	35.37

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	
35.38 OTHER REVENUE	B	-3,383	CARDIAC CATHETERIZATION	59	35.38
35.39 OTHER REVENUE	B	-116,563	CLINIC	90	35.39
36 OTHER REVENUE	B	-23,863	BOLINGBROOK CLINIC	90.04	36
37 EMT FEES	B	-214,013	PARAMED ED PRGM-EMS	23	37
38 OTHER REVENUE	B	-132,323	ADULTS & PEDIATRICS	30	38
39					39
40 OTHER REVENUE	B	-4,471	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	4,463,486	ADMINISTRATIVE & GENERAL	5	45.16
45.17 COST OF VOLUNTEERS	A	-968,665	ADMINISTRATIVE & GENERAL	5	45.17
45.28 CONTRIBUTIONS	A	-202,808	ADMINISTRATIVE & GENERAL	5	45.28
45.29 CONTRIBUTIONS	A	-31,300	EMERGENCY	91	45.29
45.30 EKG REVENUE	B	-850,022	ELECTROCARDIOLOGY	69	45.30
45.31 OTHER REVENUE	B	-35,604	ADMINISTRATIVE & GENERAL	5	45.31
45.32 OTHER REVENUE	B	-4,998	CARDIOLOGY OUTREACH	69.01	45.32
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-44,088,855			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	57,205,513	66,559,333	-9,353,820	1
2	7	OPERATION OF PLANT	HOME OFFICE	4,284,415		4,284,415	2
3	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4,639,902	5,785,667	-1,145,765	9 3
3.01	5	ADMINISTRATIVE & GENERAL	INTER CO RENT	490,588	751,284	-260,696	4.01
3.02	16	MEDICAL RECORDS & LIBRARY	INTER CO RENT	235,260	360,276	-125,016	4.02
3.03	35	NICU	INTER CO RENT	55,416	84,864	-29,448	4.03
3.04	54	RADIOLOGY-DIAGNOSTIC	INTER CO RENT	59,632	91,320	-31,688	4.04
3.05	54.07	IMAGING CENTER	INTER CO RENT	157,847	241,726	-83,879	4.05
3.06	55	RADIOLOGY-THERAPEUTIC	INTER CO RENT	1,094,603	1,676,268	-581,665	4.06
3.07	66	PHYSICAL THERAPY	INTER CO RENT	62,766	96,120	-33,354	4.07
3.08	70	ELECTROENCEPHALOGRAPHY	INTER CO RENT	152,567	233,640	-81,073	4.08
3.09	76.97	CARDIAC REHABILITATION	INTER CO RENT	2,813	4,308	-1,495	4.09
3.10	90	CLINIC	INTER CO RENT	83,861	128,424	-44,563	4.10
3.11	90.01	URODYNAMICS	INTER CO RENT	27,833	42,624	-14,791	4.11
3.12	90.02	PLAINFIELD CLINIC	INTER CO RENT	2,405,227	3,683,349	-1,278,122	4.12
3.13	90.03	OSWEGO CLINIC	INTER CO RENT	320,108	490,212	-170,104	4.13
3.14	90.04	BOLINGBROOK CLINIC	INTER CO RENT	167,965	257,220	-89,255	4.14
3.15	192	PHYSICIANS' PRIVATE OFFICES	INTER CO RENT	94,204	144,264	-50,060	4.15
3.16	69.01	CARDIOLOGY OUTREACH	INTER CO RENT	176,158	269,767	-93,609	4.16
3.17	4	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY LINDEN OAKS		56,454	-56,454	4.17
3.18	5	ADMINISTRATIVE & GENERAL	RELATED PARTY LINDEN OAKS		581,798	-581,798	4.18
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	BOLINGBROOK 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)		77,354,263	89,837,508	-12,483,245	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B EHSC	100.00				6
7						7
8						8
9						9
10						10

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

WORKSHEET A-8-1

- (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	
LINE NO.	2		3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	983,963		983,963	177,000	1,643	139,813	6,991	1
2	30	ADULTS & PEDIATRICS	205,246	183,413	21,833	177,000	132	11,233	562	2
3	52	DELIVERY ROOM & LABOR RO	638,971	610,773	28,198	198	220	21	1	3
4	4	EMPLOYEE BENEFITS DEPART	311,798		311,798	177,000	2,325	197,848	9,892	4
5	60	LABORATORY	125,783	125,783						5
6	65	RESPIRATORY THERAPY	90,277	72,584	17,692	177,000	150	12,764	638	6
7	69.03	EMG/NCV	233,342	233,342						7
8	69	ELECTROCARDIOLOGY	2,623,263	2,623,263						8
9	70	ELECTROENCEPHALOGRAPHY	292,454	292,454		177,000				9
10	35	NICU	559,377	559,377						10
11	90.02	PLAINFIELD CLINIC	21,223	21,223						11
12	90.03	OSWEGO CLINIC	94,740	94,740						12
13	91	EMERGENCY	12,151,299	11,510,451	618,238	177,000	2,812	239,290	11,965	13
14	90.04	BOLINGBROOK CLINIC	1,158,200	1,158,200						14
15	90.01	URODYNAMICS	12,013		12,013	177,000	89	7,573	379	15
16	13	NURSING ADMINISTRATION	27,670		27,670	177,000	208	17,700	885	16
17	69.06	WOUND OSTOMY	11,175		11,175	177,000	75	6,382	319	17
18	57	CT SCAN	990	990						18
200		TOTAL	19,541,784	17,486,593	2,032,580		7,654	632,624	31,632	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				139,813	844,150	844,150	1
2	30 ADULTS & PEDIATRICS	AGGREGATE				11,233	10,600	194,013	2
3	52 DELIVERY ROOM & LABOR RO	AGGREGATE				21	28,177	638,950	3
4	4 EMPLOYEE BENEFITS DEPART	EMPLOYEE HEALTH				197,848	113,950	113,950	4
5	60 LABORATORY	LABORATORY						125,783	5
6	65 RESPIRATORY THERAPY	RESP THERAPY				12,764	4,928	77,513	6
7	69.03 EMG/NCV	EMG						233,342	7
8	69 ELECTROCARDIOLOGY	EKG						2,623,263	8
9	70 ELECTROENCEPHALOGRAPHY	EEG						292,454	9
10	35 NICU	AGGREGATE						559,377	10
11	90.02 PLAINFIELD CLINIC	PLAINFIELD						21,223	11
12	90.03 OSWEGO CLINIC	OSWEGO						94,740	12
13	91 EMERGENCY	TRAUMA SVCES				239,290	378,948	11,912,009	13
14	90.04 BOLINGBROOK CLINIC	AGGREGATE						1,158,200	14
15	90.01 URODYNAMICS	AGGREGATE				7,573	4,440	4,440	15
16	13 NURSING ADMINISTRATION	AGGREGATE				17,700	9,970	9,970	16
17	69.06 WOUND OSTOMY	AGGREGATE				6,382	4,793	4,793	17
18	57 CT SCAN	AGGREGATE						990	18
200	TOTAL					632,624	1,399,956	18,909,160	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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	16,110,651	16,110,651				1
2 CAP REL COSTS-MVBLE EQUIP	15,943,841		15,943,841			2
4 EMPLOYEE BENEFITS DEPARTMENT	24,317,611	117,215	116,001	24,550,827		4
5 ADMINISTRATIVE & GENERAL	104,801,535	1,818,484	1,799,656	1,931,872	110,351,547	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	12,862,797	4,141,734	4,098,851	126,205	21,229,587	7
8 LAUNDRY & LINEN SERVICE	187,422	41,582	41,151	15,522	285,677	8
9 HOUSEKEEPING	4,046,064	81,919	81,071	476,298	4,685,352	9
10 DIETARY	1,440,682	122,981	121,708		1,685,371	10
11 CAFETERIA	1,917,150	318,430	315,133		2,550,713	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,189,890	36,630	36,250	456,936	3,719,706	13
14 CENTRAL SERVICES & SUPPLY	3,327,574	261,315	258,609	266,040	4,113,538	14
15 PHARMACY	4,816,122	144,733	143,234	602,451	5,706,540	15
16 MEDICAL RECORDS & LIBRARY	5,004,789	20,214	20,005	504,970	5,549,978	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	558,226	53,769	53,212	76,155	741,362	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,655,583	2,879,344	2,849,531	4,624,204	44,008,662	30
31 INTENSIVE CARE UNIT	4,062,577	281,416	278,502	561,154	5,183,649	31
32 CORONARY CARE UNIT	5,102,359	678,373	671,349	697,137	7,149,218	32
35 NICU	5,229,553	432,728	428,248	716,116	6,806,645	35
43 NURSERY	2,124,751	159,475	157,824	291,932	2,733,982	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,161,439	954,792	944,906	991,710	22,052,847	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	2,996,682	218,286	216,026	265,913	3,696,907	50.02
51 RECOVERY ROOM	1,601,235	107,334	106,223	224,176	2,038,968	51
52 DELIVERY ROOM & LABOR ROOM	6,048,709	495,179	490,052	812,778	7,846,718	52
53 ANESTHESIOLOGY	2,061,393	15,217	15,060	45,078	2,136,748	53
54 RADIOLOGY-DIAGNOSTIC	3,137,886	274,067	271,229	446,149	4,129,331	54
54.01 ULTRASOUND	1,659,529	39,569	39,159	235,292	1,973,549	54.01
54.02 WOMENS IMAGING CTR	1,047,648	11,305	11,188	109,516	1,179,657	54.02
54.06 SPECIAL PROCEDURES	1,224,392	31,678	31,350	91,915	1,379,335	54.06
54.07 IMAGING CENTER	1,455,109			157,346	1,612,455	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	19,267,476			633,472	19,900,948	55
56 RADIOISOTOPE	1,372,802	77,216	76,417	116,825	1,643,260	56
57 CT SCAN	2,341,175	44,114	43,657	283,657	2,712,603	57
58 MRI	1,470,398	61,999	61,357	160,977	1,754,731	58
59 CARDIAC CATHETERIZATION	3,017,294	182,222	180,335	385,106	3,764,957	59
60 LABORATORY	9,275,150	178,174	176,329	641,148	10,270,801	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,631,034	15,466	15,306	59,627	2,721,433	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,652,671	64,260	63,595	427,408	4,207,934	65
66 PHYSICAL THERAPY	3,590,911	8,163	8,078	511,267	4,118,419	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	565,821			82,665	648,486	68
69 ELECTROCARDIOLOGY	2,899,626	506,507	501,263	481,705	4,389,101	69
69.01 RADIOLOGY OUTREACH	716,313			55,689	772,002	69.01
69.03 EMG/NCV	51,683			7,129	58,812	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	1,274,443			133,779	1,408,222	69.06
70 ELECTROENCEPHALOGRAPHY	5,954,769			176,080	6,130,849	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,426			2,782	28,208	71
72 IMPL. DEV. CHARGED TO PATIENTS	32,020,169				32,020,169	72
73 DRUGS CHARGED TO PATIENTS	8,894,961				8,894,961	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	3,821,354	317,910	314,618	509,888	4,963,770	75
76.97 CARDIAC REHABILITATION	947,229	66,702	66,012	140,942	1,220,885	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,205,296	30,796	30,477	174,223	1,440,792	90
90.01 URODYNAMICS	209,950			23,726	233,676	90.01
90.02 PLAINFIELD CLINIC	15,970,319			1,090,688	17,061,007	90.02
90.03 OSWEGO CLINIC	1,831,276			259,116	2,090,392	90.03

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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
90.04 BOLINGBROOK CLINIC	1,331,182			354,418	1,685,600	90.04
91 EMERGENCY	8,486,305	707,293	699,969	2,777,499	12,671,066	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	421,918,232	15,998,591	15,832,941	24,216,681	421,361,126	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	499,783	25,121	24,861	16,254	566,019	190
192 PHYSICIANS' PRIVATE OFFICES	3,548,230	86,939	86,039	317,892	4,039,100	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)	425,966,245	16,110,651	15,943,841	24,550,827	425,966,245	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	110,351,547					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,422,713	28,652,300				7
8 LAUNDRY & LINEN SERVICE	99,884	118,746	504,307			8
9 HOUSEKEEPING	1,638,186	233,941		6,557,479		9
10 DIETARY	589,273	351,202		75,355	2,701,201	10
11 CAFETERIA	891,831	909,354		194,914		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,300,558	104,605		22,428		13
14 CENTRAL SERVICES & SUPPLY	1,438,257	746,247		160,774		14
15 PHARMACY	1,995,235	413,319		85,807		15
16 MEDICAL RECORDS & LIBRARY	1,940,494	57,727		31,814		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	259,210	153,550	13,685	32,922		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,387,212	8,222,666	169,823	1,926,681	2,514,350	30
31 INTENSIVE CARE UNIT	1,812,411	803,651	18,504	173,248	80,974	31
32 CORONARY CARE UNIT	2,499,653	1,937,260	20,406	415,329	105,877	32
35 NICU	2,379,875	1,235,761	14,932	77,542		35
43 NURSERY	955,909	455,420	14,453	97,644		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,710,557	2,726,641	38,085	630,857		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	1,292,587	623,369	8,656	133,653		50.02
51 RECOVERY ROOM	712,905	306,519	12,127			51
52 DELIVERY ROOM & LABOR ROOM	2,743,526	1,414,106	35,947	305,918		52
53 ANESTHESIOLOGY	747,093	43,456		9,317		53
54 RADIOLOGY-DIAGNOSTIC	1,443,779	782,666	9,407	174,591		54
54.01 ULTRASOUND	690,032	112,999	8,151	24,228		54.01
54.02 WOMENS IMAGING CTR	412,455	32,286	956	6,922		54.02
54.06 SPECIAL PROCEDURES	482,271	90,464	1,543	19,811		54.06
54.07 IMAGING CENTER	563,779		4,662			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	6,958,167		4,333			55
56 RADIOISOTOPE	574,549	220,510	8,015	47,278		56
57 CT SCAN	948,435	125,978	8,040	27,038		57
58 MRI	613,524	177,054	7,123	37,961		58
59 CARDIAC CATHETERIZATION	1,316,380	520,378	1,299	111,585		59
60 LABORATORY	3,591,083	508,820		113,856		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	951,522	44,167		9,470		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,471,262	183,511		33,517		65
66 PHYSICAL THERAPY	1,439,964	23,310	5,231	4,998		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	226,737					68
69 ELECTROCARDIOLOGY	1,534,605	1,446,456		310,112		69
69.01 CARDIOLOGY OUTREACH	269,923					69.01
69.03 EMG/NCV	20,563					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	492,371		1,752			69.06
70 ELECTROENCEPHALOGRAPHY	2,143,590		1,286			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,863					71
72 IMPL. DEV. CHARGED TO PATIENTS	11,195,532					72
73 DRUGS CHARGED TO PATIENTS	3,110,034					73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	1,735,533	907,869	12,666	194,651		75
76.97 CARDIAC REHABILITATION	426,870	190,485	763	40,841		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	503,759	87,946	465	20,254		90
90.01 URODYNAMICS	81,702		189			90.01
90.02 PLAINFIELD CLINIC	5,965,210		8,454			90.02
90.03 OSWEGO CLINIC	730,885		1,168			90.03
90.04 BOLINGBROOK CLINIC	589,353		187			90.04
91 EMERGENCY	4,430,312	2,019,847	45,965	400,142		91

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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	
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	108,741,413	28,332,286	478,273	5,951,458	2,701,201	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,903	71,738		17,015		190
192 PHYSICIANS' PRIVATE OFFICES	1,412,231	248,276	1,272	53,231		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			24,762	535,775		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	110,351,547	28,652,300	504,307	6,557,479	2,701,201	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 DEPARTMENT						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	4,546,812					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	66,001	5,213,298				13
14 CENTRAL SERVICES & SUPPLY	117,996		6,576,812			14
15 PHARMACY	121,128			8,322,029		15
16 MEDICAL RECORDS & LIBRARY	180,323				7,760,336	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	14,533	24,323	10,369	11,709		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,116,715	1,868,919	229,490	20,442	474,432	30
31 INTENSIVE CARE UNIT	112,527	188,324	32,731	3,759	64,934	31
32 CORONARY CARE UNIT	139,022	232,666	52,540	4,953	92,627	32
35 NICU	142,432	238,372	29,470	2,106	85,621	35
43 NURSERY	64,338	107,674			19,394	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	239,443	400,729	1,157,562	10,510	524,061	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	61,927	103,641	117,510	1,543	156,687	50.02
51 RECOVERY ROOM	46,400	77,654	10,501	339	93,521	51
52 DELIVERY ROOM & LABOR ROOM	193,248	323,417	64,164	3,528	86,309	52
53 ANESTHESIOLOGY	18,747	31,374	141,696	115,847	148,301	53
54 RADIOLOGY-DIAGNOSTIC	119,150	199,408	14,643	1,083	235,681	54
54.01 ULTRASOUND	46,670	78,106	8,797	155	147,292	54.01
54.02 WOMENS IMAGING CTR	24,608	41,184	32,115	793	33,533	54.02
54.06 SPECIAL PROCEDURES	14,849		65,353	3	42,996	54.06
54.07 IMAGING CENTER	30,182		9,069		127,568	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	139,675		28,562	3,800,071	436,369	55
56 RADIOISOTOPE	21,906		8,407	135,260	67,258	56
57 CT SCAN	75,816	126,885	41,762	70	489,338	57
58 MRI	30,444	50,951	26,243	159	146,879	58
59 CARDIAC CATHETERIZATION	73,627		9,695	11,231	309,442	59
60 LABORATORY	187,301	313,464	291,943	298	891,953	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,947	25,015	234,552	3,017	60,233	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	128,921		75,300	1,228	195,709	65
66 PHYSICAL THERAPY	121,166		4,561		107,518	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	17,500		1,545		16,322	68
69 ELECTROCARDIOLOGY	127,222		55,997	119	296,928	69
69.01 CARDIOLOGY OUTREACH					30,663	69.01
69.03 EMG/NCV	2,444		481		5,830	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	28,709		30,820	2,418	40,527	69.06
70 ELECTROENCEPHALOGRAPHY	47,421	79,364	55,256		75,812	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,746		54,974	4,003	862	71
72 IMPL. DEV. CHARGED TO PATIENTS			3,407,655		365,455	72
73 DRUGS CHARGED TO PATIENTS			7,692	2,533,329	310,157	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	116,707		42,573	1,879	48,130	75
76.97 CARDIAC REHABILITATION	34,948		1,741		23,949	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	62,725	104,977	11,846		16,004	90
90.01 URODYNAMICS	5,293		2,619		3,505	90.01
90.02 PLAINFIELD CLINIC			79,901	1,607,091	740,399	90.02
90.03 OSWEGO CLINIC			5,514	663	44,819	90.03
90.04 BOLINGBROOK CLINIC			8,462	4,934	33,936	90.04
91 EMERGENCY	356,630	596,851	101,016	12,437	669,382	91

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11	13	14	15	16	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	4,465,387	5,213,298	6,565,127	8,294,977	7,760,336	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,111		2			190
192 PHYSICIANS' PRIVATE OFFICES	77,314			27,052		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			11,683			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)	4,546,812	5,213,298	6,576,812	8,322,029	7,760,336	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	EDUCATION		POST STEP-		
	EMS		DOWN ADJS		
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
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 SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-EMS	1,261,663				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	82,507	76,021,899		76,021,899	30
31 INTENSIVE CARE UNIT	18,335	8,493,047		8,493,047	31
32 CORONARY CARE UNIT		12,649,551		12,649,551	32
35 NICU		11,012,756		11,012,756	35
43 NURSERY		4,448,814		4,448,814	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	18,335	35,509,627		35,509,627	50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY		6,196,480		6,196,480	50.02
51 RECOVERY ROOM		3,298,934		3,298,934	51
52 DELIVERY ROOM & LABOR ROOM		13,016,881		13,016,881	52
53 ANESTHESIOLOGY		3,392,579		3,392,579	53
54 RADIOLOGY-DIAGNOSTIC		7,109,739		7,109,739	54
54.01 ULTRASOUND		3,089,979		3,089,979	54.01
54.02 WOMENS IMAGING CTR		1,764,509		1,764,509	54.02
54.06 SPECIAL PROCEDURES		2,096,625		2,096,625	54.06
54.07 IMAGING CENTER		2,347,715		2,347,715	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		31,268,125		31,268,125	55
56 RADIOISOTOPE		2,726,443		2,726,443	56
57 CT SCAN		4,555,965		4,555,965	57
58 MRI		2,845,069		2,845,069	58
59 CARDIAC CATHETERIZATION		6,118,594		6,118,594	59
60 LABORATORY	48,129	16,217,648		16,217,648	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,064,356		4,064,356	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	9,167	6,306,549		6,306,549	65
66 PHYSICAL THERAPY		5,825,167		5,825,167	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		910,590		910,590	68
69 ELECTROCARDIOLOGY		8,160,540		8,160,540	69
69.01 CARDIOLOGY OUTREACH		1,072,588		1,072,588	69.01
69.03 EMG/NCV		88,130		88,130	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		2,004,819		2,004,819	69.06
70 ELECTROENCEPHALOGRAPHY		8,533,578		8,533,578	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		99,656		99,656	71
72 IMPL. DEV. CHARGED TO PATIENTS		46,988,811		46,988,811	72
73 DRUGS CHARGED TO PATIENTS		14,856,173		14,856,173	73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)	13,751	8,037,529		8,037,529	75
76.97 CARDIAC REHABILITATION		1,940,482		1,940,482	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		2,248,768		2,248,768	90
90.01 URODYNAMICS		326,984		326,984	90.01
90.02 PLAINFIELD CLINIC		25,462,062		25,462,062	90.02
90.03 OSWEGO CLINIC		2,873,441		2,873,441	90.03
90.04 BOLINGBROOK CLINIC		2,322,472		2,322,472	90.04
91 EMERGENCY	1,057,688	22,361,336		22,361,336	91

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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		
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,247,912	418,665,010		418,665,010	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		856,788		856,788	190
192 PHYSICIANS' PRIVATE OFFICES		5,858,476		5,858,476	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		11,683		11,683	192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL	13,751	574,288		574,288	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,261,663	425,966,245		425,966,245	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	108		116,001	233,324	233,324	4
5 ADMINISTRATIVE & GENERAL	502,897	1,818,484	1,799,656	4,121,037	18,361	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,685	4,141,734	4,098,851	8,244,270	1,199	7
8 LAUNDRY & LINEN SERVICE		41,582	41,151	82,733	148	8
9 HOUSEKEEPING	120,708	81,919	81,071	283,698	4,527	9
10 DIETARY	1,766	122,981	121,708	246,455		10
11 CAFETERIA		318,430	315,133	633,563		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,956	36,630	36,250	75,836	4,343	13
14 CENTRAL SERVICES & SUPPLY	195,233	261,315	258,609	715,157	2,529	14
15 PHARMACY	2,292	144,733	143,234	290,259	5,726	15
16 MEDICAL RECORDS & LIBRARY	245,414	20,214	20,005	285,633	4,799	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS		53,769	53,212	106,981	724	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	122,811	2,879,344	2,849,531	5,851,686	43,938	30
31 INTENSIVE CARE UNIT	4,804	281,416	278,502	564,722	5,333	31
32 CORONARY CARE UNIT	121	678,373	671,349	1,349,843	6,626	32
35 NICU		432,728	428,248	860,976	6,806	35
43 NURSERY		159,475	157,824	317,299	2,775	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	405,472	954,792	944,906	2,305,170	9,425	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	454	218,286	216,026	434,766	2,527	50.02
51 RECOVERY ROOM	453	107,334	106,223	214,010	2,131	51
52 DELIVERY ROOM & LABOR ROOM	1	495,179	490,052	985,232	7,725	52
53 ANESTHESIOLOGY	1,908	15,217	15,060	32,185	428	53
54 RADIOLOGY-DIAGNOSTIC	151,130	274,067	271,229	696,426	4,240	54
54.01 ULTRASOUND	1,190	39,569	39,159	79,918	2,236	54.01
54.02 WOMENS IMAGING CTR		11,305	11,188	22,493	1,041	54.02
54.06 SPECIAL PROCEDURES	1,189	31,678	31,350	64,217	874	54.06
54.07 IMAGING CENTER	248,957			248,957	1,495	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,121,809			1,121,809	6,021	55
56 RADIOISOTOPE	881	77,216	76,417	154,514	1,110	56
57 CT SCAN	1,189	44,114	43,657	88,960	2,696	57
58 MRI	985	61,999	61,357	124,341	1,530	58
59 CARDIAC CATHETERIZATION	18,339	182,222	180,335	380,896	3,660	59
60 LABORATORY	60,038	178,174	176,329	414,541	6,094	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	108	15,466	15,306	30,880	567	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	54,526	64,260	63,595	182,381	4,062	65
66 PHYSICAL THERAPY	174,088	8,163	8,078	190,329	4,859	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,742			1,742	786	68
69 ELECTROCARDIOLOGY		506,507	501,263	1,007,770	4,578	69
69.01 CARDIOLOGY OUTREACH					529	69.01
69.03 EMG/NCV					68	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	753			753	1,271	69.06
70 ELECTROENCEPHALOGRAPHY	154,212			154,212	1,674	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					26	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	975	317,910	314,618	633,503	4,846	75
76.97 CARDIAC REHABILITATION	3,049	66,702	66,012	135,763	1,340	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	84,286	30,796	30,477	145,559	1,656	90
90.01 URODYNAMICS	23,851			23,851	225	90.01
90.02 PLAINFIELD CLINIC	2,501,098			2,501,098	10,366	90.02
90.03 OSWEGO CLINIC	329,544			329,544	2,463	90.03
90.04 BOLINGBROOK CLINIC	139,275			139,275	3,368	90.04
91 EMERGENCY	13,867	707,293	699,969	1,421,129	26,398	91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	6,698,164	15,998,591	15,832,941	38,529,696	230,149	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,121	24,861	49,982	154	190
192 PHYSICIANS' PRIVATE OFFICES		86,939	86,039	172,978	3,021	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	16,110,651	15,943,841	38,752,656	233,324	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	4,139,398					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	278,426	8,523,895				7
8 LAUNDRY & LINEN SERVICE	3,747	35,326	121,954			8
9 HOUSEKEEPING	61,448	69,596		419,269		9
10 DIETARY	22,104	104,481		4,818	377,858	10
11 CAFETERIA	33,453	270,528		12,462		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	48,784	31,119		1,434		13
14 CENTRAL SERVICES & SUPPLY	53,949	222,004		10,279		14
15 PHARMACY	74,841	122,960		5,486		15
16 MEDICAL RECORDS & LIBRARY	72,788	17,173		2,034		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	9,723	45,680	3,309	2,105		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	577,285	2,446,196	41,068	123,188	351,720	30
31 INTENSIVE CARE UNIT	67,984	239,082	4,475	11,077	11,327	31
32 CORONARY CARE UNIT	93,762	576,324	4,935	26,555	14,811	32
35 NICU	89,269	367,632	3,611	4,958		35
43 NURSERY	35,856	135,485	3,495	6,243		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	289,223	811,160	9,210	40,335		50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	48,485	185,449	2,093	8,545		50.02
51 RECOVERY ROOM	26,741	91,188	2,933			51
52 DELIVERY ROOM & LABOR ROOM	102,910	420,688	8,693	19,560		52
53 ANESTHESIOLOGY	28,023	12,928		596		53
54 RADIOLOGY-DIAGNOSTIC	54,156	232,839	2,275	11,163		54
54.01 ULTRASOUND	25,883	33,617	1,971	1,549		54.01
54.02 WOMENS IMAGING CTR	15,471	9,605	231	443		54.02
54.06 SPECIAL PROCEDURES	18,090	26,913	373	1,267		54.06
54.07 IMAGING CENTER	21,147		1,127			54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	261,001		1,048			55
56 RADIOISOTOPE	21,551	65,600	1,938	3,023		56
57 CT SCAN	35,576	37,478	1,944	1,729		57
58 MRI	23,013	52,672	1,723	2,427		58
59 CARDIAC CATHETERIZATION	49,377	154,809	314	7,134		59
60 LABORATORY	134,702	151,371		7,280		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,692	13,139		605		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	55,187	54,593		2,143		65
66 PHYSICAL THERAPY	54,013	6,935	1,265	320		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	8,505					68
69 ELECTROCARDIOLOGY	57,563	430,312		19,828		69
69.01 CARDIOLOGY OUTREACH	10,125					69.01
69.03 EMG/NCV	771					69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	18,469		424			69.06
70 ELECTROENCEPHALOGRAPHY	80,406		311			70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	370					71
72 IMPL. DEV. CHARGED TO PATIENTS	419,945					72
73 DRUGS CHARGED TO PATIENTS	116,657					73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	65,100	270,086	3,063	12,446		75
76.97 CARDIAC REHABILITATION	16,012	56,668	184	2,611		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	18,896	26,163	113	1,295		90
90.01 URODYNAMICS	3,065		46			90.01
90.02 PLAINFIELD CLINIC	223,755		2,044			90.02
90.03 OSWEGO CLINIC	27,415		282			90.03
90.04 BOLINGBROOK CLINIC	22,107		45			90.04
91 EMERGENCY	166,181	600,893	11,115	25,584		91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	STRATIVE & GENERAL 5	OF PLANT 7	AND LINEN SERVICE 8	KEEPING 9	10	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	4,079,002	8,428,692	115,658	380,522	377,858	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,423	21,342		1,088		190
192 PHYSICIANS' PRIVATE OFFICES	52,973	73,861	308	3,403		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL			5,988	34,256		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,139,398	8,523,895	121,954	419,269	377,858	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	950,006					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,790	175,306				13
14 CENTRAL SERVICES & SUPPLY	24,654		1,028,572			14
15 PHARMACY	25,308			524,580		15
16 MEDICAL RECORDS & LIBRARY	37,677				420,104	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	3,037	818	1,622	738		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	233,323	62,846	35,891	1,289	25,632	30
31 INTENSIVE CARE UNIT	23,511	6,333	5,119	237	3,508	31
32 CORONARY CARE UNIT	29,047	7,824	8,217	312	5,004	32
35 NICU	29,760	8,016	4,609	133	4,626	35
43 NURSERY	13,443	3,621			1,048	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	50,029	13,475	181,038	663	28,314	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	12,939	3,485	18,378	97	8,465	50.02
51 RECOVERY ROOM	9,695	2,611	1,642	21	5,053	51
52 DELIVERY ROOM & LABOR ROOM	40,377	10,875	10,035	222	4,663	52
53 ANESTHESIOLOGY	3,917	1,055	22,161	7,303	8,012	53
54 RADIOLOGY-DIAGNOSTIC	24,895	6,705	2,290	68	12,733	54
54.01 ULTRASOUND	9,751	2,626	1,376	10	7,958	54.01
54.02 WOMENS IMAGING CTR	5,142	1,385	5,023	50	1,812	54.02
54.06 SPECIAL PROCEDURES	3,102		10,221		2,323	54.06
54.07 IMAGING CENTER	6,306		1,418		6,892	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	29,183		4,467	239,535	23,576	55
56 RADIOISOTOPE	4,577		1,315	8,526	3,634	56
57 CT SCAN	15,841	4,267	6,531	4	26,438	57
58 MRI	6,361	1,713	4,104	10	7,936	58
59 CARDIAC CATHETERIZATION	15,384		1,516	708	16,718	59
60 LABORATORY	39,134	10,541	45,659	19	49,021	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,123	841	36,683	190	3,254	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	26,937		11,777	77	10,574	65
66 PHYSICAL THERAPY	25,316		713		5,809	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	3,657		242		882	68
69 ELECTROCARDIOLOGY	26,582		8,758	8	16,042	69
69.01 CARDIOLOGY OUTREACH					1,657	69.01
69.03 EMG/NCV	511		75		315	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	5,998		4,820	152	2,190	69.06
70 ELECTROENCEPHALOGRAPHY	9,908	2,669	8,642		4,096	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	365		8,598	252	47	71
72 IMPL. DEV. CHARGED TO PATIENTS			532,930		19,745	72
73 DRUGS CHARGED TO PATIENTS			1,203	159,691	16,757	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	24,385		6,658	118	2,600	75
76.97 CARDIAC REHABILITATION	7,302		272		1,294	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,106	3,530	1,853		865	90
90.01 URODYNAMICS	1,106		410		189	90.01
90.02 PLAINFIELD CLINIC			12,496	101,305	40,002	90.02
90.03 OSWEGO CLINIC			862	42	2,421	90.03
90.04 BOLINGBROOK CLINIC			1,323	311	1,834	90.04
91 EMERGENCY	74,514	20,070	15,798	784	36,165	91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	932,993	175,306	1,026,745	522,875	420,104	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	859					190
192 PHYSICIANS' PRIVATE OFFICES	16,154			1,705		192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES			1,827			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)	950,006	175,306	1,028,572	524,580	420,104	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	EDUCATION		POST STEP-		
	EMS		DOWN ADJS		
	23	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
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 SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-EMS	174,737				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		9,794,062		9,794,062	30
31 INTENSIVE CARE UNIT		942,708		942,708	31
32 CORONARY CARE UNIT		2,123,260		2,123,260	32
35 NICU		1,380,396		1,380,396	35
43 NURSERY		519,265		519,265	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		3,738,042		3,738,042	50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY		725,229		725,229	50.02
51 RECOVERY ROOM		356,025		356,025	51
52 DELIVERY ROOM & LABOR ROOM		1,610,980		1,610,980	52
53 ANESTHESIOLOGY		116,608		116,608	53
54 RADIOLOGY-DIAGNOSTIC		1,047,790		1,047,790	54
54.01 ULTRASOUND		166,895		166,895	54.01
54.02 WOMENS IMAGING CTR		62,696		62,696	54.02
54.06 SPECIAL PROCEDURES		127,380		127,380	54.06
54.07 IMAGING CENTER		287,342		287,342	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		1,686,640		1,686,640	55
56 RADIOISOTOPE		265,788		265,788	56
57 CT SCAN		221,464		221,464	57
58 MRI		225,830		225,830	58
59 CARDIAC CATHETERIZATION		630,516		630,516	59
60 LABORATORY		858,362		858,362	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		124,974		124,974	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		347,731		347,731	65
66 PHYSICAL THERAPY		289,559		289,559	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		15,814		15,814	68
69 ELECTROCARDIOLOGY		1,571,441		1,571,441	69
69.01 CARDIOLOGY OUTREACH		12,311		12,311	69.01
69.03 EMG/NCV		1,740		1,740	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		34,077		34,077	69.06
70 ELECTROENCEPHALOGRAPHY		261,918		261,918	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,658		9,658	71
72 IMPL. DEV. CHARGED TO PATIENTS		972,620		972,620	72
73 DRUGS CHARGED TO PATIENTS		294,308		294,308	73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)		1,022,805		1,022,805	75
76.97 CARDIAC REHABILITATION		221,446		221,446	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		213,036		213,036	90
90.01 URODYNAMICS		28,892		28,892	90.01
90.02 PLAINFIELD CLINIC		2,891,066		2,891,066	90.02
90.03 OSWEGO CLINIC		363,029		363,029	90.03
90.04 BOLINGBROOK CLINIC		168,263		168,263	90.04
91 EMERGENCY		2,398,631		2,398,631	91

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	EDUCATION		POST STEP-		
	EMS	24	DOWN ADJS	26	
	23		25		
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
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)		38,130,597		38,130,597	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		80,848		80,848	190
192 PHYSICIANS' PRIVATE OFFICES		324,403		324,403	192
192.01 PHYSICIANS CLINICS					192.01
192.03 PHYSICIAN OFFICES		1,827		1,827	192.03
192.04 IRB					192.04
194 LINDEN OAKS HOSPITAL		40,244		40,244	194
200 CROSS FOOT ADJUSTMENTS	174,737	174,737		174,737	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	174,737	38,752,656		38,752,656	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 DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	712,516					1
2 CAP REL COSTS-MVBLE EQUIP		712,516				2
4 EMPLOYEE BENEFITS DEPARTMENT	5,184	5,184	157,874,274			4
5 ADMINISTRATIVE & GENERAL	80,425	80,425	12,422,895	-110,351,547	315,614,698	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	183,174	183,174	811,561		21,229,587	7
8 LAUNDRY & LINEN SERVICE	1,839	1,839	99,811		285,677	8
9 HOUSEKEEPING	3,623	3,623	3,062,831		4,685,352	9
10 DIETARY	5,439	5,439			1,685,371	10
11 CAFETERIA	14,083	14,083			2,550,713	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620	1,620	2,938,324		3,719,706	13
14 CENTRAL SERVICES & SUPPLY	11,557	11,557	1,710,770		4,113,538	14
15 PHARMACY	6,401	6,401	3,874,060		5,706,540	15
16 MEDICAL RECORDS & LIBRARY	894	894	3,247,206		5,549,978	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	2,378	2,378	489,716		741,362	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	127,343	127,343	29,736,214		44,008,662	30
31 INTENSIVE CARE UNIT	12,446	12,446	3,608,500		5,183,649	31
32 CORONARY CARE UNIT	30,002	30,002	4,482,936		7,149,218	32
35 NICU	19,138	19,138	4,604,980		6,806,645	35
43 NURSERY	7,053	7,053	1,877,265		2,733,982	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,227	42,227	6,377,185		22,052,847	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	9,654	9,654	1,709,954		3,696,907	50.02
51 RECOVERY ROOM	4,747	4,747	1,441,565		2,038,968	51
52 DELIVERY ROOM & LABOR ROOM	21,900	21,900	5,226,567		7,846,718	52
53 ANESTHESIOLOGY	673	673	289,872		2,136,748	53
54 RADIOLOGY-DIAGNOSTIC	12,121	12,121	2,868,959		4,129,331	54
54.01 ULTRASOUND	1,750	1,750	1,513,047		1,973,549	54.01
54.02 WOMENS IMAGING CTR	500	500	704,239		1,179,657	54.02
54.06 SPECIAL PROCEDURES	1,401	1,401	591,056		1,379,335	54.06
54.07 IMAGING CENTER			1,011,813		1,612,455	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC			4,073,542		19,900,948	55
56 RADIOISOTOPE	3,415	3,415	751,243		1,643,260	56
57 CT SCAN	1,951	1,951	1,824,052		2,712,603	57
58 MRI	2,742	2,742	1,035,165		1,754,731	58
59 CARDIAC CATHETERIZATION	8,059	8,059	2,476,421		3,764,957	59
60 LABORATORY	7,880	7,880	4,122,897		10,270,801	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	684	684	383,432		2,721,433	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,842	2,842	2,748,446		4,207,934	65
66 PHYSICAL THERAPY	361	361	3,287,700		4,118,419	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			531,576		648,486	68
69 ELECTROCARDIOLOGY	22,401	22,401	3,097,605		4,389,101	69
69.01 CARDIOLOGY OUTREACH			358,110		772,002	69.01
69.03 EMG/NCV			45,840		58,812	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY			860,265		1,408,222	69.06
70 ELECTROENCEPHALOGRAPHY			1,132,282		6,130,849	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			17,892		28,208	71
72 IMPL. DEV. CHARGED TO PATIENTS					32,020,169	72
73 DRUGS CHARGED TO PATIENTS					8,894,961	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	14,060	14,060	3,278,831		4,963,770	75
76.97 CARDIAC REHABILITATION	2,950	2,950	906,326		1,220,885	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,362	1,362	1,120,341		1,440,792	90
90.01 URODYNAMICS			152,568		233,676	90.01
90.02 PLAINFIELD CLINIC			7,013,662		17,061,007	90.02
90.03 OSWEGO CLINIC			1,666,246		2,090,392	90.03
90.04 BOLINGBROOK CLINIC			2,279,082		1,685,600	90.04

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 DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
91 EMERGENCY	31,281	31,281	17,860,695		12,671,066	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	707,560	707,560	155,725,545	-110,351,547	311,009,579	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,111	1,111	104,524		566,019	190
192 PHYSICIANS' PRIVATE OFFICES	3,845	3,845	2,044,205		4,039,100	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	16,110,651	15,943,841	24,550,827		110,351,547	202
203 UNIT COST MULT-WS B PT I	22.610932	22.376818	0.155509		0.349640	203
204 COST TO BE ALLOC PER B PT II			233,324		4,139,398	204
205 UNIT COST MULT-WS B PT II			0.001478		0.013115	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	443,733					7
8 LAUNDRY & LINEN SERVICE	1,839	1,492,661				8
9 HOUSEKEEPING	3,623		473,659			9
10 DIETARY	5,439		5,443	206,626		10
11 CAFETERIA	14,083		14,079		3,804,940	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620		1,620		55,232	13
14 CENTRAL SERVICES & SUPPLY	11,557		11,613		98,743	14
15 PHARMACY	6,401		6,198		101,364	15
16 MEDICAL RECORDS & LIBRARY	894		2,298		150,901	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-EMS	2,378	40,506	2,378		12,162	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	127,343	502,650	139,168	192,333	934,509	30
31 INTENSIVE CARE UNIT	12,446	54,768	12,514	6,194	94,167	31
32 CORONARY CARE UNIT	30,002	60,398	30,000	8,099	116,339	32
35 NICU	19,138	44,195	5,601		119,192	35
43 NURSERY	7,053	42,777	7,053		53,840	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,227	112,724	45,568		200,375	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	9,654	25,621	9,654		51,823	50.02
51 RECOVERY ROOM	4,747	35,894			38,829	51
52 DELIVERY ROOM & LABOR ROOM	21,900	106,397	22,097		161,717	52
53 ANESTHESIOLOGY	673		673		15,688	53
54 RADIOLOGY-DIAGNOSTIC	12,121	27,842	12,611		99,709	54
54.01 ULTRASOUND	1,750	24,127	1,750		39,055	54.01
54.02 WOMENS IMAGING CTR	500	2,831	500		20,593	54.02
54.06 SPECIAL PROCEDURES	1,401	4,568	1,431		12,426	54.06
54.07 IMAGING CENTER		13,800			25,257	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC		12,824			116,885	55
56 RADIOISOTOPE	3,415	23,724	3,415		18,332	56
57 CT SCAN	1,951	23,796	1,953		63,446	57
58 MRI	2,742	21,083	2,742		25,477	58
59 CARDIAC CATHETERIZATION	8,059	3,844	8,060		61,614	59
60 LABORATORY	7,880		8,224		156,740	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	684		684		12,508	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,842		2,421		107,886	65
66 PHYSICAL THERAPY	361	15,483	361		101,396	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY					14,645	68
69 ELECTROCARDIOLOGY	22,401		22,400		106,464	69
69.01 CARDIOLOGY OUTREACH						69.01
69.03 EMG/NCV					2,045	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY		5,186			24,025	69.06
70 ELECTROENCEPHALOGRAPHY		3,806			39,684	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,461	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	14,060	37,490	14,060		97,665	75
76.97 CARDIAC REHABILITATION	2,950	2,258	2,950		29,246	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,362	1,377	1,463		52,491	90
90.01 URODYNAMICS		559			4,429	90.01
90.02 PLAINFIELD CLINIC		25,021				90.02
90.03 OSWEGO CLINIC		3,457				90.03
90.04 BOLINGBROOK CLINIC		554				90.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT SQUARE FEET	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING SQUARE FEET	(MEALS SERVED)	(FTE'S) SERVED	
	7	8	9	10	11	
91 EMERGENCY	31,281	136,047	28,903		298,441	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	438,777	1,415,607	429,885	206,626	3,736,801	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,111		1,229		3,440	190
192 PHYSICIANS' PRIVATE OFFICES	3,845	3,764	3,845		64,699	192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES						192.03
192.04 IRB						192.04
194 LINDEN OAKS HOSPITAL		73,290	38,700			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	28,652,300	504,307	6,557,479	2,701,201	4,546,812	202
203 UNIT COST MULT-WS B PT I	64.571037	0.337858	13.844304	13.072900	1.194976	203
204 COST TO BE ALLOC PER B PT II	8,523,895	121,954	419,269	377,858	950,006	204
205 UNIT COST MULT-WS B PT II	19.209513	0.081702	0.885171	1.828705	0.249677	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
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	2,606,785				13
14 CENTRAL SERVICES & SUPPLY		61,799,324			14
15 PHARMACY			29,220,058		15
16 MEDICAL RECORDS & LIBRARY				1,888,657,434	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-EMS	12,162	97,432	41,113		1,101 23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	934,509	2,156,414	71,776	115,461,552	72 30
31 INTENSIVE CARE UNIT	94,167	307,559	13,199	15,802,891	16 31
32 CORONARY CARE UNIT	116,339	493,699	17,390	22,542,429	32
35 NICU	119,192	276,918	7,396	20,837,328	35
43 NURSERY	53,840			4,719,954	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	200,375	10,877,093	36,902	127,539,873	16 50
50.01 SAME DAY SURGERY					50.01
50.02 GASTROENTEROLOGY	51,823	1,104,185	5,417	38,132,633	50.02
51 RECOVERY ROOM	38,829	98,669	1,191	22,760,110	51
52 DELIVERY ROOM & LABOR ROOM	161,717	602,925	12,386	21,004,972	52
53 ANESTHESIOLOGY	15,688	1,331,458	406,760	36,091,773	53
54 RADIOLOGY-DIAGNOSTIC	99,709	137,596	3,804	57,357,172	54
54.01 ULTRASOUND	39,055	82,661	544	35,846,203	54.01
54.02 WOMENS IMAGING CTR	20,593	301,771	2,784	8,160,754	54.02
54.06 SPECIAL PROCEDURES		614,093	11	10,463,778	54.06
54.07 IMAGING CENTER		85,215		31,045,957	54.07
54.08 P.E.T					54.08
55 RADIOLOGY-THERAPEUTIC		268,386	13,342,674	106,198,376	55
56 RADIOISOTOPE		79,000	474,920	16,368,507	56
57 CT SCAN	63,446	392,420	245	119,089,370	57
58 MRI	25,477	246,592	559	35,745,721	58
59 CARDIAC CATHETERIZATION		91,100	39,435	75,308,437	59
60 LABORATORY	156,740	2,743,256	1,046	217,111,196	42 60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,508	2,203,984	10,594	14,658,689	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		707,562	4,310	47,629,360	8 65
66 PHYSICAL THERAPY		42,857		26,166,391	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		14,514		3,972,205	68
69 ELECTROCARDIOLOGY		526,178	418	72,262,819	69
69.01 CARDIOLOGY OUTREACH				7,462,500	69.01
69.03 EMG/NCV		4,518		1,418,819	69.03
69.04 CARDIAC REHAB					69.04
69.05 CARDIAC CATH LAB					69.05
69.06 WOUND OSTOMY		289,599	8,491	9,862,903	69.06
70 ELECTROENCEPHALOGRAPHY	39,684	519,220		18,450,123	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		516,569	14,056	209,832	71
72 IMPL. DEV. CHARGED TO PATIENTS		32,020,168		88,940,217	72
73 DRUGS CHARGED TO PATIENTS		72,281	8,894,961	75,482,251	73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)		400,039	6,597	11,713,425	12 75
76.97 CARDIAC REHABILITATION		16,357		5,828,464	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	52,491	111,310		3,894,940	90
90.01 URODYNAMICS		24,607		852,892	90.01
90.02 PLAINFIELD CLINIC		750,792	5,642,775	180,189,639	90.02
90.03 OSWEGO CLINIC		51,809	2,327	10,907,574	90.03
90.04 BOLINGBROOK CLINIC		79,513	17,323	8,259,010	90.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	
91 EMERGENCY	298,441	949,200	43,668	162,906,395	923	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	2,606,785	61,689,522	29,125,072	1,888,657,434	1,089	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		19				190
192 PHYSICIANS' PRIVATE OFFICES			94,986			192
192.01 PHYSICIANS CLINICS						192.01
192.03 PHYSICIAN OFFICES		109,783				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	5,213,298	6,576,812	8,322,029	7,760,336	1,261,663	202
203 UNIT COST MULT-WS B PT I	1.999896	0.106422	0.284805	0.004109	1,145.924614	203
204 COST TO BE ALLOC PER B PT II	175,306	1,028,572	524,580	420,104	174,737	204
205 UNIT COST MULT-WS B PT II	0.067250	0.016644	0.017953	0.000222	158.707539	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	76,021,899		76,021,899	10,600	76,032,499	30
31 INTENSIVE CARE UNIT	8,493,047		8,493,047		8,493,047	31
32 CORONARY CARE UNIT	12,649,551		12,649,551		12,649,551	32
35 NICU	11,012,756		11,012,756		11,012,756	35
43 NURSERY	4,448,814		4,448,814		4,448,814	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	35,509,627		35,509,627		35,509,627	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	6,196,480		6,196,480		6,196,480	50.02
51 RECOVERY ROOM	3,298,934		3,298,934		3,298,934	51
52 DELIVERY ROOM & LABOR ROOM	13,016,881		13,016,881	28,177	13,045,058	52
53 ANESTHESIOLOGY	3,392,579		3,392,579		3,392,579	53
54 RADIOLOGY-DIAGNOSTIC	7,109,739		7,109,739		7,109,739	54
54.01 ULTRASOUND	3,089,979		3,089,979		3,089,979	54.01
54.02 WOMENS IMAGING CTR	1,764,509		1,764,509		1,764,509	54.02
54.06 SPECIAL PROCEDURES	2,096,625		2,096,625		2,096,625	54.06
54.07 IMAGING CENTER	2,347,715		2,347,715		2,347,715	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	31,268,125		31,268,125		31,268,125	55
56 RADIOISOTOPE	2,726,443		2,726,443		2,726,443	56
57 CT SCAN	4,555,965		4,555,965		4,555,965	57
58 MRI	2,845,069		2,845,069		2,845,069	58
59 CARDIAC CATHETERIZATION	6,118,594		6,118,594		6,118,594	59
60 LABORATORY	16,217,648		16,217,648		16,217,648	60
62 WHOLE BLOOD & PACKED RED BL	4,064,356		4,064,356		4,064,356	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,306,549		6,306,549	4,928	6,311,477	65
66 PHYSICAL THERAPY	5,825,167		5,825,167		5,825,167	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	910,590		910,590		910,590	68
69 ELECTROCARDIOLOGY	8,160,540		8,160,540		8,160,540	69
69.01 CARDIOLOGY OUTREACH	1,072,588		1,072,588		1,072,588	69.01
69.03 EMG/NCV	88,130		88,130		88,130	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	2,004,819		2,004,819	4,793	2,009,612	69.06
70 ELECTROENCEPHALOGRAPHY	8,533,578		8,533,578		8,533,578	70
71 MEDICAL SUPPLIES CHARGED TO	99,656		99,656		99,656	71
72 IMPL. DEV. CHARGED TO PATIE	46,988,811		46,988,811		46,988,811	72
73 DRUGS CHARGED TO PATIENTS	14,856,173		14,856,173		14,856,173	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	8,037,529		8,037,529		8,037,529	75
76.97 CARDIAC REHABILITATION	1,940,482		1,940,482		1,940,482	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,248,768		2,248,768		2,248,768	90
90.01 URODYNAMICS	326,984		326,984	4,440	331,424	90.01
90.02 PLAINFIELD CLINIC	25,462,062		25,462,062		25,462,062	90.02
90.03 OSWEGO CLINIC	2,873,441		2,873,441		2,873,441	90.03
90.04 BOLINGBROOK CLINIC	2,322,472		2,322,472		2,322,472	90.04
91 EMERGENCY	22,361,336		22,361,336	378,948	22,740,284	91
92 OBSERVATION BEDS (NON-DISTI	6,499,642		6,499,642		6,499,642	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	425,164,652		425,164,652	431,886	425,596,538	200
201 LESS OBSERVATION BEDS	6,499,642		6,499,642		6,499,642	201
202 TOTAL (SEE INSTRUCTIONS)	418,665,010		418,665,010		419,096,896	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	108,625,954		108,625,954				30
31 INTENSIVE CARE UNIT	15,802,891		15,802,891				31
32 CORONARY CARE UNIT	22,542,429		22,542,429				32
35 NICU	20,837,328		20,837,328				35
43 NURSERY	4,719,954		4,719,954				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	67,791,528	59,748,345	127,539,873	0.278420	0.278420	0.278420	50
50.01 SAME DAY SURGERY							50.01
50.02 GASTROENTEROLOGY	7,437,002	30,695,631	38,132,633	0.162498	0.162498	0.162498	50.02
51 RECOVERY ROOM	9,262,143	13,497,967	22,760,110	0.144944	0.144944	0.144944	51
52 DELIVERY ROOM & LABOR ROOM	18,301,821	2,703,151	21,004,972	0.619705	0.619705	0.621046	52
53 ANESTHESIOLOGY	16,546,949	19,544,824	36,091,773	0.093999	0.093999	0.093999	53
54 RADIOLOGY-DIAGNOSTIC	17,539,164	39,818,008	57,357,172	0.123956	0.123956	0.123956	54
54.01 ULTRASOUND	10,674,191	25,172,012	35,846,203	0.086201	0.086201	0.086201	54.01
54.02 WOMENS IMAGING CTR	25,285	8,135,469	8,160,754	0.216219	0.216219	0.216219	54.02
54.06 SPECIAL PROCEDURES	7,013,336	3,450,442	10,463,778	0.200370	0.200370	0.200370	54.06
54.07 IMAGING CENTER	132,736	30,913,221	31,045,957	0.075621	0.075621	0.075621	54.07
54.08 P.E.T							54.08
55 RADIOLOGY-THERAPEUTIC	2,047,012	104,151,364	106,198,376	0.294431	0.294431	0.294431	55
56 RADIOISOTOPE	2,008,016	14,360,491	16,368,507	0.166566	0.166566	0.166566	56
57 CT SCAN	36,712,900	82,376,470	119,089,370	0.038257	0.038257	0.038257	57
58 MRI	12,884,815	22,860,906	35,745,721	0.079592	0.079592	0.079592	58
59 CARDIAC CATHETERIZATION	40,690,312	34,618,125	75,308,437	0.081247	0.081247	0.081247	59
60 LABORATORY	81,855,497	135,255,699	217,111,196	0.074697	0.074697	0.074697	60
62 WHOLE BLOOD & PACKED RED BL	11,503,969	3,154,720	14,658,689	0.277266	0.277266	0.277266	62
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	42,608,857	5,020,503	47,629,360	0.132409	0.132409	0.132512	65
66 PHYSICAL THERAPY	11,761,173	14,405,218	26,166,391	0.222620	0.222620	0.222620	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	2,190,150	1,782,055	3,972,205	0.229240	0.229240	0.229240	68
69 ELECTROCARDIOLOGY	20,136,936	52,125,883	72,262,819	0.112929	0.112929	0.112929	69
69.01 CARDIOLOGY OUTREACH	23,212	7,439,288	7,462,500	0.143730	0.143730	0.143730	69.01
69.03 EMG/NCV	102,605	1,316,214	1,418,819	0.062115	0.062115	0.062115	69.03
69.04 CARDIAC REHAB							69.04
69.05 CARDIAC CATH LAB							69.05
69.06 WOUND OSTOMY	507,780	9,355,123	9,862,903	0.203269	0.203269	0.203755	69.06
70 ELECTROENCEPHALOGRAPHY	6,850,895	11,599,228	18,450,123	0.462521	0.462521	0.462521	70
71 MEDICAL SUPPLIES CHARGED TO	169,274	40,558	209,832	0.474932	0.474932	0.474932	71
72 IMPL. DEV. CHARGED TO PATIE	67,981,957	20,958,260	88,940,217	0.528319	0.528319	0.528319	72
73 DRUGS CHARGED TO PATIENTS	60,187,980	15,294,271	75,482,251	0.196817	0.196817	0.196817	73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)	2,397,064	9,316,361	11,713,425	0.686181	0.686181	0.686181	75
76.97 CARDIAC REHABILITATION	297,272	5,531,192	5,828,464	0.332932	0.332932	0.332932	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	43,727	3,851,213	3,894,940	0.577356	0.577356	0.577356	90
90.01 URODYNAMICS		852,892	852,892	0.383383	0.383383	0.388588	90.01
90.02 PLAINFIELD CLINIC	8,153,592	172,036,047	180,189,639	0.141307	0.141307	0.141307	90.02
90.03 OSWEGO CLINIC	17,400	10,890,174	10,907,574	0.263435	0.263435	0.263435	90.03
90.04 BOLINGBROOK CLINIC	57,370	8,201,640	8,259,010	0.281205	0.281205	0.281205	90.04
91 EMERGENCY	49,171,323	113,735,072	162,906,395	0.137265	0.137265	0.139591	91
92 OBSERVATION BEDS (NON-DISTI	358,180	6,477,418	6,835,598	0.950852	0.950852	0.950852	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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)	787,971,979	1,100,685,455	1,888,657,434				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	787,971,979	1,100,685,455	1,888,657,434				202

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	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	9,794,062		9,794,062	68,445	143.09	27,373	3,916,803	30
31 INTENSIVE CARE UNIT	942,708		942,708	4,402	214.15	1,945	416,522	31
32 CORONARY CARE UNIT	2,123,260		2,123,260	5,579	380.58	2,716	1,033,655	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 NICU	1,380,396		1,380,396	6,334	217.93			35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	519,265		519,265	5,481	94.74			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	14,759,691		14,759,691	90,241		32,034	5,366,980	200



PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/20/2013 11:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		82,507			82,507	30
31 INTENSIVE CARE UNIT		18,335			18,335	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NICU						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		100,842			100,842	200

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	68,445	1.21	27,373	33,121	30
31	INTENSIVE CARE UNIT	4,402	4.17	1,945	8,111	31
32	CORONARY CARE UNIT	5,579		2,716		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NICU	6,334				35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	5,481				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	90,241		32,034	41,232	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			18,335		18,335	18,335	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 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			48,129		48,129	48,129	60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			9,167		9,167	9,167	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.01 CARDIOLOGY OUTREACH							69.01
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 CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)			13,751		13,751	13,751	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 BOLINGBROOK CLINIC							90.04
91 EMERGENCY			1,057,688		1,057,688	1,057,688	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS			7,052		7,052	7,052	92
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,154,122		1,154,122	1,154,122	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	127,539,873	0.000144	0.000144	23,632,423	3,403	7,490,405	1,079	50
50.01	SAME DAY SURGERY								50.01
50.02	GASTROENTEROLOGY	38,132,633			3,519,433		8,287,679		50.02
51	RECOVERY ROOM	22,760,110			3,325,544		2,012,402		51
52	DELIVERY ROOM & LABOR ROOM	21,004,972			20,753		2,266		52
53	ANESTHESIOLOGY	36,091,773			5,150,646		3,120,593		53
54	RADIOLOGY-DIAGNOSTIC	57,357,172			9,322,351		7,268,506		54
54.01	ULTRASOUND	35,846,203			5,301,440		5,027,243		54.01
54.02	WOMENS IMAGING CTR	8,160,754			10,759		678,421		54.02
54.06	SPECIAL PROCEDURES	10,463,778			3,750,490		1,700,644		54.06
54.07	IMAGING CENTER	31,045,957			90,556		7,336,218		54.07
54.08	P.E.T								54.08
55	RADIOLOGY-THERAPEUTIC	106,198,376			1,207,879		39,226,284		55
56	RADIOISOTOPE	16,368,507			1,186,113		5,256,655		56
57	CT SCAN	119,089,370			19,075,962		21,472,009		57
58	MRI	35,745,721			5,687,382		5,533,910		58
59	CARDIAC CATHETERIZATION	75,308,437			19,025,267		12,435,894		59
60	LABORATORY	217,111,196	0.000222	0.000222	39,102,765	8,681	5,505,005	1,222	60
62	WHOLE BLOOD & PACKED RED BLO	14,658,689			5,268,924		717,774		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	47,629,360	0.000192	0.000192	20,391,306	3,915	1,017,606	195	65
66	PHYSICAL THERAPY	26,166,391			6,966,479		2,206		66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	3,972,205			1,303,248		46,099		68
69	ELECTROCARDIOLOGY	72,262,819			9,871,149		17,671,252		69
69.01	CARDIOLOGY OUTREACH	7,462,500							69.01
69.03	EMG/NCV	1,418,819			50,211		284,050		69.03
69.04	CARDIAC REHAB								69.04
69.05	CARDIAC CATH LAB								69.05
69.06	WOUND OSTOMY	9,862,903			375,351		4,814,529		69.06
70	ELECTROENCEPHALOGRAPHY	18,450,123			2,116,760		2,515,685		70
71	MEDICAL SUPPLIES CHARGED TO	209,832			123,341		35,446		71
72	IMPL. DEV. CHARGED TO PATIEN	88,940,217			29,660,327		8,629,321		72
73	DRUGS CHARGED TO PATIENTS	75,482,251			26,286,938		3,209,557		73
74	RENAL DIALYSIS								74
75	ASC (NON-DISTINCT PART)	11,713,425	0.001174	0.001174	1,159,840	1,362	1,607,982	1,888	75
76.97	CARDIAC REHABILITATION	5,828,464			165,639		2,529,980		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	3,894,940			29,474		440,666		90
90.01	URODYNAMICS	852,892					206,664		90.01
90.02	PLAINFIELD CLINIC	180,189,639			2,952,893		30,894,031		90.02
90.03	OSWEGO CLINIC	10,907,574			4,551		1,005,715		90.03
90.04	BOLINGBROOK CLINIC	8,259,010			22,862		440,641		90.04
91	EMERGENCY	162,906,395	0.006493	0.006493	22,379,519	145,310	17,302,244	112,343	91
92	OBSERVATION BEDS (NON-DISTIN	6,835,598	0.001032	0.001032	326,722	337	1,349,256	1,392	92
OTHER REIMBURSABLE COST CENTERS									
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	1,716,128,878			268,865,297	163,008	227,074,838	118,119	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P [XX] TITLE XVIII-PT B [ ] TITLE XIX - O/P	[XX] HOSPITAL (14-0231) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] S/B-SNF [ ] S/B-NF [ ] ICF/MR	PROGRAM CHARGES			PROGRAM COSTS		
COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	0.278420	7,490,405	31,024	2,085,479	8,638				50
50.01	SAME DAY SURGERY									50.01
50.02	GASTROENTEROLOGY	0.162498	8,287,679	8,864	1,346,731	1,440				50.02
51	RECOVERY ROOM	0.144944	2,012,402		291,686					51
52	DELIVERY ROOM & LABOR ROOM	0.619705	2,266		1,404					52
53	ANESTHESIOLOGY	0.093999	3,120,593		293,333					53
54	RADIOLOGY-DIAGNOSTIC	0.123956	7,268,506		900,975					54
54.01	ULTRASOUND	0.086201	5,027,243		433,353					54.01
54.02	WOMENS IMAGING CTR	0.216219	678,421		146,688					54.02
54.06	SPECIAL PROCEDURES	0.200370	1,700,644		340,758					54.06
54.07	IMAGING CENTER	0.075621	7,336,218		554,772					54.07
54.08	P.E.T									54.08
55	RADIOLOGY-THERAPEUTIC	0.294431	39,226,284		11,549,434					55
56	RADIOISOTOPE	0.166566	5,256,655		875,580					56
57	CT SCAN	0.038257	21,472,009		821,455					57
58	MRI	0.079592	5,533,910		440,455					58
59	CARDIAC CATHETERIZATION	0.081247	12,435,894	35,456	1,010,379	2,881				59
60	LABORATORY	0.074697	5,505,005	9,400	411,207	702				60
62	WHOLE BLOOD & PACKED RED BLOOD	0.277266	717,774		199,014					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	RESPIRATORY THERAPY	0.132409	1,017,606		134,740					65
66	PHYSICAL THERAPY	0.222620	2,206		491					66
67	OCCUPATIONAL THERAPY									67
68	SPEECH PATHOLOGY	0.229240	46,099		10,568					68
69	ELECTROCARDIOLOGY	0.112929	17,671,252		1,995,597					69
69.01	CARDIOLOGY OUTREACH	0.143730								69.01
69.03	EMG/NCV	0.062115	284,050		17,644					69.03
69.04	CARDIAC REHAB									69.04
69.05	CARDIAC CATH LAB									69.05
69.06	WOUND OSTOMY	0.203269	4,814,529		978,644					69.06
70	ELECTROENCEPHALOGRAPHY	0.462521	2,515,685		1,163,557					70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.474932	35,446		16,834					71
72	IMPL. DEV. CHARGED TO PATIENTS	0.528319	8,629,321		4,559,034					72
73	DRUGS CHARGED TO PATIENTS	0.196817	3,209,557		631,695			37,763		73
74	RENAL DIALYSIS									74
75	ASC (NON-DISTINCT PART)	0.686181	1,607,982		1,103,367					75
76.97	CARDIAC REHABILITATION	0.332932	2,529,980		842,311					76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC	0.577356	440,666		254,421					90
90.01	URODYNAMICS	0.383383	206,664		79,231					90.01
90.02	PLAINFIELD CLINIC	0.141307	30,894,031		4,365,543					90.02
90.03	OSWEGO CLINIC	0.263435	1,005,715		264,941					90.03
90.04	BOLINGBROOK CLINIC	0.281205	440,641		123,910					90.04
91	EMERGENCY	0.137265	17,302,244		2,374,993					91
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.950852	1,349,256		1,282,943					92
94	HOME PROGRAM DIALYSIS									94
200	SUBTOTAL (SEE INSTRUCTIONS)		227,074,838	84,744	191,871	41,903,167	13,661	37,763		200
201	LESS PBP CLINIC LAB SERVICES									201
202	NET CHARGES (LINE 200 - LINE 201)		227,074,838	84,744	191,871	41,903,167	13,661	37,763		202

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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	9,794,062		9,794,062	68,445	143.09	3,196	457,316	30
31 INTENSIVE CARE UNIT	942,708		942,708	4,402	214.15	242	51,824	31
32 CORONARY CARE UNIT	2,123,260		2,123,260	5,579	380.58	161	61,273	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 NICU	1,380,396		1,380,396	6,334	217.93	354	77,147	35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	519,265		519,265	5,481	94.74	1,140	108,004	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	14,759,691		14,759,691	90,241		5,093	755,564	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0231) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
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	3,738,042	127,539,873	0.029309	50
50.01	SAME DAY SURGERY				50.01
50.02	GASTROENTEROLOGY	725,229	38,132,633	0.019019	50.02
51	RECOVERY ROOM	356,025	22,760,110	0.015642	51
52	DELIVERY ROOM & LABOR ROOM	1,610,980	21,004,972	0.076695	52
53	ANESTHESIOLOGY	116,608	36,091,773	0.003231	53
54	RADIOLOGY-DIAGNOSTIC	1,047,790	57,357,172	0.018268	54
54.01	ULTRASOUND	166,895	35,846,203	0.004656	54.01
54.02	WOMENS IMAGING CTR	62,696	8,160,754	0.007683	54.02
54.06	SPECIAL PROCEDURES	127,380	10,463,778	0.012173	54.06
54.07	IMAGING CENTER	287,342	31,045,957	0.009255	54.07
54.08	P.E.T				54.08
55	RADIOLOGY-THERAPEUTIC	1,686,640	106,198,376	0.015882	55
56	RADIOISOTOPE	265,788	16,368,507	0.016238	56
57	CT SCAN	221,464	119,089,370	0.001860	57
58	MRI	225,830	35,745,721	0.006318	58
59	CARDIAC CATHETERIZATION	630,516	75,308,437	0.008372	59
60	LABORATORY	858,362	217,111,196	0.003954	60
62	WHOLE BLOOD & PACKED RED BLOO	124,974	14,658,689	0.008526	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	347,731	47,629,360	0.007301	65
66	PHYSICAL THERAPY	289,559	26,166,391	0.011066	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	15,814	3,972,205	0.003981	68
69	ELECTROCARDIOLOGY	1,571,441	72,262,819	0.021746	69
69.01	CARDIOLOGY OUTREACH	12,311	7,462,500	0.001650	69.01
69.03	EMG/NCV	1,740	1,418,819	0.001226	69.03
69.04	CARDIAC REHAB				69.04
69.05	CARDIAC CATH LAB				69.05
69.06	WOUND OSTOMY	34,077	9,862,903	0.003455	69.06
70	ELECTROENCEPHALOGRAPHY	261,918	18,450,123	0.014196	70
71	MEDICAL SUPPLIES CHARGED TO P	9,658	209,832	0.046027	71
72	IMPL. DEV. CHARGED TO PATIENT	972,620	88,940,217	0.010936	72
73	DRUGS CHARGED TO PATIENTS	294,308	75,482,251	0.003899	73
74	RENAL DIALYSIS				74
75	ASC (NON-DISTINCT PART)	1,022,805	11,713,425	0.087319	75
76.97	CARDIAC REHABILITATION	221,446	5,828,464	0.037994	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	213,036	3,894,940	0.054696	90
90.01	URODYNAMICS	28,892	852,892	0.033875	90.01
90.02	PLAINFIELD CLINIC	2,891,066	180,189,639	0.016045	90.02
90.03	OSWEGO CLINIC	363,029	10,907,574	0.033282	90.03
90.04	BOLINGBROOK CLINIC	168,263	8,259,010	0.020373	90.04
91	EMERGENCY	2,398,631	162,906,395	0.014724	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	837,245	6,835,598	0.122483	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	24,208,151	1,716,128,878		200

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/20/2013 11:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		82,507			82,507	30
31 INTENSIVE CARE UNIT		18,335			18,335	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NICU						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		100,842			100,842	200

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	68,445	1.21	3,196	3,867	30
31	INTENSIVE CARE UNIT	4,402	4.17	242	1,009	31
32	CORONARY CARE UNIT	5,579		161		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NICU	6,334		354		35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	5,481		1,140		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	90,241		5,093	4,876	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 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			18,335		18,335	18,335	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 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			48,129		48,129	48,129	60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			9,167		9,167	9,167	65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.01 CARDIOLOGY OUTREACH							69.01
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 CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)			13,751		13,751	13,751	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 BOLINGBROOK CLINIC							90.04
91 EMERGENCY			1,057,688		1,057,688	1,057,688	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,147,070		1,147,070	1,147,070	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	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	127,539,873	0.000144	0.000144			50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	38,132,633					50.02
51	RECOVERY ROOM	22,760,110					51
52	DELIVERY ROOM & LABOR ROOM	21,004,972					52
53	ANESTHESIOLOGY	36,091,773					53
54	RADIOLOGY-DIAGNOSTIC	57,357,172					54
54.01	ULTRASOUND	35,846,203					54.01
54.02	WOMENS IMAGING CTR	8,160,754					54.02
54.06	SPECIAL PROCEDURES	10,463,778					54.06
54.07	IMAGING CENTER	31,045,957					54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	106,198,376					55
56	RADIOISOTOPE	16,368,507					56
57	CT SCAN	119,089,370					57
58	MRI	35,745,721					58
59	CARDIAC CATHETERIZATION	75,308,437					59
60	LABORATORY	217,111,196	0.000222	0.000222			60
62	WHOLE BLOOD & PACKED RED BLO	14,658,689					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	47,629,360	0.000192	0.000192			65
66	PHYSICAL THERAPY	26,166,391					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	3,972,205					68
69	ELECTROCARDIOLOGY	72,262,819					69
69.01	CARDIOLOGY OUTREACH	7,462,500					69.01
69.03	EMG/NCV	1,418,819					69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	9,862,903					69.06
70	ELECTROENCEPHALOGRAPHY	18,450,123					70
71	MEDICAL SUPPLIES CHARGED TO	209,832					71
72	IMPL. DEV. CHARGED TO PATIEN	88,940,217					72
73	DRUGS CHARGED TO PATIENTS	75,482,251					73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	11,713,425	0.001174	0.001174			75
76.97	CARDIAC REHABILITATION	5,828,464					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,894,940					90
90.01	URODYNAMICS	852,892					90.01
90.02	PLAINFIELD CLINIC	180,189,639					90.02
90.03	OSWEGO CLINIC	10,907,574					90.03
90.04	BOLINGBROOK CLINIC	8,259,010					90.04
91	EMERGENCY	162,906,395	0.006493	0.006493			91
92	OBSERVATION BEDS (NON-DISTIN	6,835,598					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,716,128,878					200



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	68,445	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	68,445	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62,594	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)	27,373	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)	76,032,499	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	76,032,499	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 31)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 35 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	76,032,499	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) 1,110.86 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,407,571 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) 30,407,571 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	8,493,047	4,402	1,929.36	1,945	3,752,605	43
44 CORONARY CARE UNIT	12,649,551	5,579	2,267.35	2,716	6,158,123	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	11,012,756	6,334	1,738.67			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					50,522,153	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					90,840,452	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,408,212 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,139,542 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 8,547,754 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 82,292,698 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) 5,851 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,110.86 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,499,642 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	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	9,794,062	76,032,499	0.128814	6,499,642	837,245	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	82,507	76,032,499	0.001085	6,499,642	7,052	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	68,445	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	68,445	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	62,594	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,196	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)	5,481	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,140	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)	76,021,899	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	76,021,899	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	76,021,899	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) 1,110.70 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,549,797 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) 3,549,797 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	4,448,814	5,481	811.68	1,140	925,315 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,493,047	4,402	1,929.36	242	466,905 43
44 CORONARY CARE UNIT	12,649,551	5,579	2,267.35	161	365,043 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 NICU	11,012,756	6,334	1,738.67	354	615,489 47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					5,922,549 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 760,440 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 760,440 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) 5,851 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		50,383,287		30
31 INTENSIVE CARE UNIT		7,131,592		31
32 CORONARY CARE UNIT		10,948,194		32
35 NICU				35
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.278420	23,632,423	6,579,739	50
50.01 SAME DAY SURGERY				50.01
50.02 GASTROENTEROLOGY	0.162498	3,519,433	571,901	50.02
51 RECOVERY ROOM	0.144944	3,325,544	482,018	51
52 DELIVERY ROOM & LABOR ROOM	0.621046	20,753	12,889	52
53 ANESTHESIOLOGY	0.093999	5,150,646	484,156	53
54 RADIOLOGY-DIAGNOSTIC	0.123956	9,322,351	1,155,561	54
54.01 ULTRASOUND	0.086201	5,301,440	456,989	54.01
54.02 WOMENS IMAGING CTR	0.216219	10,759	2,326	54.02
54.06 SPECIAL PROCEDURES	0.200370	3,750,490	751,486	54.06
54.07 IMAGING CENTER	0.075621	90,556	6,848	54.07
54.08 P.E.T				54.08
55 RADIOLOGY-THERAPEUTIC	0.294431	1,207,879	355,637	55
56 RADIOISOTOPE	0.166566	1,186,113	197,566	56
57 CT SCAN	0.038257	19,075,962	729,789	57
58 MRI	0.079592	5,687,382	452,670	58
59 CARDIAC CATHETERIZATION	0.081247	19,025,267	1,545,746	59
60 LABORATORY	0.074697	39,102,765	2,920,859	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.277266	5,268,924	1,460,893	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.132512	20,391,306	2,702,093	65
66 PHYSICAL THERAPY	0.222620	6,966,479	1,550,878	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.229240	1,303,248	298,757	68
69 ELECTROCARDIOLOGY	0.112929	9,871,149	1,114,739	69
69.01 CARDIOLOGY OUTREACH	0.143730			69.01
69.03 EMG/NCV	0.062115	50,211	3,119	69.03
69.04 CARDIAC REHAB				69.04
69.05 CARDIAC CATH LAB				69.05
69.06 WOUND OSTOMY	0.203755	375,351	76,480	69.06
70 ELECTROENCEPHALOGRAPHY	0.462521	2,116,760	979,046	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.474932	123,341	58,579	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.528319	29,660,327	15,670,114	72
73 DRUGS CHARGED TO PATIENTS	0.196817	26,286,938	5,173,716	73
74 RENAL DIALYSIS				74
75 ASC (NON-DISTINCT PART)	0.686181	1,159,840	795,860	75
76.97 CARDIAC REHABILITATION	0.332932	165,639	55,147	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.577356	29,474	17,017	90
90.01 URODYNAMICS	0.388588			90.01
90.02 PLAINFIELD CLINIC	0.141307	2,952,893	417,264	90.02
90.03 OSWEGO CLINIC	0.263435	4,551	1,199	90.03
90.04 BOLINGBROOK CLINIC	0.281205	22,862	6,429	90.04
91 EMERGENCY	0.139591	22,379,519	3,123,979	91
92 OBSERVATION BEDS (NON-DISTINCT	0.950852	326,722	310,664	92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		268,865,297	50,522,153	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		268,865,297		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(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	0.278420		50
50.01 SAME DAY SURGERY			50.01
50.02 GASTROENTEROLOGY	0.162498		50.02
51 RECOVERY ROOM	0.144944		51
52 DELIVERY ROOM & LABOR ROOM	0.619705		52
53 ANESTHESIOLOGY	0.093999		53
54 RADIOLOGY-DIAGNOSTIC	0.123956		54
54.01 ULTRASOUND	0.086201		54.01
54.02 WOMENS IMAGING CTR	0.216219		54.02
54.06 SPECIAL PROCEDURES	0.200370		54.06
54.07 IMAGING CENTER	0.075621		54.07
54.08 P.E.T			54.08
55 RADIOLOGY-THERAPEUTIC	0.294431		55
56 RADIOISOTOPE	0.166566		56
57 CT SCAN	0.038257		57
58 MRI	0.079592		58
59 CARDIAC CATHETERIZATION	0.081247		59
60 LABORATORY	0.074697		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.277266		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.132409		65
66 PHYSICAL THERAPY	0.222620		66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY	0.229240		68
69 ELECTROCARDIOLOGY	0.112929		69
69.01 RADIOLOGY OUTREACH	0.143730		69.01
69.03 EMG/NCV	0.062115		69.03
69.04 CARDIAC REHAB			69.04
69.05 CARDIAC CATH LAB			69.05
69.06 WOUND OSTOMY	0.203269		69.06
70 ELECTROENCEPHALOGRAPHY	0.462521		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.474932		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.528319		72
73 DRUGS CHARGED TO PATIENTS	0.196817		73
74 RENAL DIALYSIS			74
75 ASC (NON-DISTINCT PART)	0.686181		75
76.97 CARDIAC REHABILITATION	0.332932		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.577356		90
90.01 URODYNAMICS	0.383383		90.01
90.02 PLAINFIELD CLINIC	0.141307		90.02
90.03 OSWEGO CLINIC	0.263435		90.03
90.04 BOLINGBROOK CLINIC	0.281205		90.04
91 EMERGENCY	0.137265		91
92 OBSERVATION BEDS (NON-DISTINCT	0.950852		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
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  HOSPITAL (14-0231)  
 APPLICABLE BOX:  SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	62,789,426	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,755,526	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	2,778,832	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	281.93	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)	0.0209	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (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)	65,544,952	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)	65,544,952	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,721,678	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	41,232	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	163,008	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	71,470,870	59
60	PRIMARY PAYER PAYMENTS	40,384	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	71,430,486	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,062,872	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	181,751	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	775,892	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	543,124	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	560,991	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	65,728,987	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	14,717	70.93
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	65,743,704	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	328,719	71.01
72	INTERIM PAYMENTS	65,461,565	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-46,580	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	51,424	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	41,785,048	2
3	PPS PAYMENTS	35,624,874	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	105,242	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	118,119	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	51,424	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	276,615	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	276,615	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	276,615	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	225,191	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	51,424	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	35,848,235	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	15,069	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	7,769,643	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	28,114,947	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	28,114,947	30
31	PRIMARY PAYER PAYMENTS	6,931	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	28,108,016	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	815,035	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	570,525	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	603,138	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	28,678,541	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-212	38
39	OTHER ADJUSTMENTS (FORMULA DRIVEN OVERPAYMENT EST)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	28,678,753	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	143,394	40.01
41	INTERIM PAYMENTS	28,489,802	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	45,557	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		65,300,641		28,360,056	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 01/29/2013	160,924	01/29/2013	129,746	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)		160,924		129,746	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		65,461,565		28,489,802	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 TO .01	282,139		188,951	6.01
	PROVIDER PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		65,743,704		28,678,753	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

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	20,889 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	32,034 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,357 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	78,909 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,888,657,434 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	56,494,939 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
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL (14-0231)  SNF  PPS  
 APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF  ICF/MR  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	5,922,549		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,922,549		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,922,549		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	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))	5,922,549		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
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	-269,000			1
2 TEMPORARY INVESTMENTS	5,575,000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	83,115,000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	9,189,000			7
8 PREPAID EXPENSES	2,379,000			8
9 OTHER CURRENT ASSETS	1,395,000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	101,384,000			11
<b>FIXED ASSETS</b>				
12 LAND	150,000			12
13 LAND IMPROVEMENTS	9,850,000			13
14 ACCUMULATED DEPRECIATION	-7,000,000			14
15 BUILDINGS	375,338,000			15
16 ACCUMULATED DEPRECIATION	-209,398,000			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	243,687,000			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)	267,204,000			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	343,316,000	1,233,000		31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	107,223,000			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	450,539,000	1,233,000		35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	819,127,000	1,233,000		36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	30,522,000			37
38 SALARIES, WAGES & FEES PAYABLE	34,985,000			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	5,575,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	96,017,000			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	167,099,000			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	261,298,000			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	42,587,000			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	303,885,000			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	470,984,000			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	348,143,000			52
53 SPECIFIC PURPOSE FUND BALANCE		1,233,000		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)	348,143,000	1,233,000		59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	819,127,000	1,233,000		60



STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	271,682,000			1,170,000					1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	73,921,000								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	345,603,000			1,170,000					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 TRANSFERS FROM AFFILIATES	2,540,000								6
7 CONTRIBUTIONS			407,000						7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	2,540,000			407,000					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	348,143,000			1,577,000					11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 RELEASE OF ASSETS FROM RESTR			344,000						14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)				344,000					18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	348,143,000			1,233,000					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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	112,084,442		112,084,442	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	112,084,442		112,084,442	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	15,810,713		15,810,713	11
12 CORONARY CARE UNIT	22,577,509		22,577,509	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 NICU	14,814,071		14,814,071	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	53,202,293		53,202,293	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	165,286,735		165,286,735	17
18 ANCILLARY SERVICES	629,572,982	1,164,665,220	1,794,238,202	18
19 OUTPATIENT SERVICES				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)	794,859,717	1,164,665,220	1,959,524,937	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		470,055,100	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)		470,055,100	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,959,524,937	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,480,202,850	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	479,322,087	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	470,055,100	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	9,266,987	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,722,787	6
7	INCOME FROM INVESTMENTS	251,130	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	26,058	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,813,003	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	661,212	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	597,076	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	755,560	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MANAGEMENT FEES)	552,516	24
24.01	OTHER (INVESTMENT INCOME MANAGEMENT FEES)	22,013,477	24.01
24.02	OTHER (INVESTMENT INCOME AFFILIATES)	2,182,512	24.02
24.03	OTHER (VOLUNTEER REVENUE)	968,665	24.03
24.04	OTHER (UN-REALIZED GAIN ON INVESTMENTS)	16,937,595	24.04
24.05	OTHER (GAIN ON INTEREST SWAP)	11,791,445	24.05
24.06	OTHER (LAB OTHER REVENUE)	466,737	24.06
24.07	OTHER (OTHER OPERATING REVENUE)	299,166	24.07
24.08	OTHER (CARDIOGRAPHICS)	831,796	24.08
24.09	OTHER (RADIOLOGY OTHER REVENUE)	12,953	24.09
24.10	OTHER (OCCUPATIONAL HEALTH REVENUE)	155,342	24.10
24.11	OTHER (ER TRAUMA SVCS OTHER REV)	214,013	24.11
24.12	OTHER (COMMUNITY TRAINING CTR OTHER REV)	179,103	24.12
24.13	OTHER (NURSING STAFF OTHER REVENUE)	29,581	24.13
24.14	OTHER (NEURO ADMIN EMPLOYEE LEASING)	123,414	24.14
24.15	OTHER (CANCER CENTER RESEARCH)	272,868	24.15
24.16	OTHER (PATIENT ACCOUNTING REVENUE)	8,994	24.16
24.17	OTHER (ER PROFESSIONAL FEE REVENUE)	124,433	24.17
24.18	OTHER (MEDICAL STAFF APPLICATIONS)	85,800	24.18
24.19	OTHER (IRB OTHER REVENUE)	78,676	24.19
24.20	OTHER (CAPITATION BONUS)	1,641,000	24.20
24.21	OTHER (URODYNAMICS)		24.21
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	64,796,912	25
26	TOTAL (LINE 5 PLUS LINE 25)	74,063,899	26
27	OTHER EXPENSES (LOSS ON ASSET FEFEASANCE)	142,899	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	142,899	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	73,921,000	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: [ XX ] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES		HOURS OF SERVICE			1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)					9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)					17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)					27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)					31

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/20/2013 11:23

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [   ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	DEPARTMENT	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					12
13	METHOD II HOME PATIENT					13
14	EPO (INCL IN RENAL DEPT)					14
15	ARANESP (INCL IN RENAL DEPT)					15
16	OTHER					16
17	TOTAL (SUM OF LINES 2-16)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/20/2013 11:23

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2  
(CONTINUED)

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/20/2013 11:23

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)				
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS						1
MAINTENANCE						
2 HEMODIALYSIS						2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRMNTS						
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS						17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)						18





PROVIDER CCN: 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/20/2013 11:23

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4  
 (CONTINUED)

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEEINSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK  TITLE V  HOSPITAL ((14-023)  PPS  
 APPLICABLE  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	5,013,366	1
2	CAPITAL DRG OUTLIER PAYMENTS	613,058	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	216.19	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)	0.0209	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.0721	8
9	SUM OF LINES 7 AND 8	0.0930	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0190	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	95,254	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,721,678	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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					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 CT SCAN					57
58 MRI					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
69.01 CARDIOLOGY OUTREACH					69.01
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 CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
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 BOLINGBROOK CLINIC					90.04
91 EMERGENCY					91

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	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS						118
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	39.99		4.67				44.66 30
31 INTENSIVE CARE UNIT	44.18		5.50				49.68 31
32 CORONARY CARE UNIT	48.68		2.89				51.57 32
35 NICU			5.59				5.59 35
43 NURSERY			20.80				20.80 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	18.53	5.90					24.43 50
50.02 GASTROENTEROLOGY	9.23	21.76					30.99 50.02
51 RECOVERY ROOM	14.61	8.84					23.45 51
52 DELIVERY ROOM & LABOR ROOM	0.10	0.01					0.11 52
53 ANESTHESIOLOGY	14.27	8.65					22.92 53
54 RADIOLOGY-DIAGNOSTIC	16.25	12.67					28.92 54
54.01 ULTRASOUND	14.79	14.02					28.81 54.01
54.02 WOMENS IMAGING CTR	0.13	8.31					8.44 54.02
54.06 SPECIAL PROCEDURES	35.84	16.25					52.09 54.06
54.07 IMAGING CENTER	0.29	23.63					23.92 54.07
55 RADIOLOGY-THERAPEUTIC	1.14	36.94					38.08 55
56 RADIOISOTOPE	7.25	32.11					39.36 56
57 CT SCAN	16.02	18.03					34.05 57
58 MRI	15.91	15.48					31.39 58
59 CARDIAC CATHETERIZATION	25.26	16.56					41.82 59
60 LABORATORY	18.01	2.54					20.55 60
62 WHOLE BLOOD & PACKED RED BLOOD	35.94	4.90					40.84 62
65 RESPIRATORY THERAPY	42.81	2.14					44.95 65
66 PHYSICAL THERAPY	26.62	0.01					26.63 66
68 SPEECH PATHOLOGY	32.81	1.16					33.97 68
69 ELECTROCARDIOLOGY	13.66	24.45					38.11 69
69.03 EMG/NCV	3.54	20.02					23.56 69.03
69.06 WOUND OSTOMY	3.81	48.81					52.62 69.06
70 ELECTROENCEPHALOGRAPHY	11.47	13.64					25.11 70
71 MEDICAL SUPPLIES CHARGED TO PAT	58.78	16.89					75.67 71
72 IMPL. DEV. CHARGED TO PATIENTS	33.35	9.70					43.05 72
73 DRUGS CHARGED TO PATIENTS	34.83	4.51					39.34 73
75 ASC (NON-DISTINCT PART)	9.90	13.73					23.63 75
76.97 CARDIAC REHABILITATION	2.84	43.41					46.25 76.97
90 CLINIC	0.76	11.31					12.07 90
90.01 URODYNAMICS		24.23					24.23 90.01
90.02 PLAINFIELD CLINIC	1.64	17.15					18.79 90.02
90.03 OSWEGO CLINIC	0.04	9.22					9.26 90.03
90.04 BOLINGBROOK CLINIC	0.28	5.34					5.62 90.04
91 EMERGENCY	13.74	10.62					24.36 91
92 OBSERVATION BEDS (NON-DISTINCT	4.78	19.74					24.52 92
200 TOTAL CHARGES	15.67	13.25					28.92 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	16,110,651	3.78	-16,110,651	-8.12		1
2	CAP REL COSTS-MVBLE EQUIP	15,943,841	3.74	-15,943,841	-8.03		2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	24,317,611	5.71	-24,317,611	-12.25		4
5	ADMINISTRATIVE & GENERAL	104,801,535	24.60	-104,801,535	-52.79		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	12,862,797	3.02	-12,862,797	-6.48		7
8	LAUNDRY & LINEN SERVICE	187,422	0.04	-187,422	-0.09		8
9	HOUSEKEEPING	4,046,064	0.95	-4,046,064	-2.04		9
10	DIETARY	1,440,682	0.34	-1,440,682	-0.73		10
11	CAFETERIA	1,917,150	0.45	-1,917,150	-0.97		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,189,890	0.75	-3,189,890	-1.61		13
14	CENTRAL SERVICES & SUPPLY	3,327,574	0.78	-3,327,574	-1.68		14
15	PHARMACY	4,816,122	1.13	-4,816,122	-2.43		15
16	MEDICAL RECORDS & LIBRARY	5,004,789	1.17	-5,004,789	-2.52		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A						21
22	I&R SERVICES-OTHER PRGM COSTS A						22
23	PARAMED ED PRGM-EMS	558,226	0.13	-558,226	-0.28		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	33,655,583	7.90	42,366,316	21.34	76,021,899	17.85
31	INTENSIVE CARE UNIT	4,062,577	0.95	4,430,470	2.23	8,493,047	1.99
32	CORONARY CARE UNIT	5,102,359	1.20	7,547,192	3.80	12,649,551	2.97
35	NICU	5,229,553	1.23	5,783,203	2.91	11,012,756	2.59
43	NURSERY	2,124,751	0.50	2,324,063	1.17	4,448,814	1.04
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	19,161,439	4.50	16,348,188	8.23	35,509,627	8.34
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	2,996,682	0.70	3,199,798	1.61	6,196,480	1.45
51	RECOVERY ROOM	1,601,235	0.38	1,697,699	0.86	3,298,934	0.77
52	DELIVERY ROOM & LABOR ROOM	6,048,709	1.42	6,968,172	3.51	13,016,881	3.06
53	ANESTHESIOLOGY	2,061,393	0.48	1,331,186	0.67	3,392,579	0.80
54	RADIOLOGY-DIAGNOSTIC	3,137,886	0.74	3,971,853	2.00	7,109,739	1.67
54.01	ULTRASOUND	1,659,529	0.39	1,430,450	0.72	3,089,979	0.73
54.02	WOMENS IMAGING CTR	1,047,648	0.25	716,861	0.36	1,764,509	0.41
54.06	SPECIAL PROCEDURES	1,224,392	0.29	872,233	0.44	2,096,625	0.49
54.07	IMAGING CENTER	1,455,109	0.34	892,606	0.45	2,347,715	0.55
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	19,267,476	4.52	12,000,649	6.04	31,268,125	7.34
56	RADIOISOTOPE	1,372,802	0.32	1,353,641	0.68	2,726,443	0.64
57	CT SCAN	2,341,175	0.55	2,214,790	1.12	4,555,965	1.07
58	MRI	1,470,398	0.35	1,374,671	0.69	2,845,069	0.67
59	CARDIAC CATHETERIZATION	3,017,294	0.71	3,101,300	1.56	6,118,594	1.44
60	LABORATORY	9,275,150	2.18	6,942,498	3.50	16,217,648	3.81
62	WHOLE BLOOD & PACKED RED BLOOD	2,631,034	0.62	1,433,322	0.72	4,064,356	0.95
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	3,652,671	0.86	2,653,878	1.34	6,306,549	1.48
66	PHYSICAL THERAPY	3,590,911	0.84	2,234,256	1.13	5,825,167	1.37
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	565,821	0.13	344,769	0.17	910,590	0.21
69	ELECTROCARDIOLOGY	2,899,626	0.68	5,260,914	2.65	8,160,540	1.92
69.01	CARDIOLOGY OUTREACH	716,313	0.17	356,275	0.18	1,072,588	0.25
69.03	EMG/NCV	51,683	0.01	36,447	0.02	88,130	0.02
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	1,274,443	0.30	730,376	0.37	2,004,819	0.47
70	ELECTROENCEPHALOGRAPHY	5,954,769	1.40	2,578,809	1.30	8,533,578	2.00
71	MEDICAL SUPPLIES CHARGED TO PAT	25,426	0.01	74,230	0.04	99,656	0.02
72	IMPL. DEV. CHARGED TO PATIENTS	32,020,169	7.52	14,968,642	7.54	46,988,811	11.03
73	DRUGS CHARGED TO PATIENTS	8,894,961	2.09	5,961,212	3.00	14,856,173	3.49
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	3,821,354	0.90	4,216,175	2.12	8,037,529	1.89
76.97	CARDIAC REHABILITATION	947,229	0.22	993,253	0.50	1,940,482	0.46
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	1,205,296	0.28	1,043,472	0.53	2,248,768	0.53
90.01	URODYNAMICS	209,950	0.05	117,034	0.06	326,984	0.08
90.02	PLAINFIELD CLINIC	15,970,319	3.75	9,491,743	4.78	25,462,062	5.98
90.03	OSWEGO CLINIC	1,831,276	0.43	1,042,165	0.52	2,873,441	0.67
90.04	BOLINGBROOK CLINIC	1,331,182	0.31	991,290	0.50	2,322,472	0.55
91	EMERGENCY	8,486,305	1.99	13,875,031	6.99	22,361,336	5.25
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94	HOME PROGRAM DIALYSIS						94

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
OUTPATIENT SERVICE COST CENTERS								
99.10							99.10	
99.20							99.20	
99.30							99.30	
99.40							99.40	
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN	499,783	0.12	357,005	0.18	856,788	0.20	190
192	PHYSICIANS' PRIVATE OFFICES	3,548,230	0.83	2,310,246	1.16	5,858,476	1.38	192
192.01	PHYSICIANS CLINICS							192.01
192.03	PHYSICIAN OFFICES			11,683	0.01	11,683		192.03
192.04	IRB							192.04
194	LINDEN OAKS HOSPITAL			574,288	0.29	574,288	0.13	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	425,966,245	100.00			425,966,245	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	3,738,042	127,539,873	0.029309	23,632,423	692,643	50
50.01 SAME DAY SURGERY						50.01
50.02 GASTROENTEROLOGY	725,229	38,132,633	0.019019	3,519,433	66,936	50.02
51 RECOVERY ROOM	356,025	22,760,110	0.015642	3,325,544	52,018	51
52 DELIVERY ROOM & LABOR ROOM	1,610,980	21,004,972	0.076695	20,753	1,592	52
53 ANESTHESIOLOGY	116,608	36,091,773	0.003231	5,150,646	16,642	53
54 RADIOLOGY-DIAGNOSTIC	1,047,790	57,357,172	0.018268	9,322,351	170,301	54
54.01 ULTRASOUND	166,895	35,846,203	0.004656	5,301,440	24,684	54.01
54.02 WOMENS IMAGING CTR	62,696	8,160,754	0.007683	10,759	83	54.02
54.06 SPECIAL PROCEDURES	127,380	10,463,778	0.012173	3,750,490	45,655	54.06
54.07 IMAGING CENTER	287,342	31,045,957	0.009255	90,556	838	54.07
54.08 P.E.T						54.08
55 RADIOLOGY-THERAPEUTIC	1,686,640	106,198,376	0.015882	1,207,879	19,184	55
56 RADIOISOTOPE	265,788	16,368,507	0.016238	1,186,113	19,260	56
57 CT SCAN	221,464	119,089,370	0.001860	19,075,962	35,481	57
58 MRI	225,830	35,745,721	0.006318	5,687,382	35,933	58
59 CARDIAC CATHETERIZATION	630,516	75,308,437	0.008372	19,025,267	159,280	59
60 LABORATORY	858,362	217,111,196	0.003954	39,102,765	154,612	60
62 WHOLE BLOOD & PACKED RED BLOOD	124,974	14,658,689	0.008526	5,268,924	44,923	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	347,731	47,629,360	0.007301	20,391,306	148,877	65
66 PHYSICAL THERAPY	289,559	26,166,391	0.011066	6,966,479	77,091	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	15,814	3,972,205	0.003981	1,303,248	5,188	68
69 ELECTROCARDIOLOGY	1,571,441	72,262,819	0.021746	9,871,149	214,658	69
69.01 RADIOLOGY OUTREACH	12,311	7,462,500	0.001650			69.01
69.03 EMG/NCV	1,740	1,418,819	0.001226	50,211	62	69.03
69.04 CARDIAC REHAB						69.04
69.05 CARDIAC CATH LAB						69.05
69.06 WOUND OSTOMY	34,077	9,862,903	0.003455	375,351	1,297	69.06
70 ELECTROENCEPHALOGRAPHY	261,918	18,450,123	0.014196	2,116,760	30,050	70
71 MEDICAL SUPPLIES CHARGED TO PAT	9,658	209,832	0.046027	123,341	5,677	71
72 IMPL. DEV. CHARGED TO PATIENTS	972,620	88,940,217	0.010936	29,660,327	324,365	72
73 DRUGS CHARGED TO PATIENTS	294,308	75,482,251	0.003899	26,286,938	102,493	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	1,022,805	11,713,425	0.087319	1,159,840	101,276	75
76.97 CARDIAC REHABILITATION	221,446	5,828,464	0.037994	165,639	6,293	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	213,036	3,894,940	0.054696	29,474	1,612	90
90.01 URODYNAMICS	28,892	852,892	0.033875			90.01
90.02 PLAINFIELD CLINIC	2,891,066	180,189,639	0.016045	2,952,893	47,379	90.02
90.03 OSWEGO CLINIC	363,029	10,907,574	0.033282	4,551	151	90.03
90.04 BOLINGBROOK CLINIC	168,263	8,259,010	0.020373	22,862	466	90.04
91 EMERGENCY	2,398,631	162,906,395	0.014724	22,379,519	329,516	91
92 OBSERVATION BEDS (NON-DISTINCT	837,245	6,835,598	0.122483	326,722	40,018	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	24,208,151	1,716,128,878		268,865,297	2,976,534	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	9,794,062		9,794,062	68,445	143.09	27,373	3,916,803	30
31 INTENSIVE CARE UNIT	942,708		942,708	4,402	214.15	1,945	416,522	31
32 CORONARY CARE UNIT	2,123,260		2,123,260	5,579	380.58	2,716	1,033,655	32
35 NICU	1,380,396		1,380,396	6,334	217.93			35
200 TOTAL	14,240,426		14,240,426	84,760		32,034	5,366,980	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							5,366,980	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,976,534	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							8,343,514	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							7,238	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							32,034	
PER DISCHARGE CAPITAL COSTS							1,152.74	
PER DIEM CAPITAL COSTS							260.46	

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)	82,292,698
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	337,328,370
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.244

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	8,343,514
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	41,773,992
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	227,026,533
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.184

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19