



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 02/27/2015	TIME: 15:00
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 SWEDISH COVENANT HOSPITAL (14-0114) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 10/01/2013 AND ENDING 09/30/2014, 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 XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		1,065,969	173,432	-42,000	1
2	SUBPROVIDER - IPF		160,182	-174		2
3	SUBPROVIDER - IRF		-4,972	-45		3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY		14,446	292		7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY		-8			9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL		1,235,617	173,505	-42,000	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



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

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.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 5145 NORTH CALIFORNIA AVENUE	P.O. Box:								1	
2	City: CHICAGO	State: IL	ZIP Code: 60625	County: COOK							2
Hospital and Hospital-Based Component Identification:											
										Payment System	
										(P, T, O, or N)	
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX		
	0	1	2	3	4	5	6	7	8		
3	Hospital	SWEDISH COVENANT HOSPITAL	14-0114	16974	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF	SCH PSYCHIATRIC UNIT	14-S114	16974	4	02/01/1989	N	P	O	4	
5	Subprovider - IRF	SCH REHABILITATION UNIT	14-T114	16974	5	02/01/1984	N	P	O	5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF	SWEDISH COVENANT SKILLED CARE	14-5573	16974		04/22/1987	N	P	N	9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA	SCH HOME MED NORTH	14-7126	16974		03/15/1976	N	P	N	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: 10 / 01 / 2013	To: 09 / 30 / 2014								20
21	Type of control (see instructions)	1								21	
Inpatient PPS Information											
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							1	2		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y	22.01	
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							1	N	23	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1	2	3	4	5	6				
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	13,618				3,275	668			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.	510	403							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 of periods in excess of one and enter subsequent dates.				Beginning:	Ending:					38
								1	2		



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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
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**WORKSHEET S-2
PART I**

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, 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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63



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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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 5th or subsequent academic years of the new teaching program in existence, enter 5.			N	N		71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			Y			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 5th or subsequent academic years of the new teaching program in existence, enter 5.			N	N		76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86

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WORKSHEET S-2
PART I

Title V and XIX Services		V 1	XIX 2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91	
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92	
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93	
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94	
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95	
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96	
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97	
Rural Providers		1	2		
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	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 25 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	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	Y	N
Miscellaneous Cost Reporting Information					
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	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.	Y		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.	1		118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	6,000,000	6,000,000	118.01	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
Transplant Center Information					
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134	



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WORKSHEET S-2
PART I

All Providers						
		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	14H402		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: COVENANT MINISTRIES OF BENEVOL	Contractor's Name: WPS			141	
142	Street: 5145 N. CALIFORNIA AVENUE	P.O. Box:			142	
143	City: CITY: CHICAGO	State: IL	ZIP Code: 60625		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				
		Part A	Part B	Title V	Title XIX	
			1	2	3	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	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.					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
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. (see instructions)	0.50				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	09/30/2014			170



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
FINANCIAL DATA AND REPORTS					
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			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.	Y			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
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
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
		1	2	3	4
PS&R REPORT DATA					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	01/16/2015	Y	01/16/2015
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: JENNY	LAST NAME: DABROWSKI	TITLE: SR CONSULTANT
42	EMPLOYER: STRATEGIC REIMBURSEMENT GROUP LLC		
43	PHONE NUMBER: 630-530-7100, EXT 104	E-MAIL ADDRESS: JENNY.DABROWSKI@SRGROUPLLC.COM	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
						5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	198	72,270		20,675	10,647	45,655	1	
2	HMO AND OTHER (see instructions)					3,515	3,275		2	
3	HMO IPF SUBPROVIDER								3	
4	HMO IRF SUBPROVIDER								4	
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5	
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6	
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		198	72,270		20,675	10,647	45,655	7	
8	INTENSIVE CARE UNIT	31	18	6,570		1,546	724	3,553	8	
8.01	SPECIAL CARE NURSERY	31.01	10	3,650			718	1,253	8.01	
9	CORONARY CARE UNIT	32							9	
10	BURN INTENSIVE CARE UNIT	33							10	
11	SURGICAL INTENSIVE CARE UNIT	34							11	
12	OTHER SPECIAL CARE (SPECIFY)	35							12	
13	NURSERY	43					1,918	3,474	13	
14	TOTAL (see instructions)		226	82,490		22,221	14,007	53,935	14	
15	CAH VISITS								15	
16	SUBPROVIDER - IPF	40	31	11,315		2,923	1,659	5,470	16	
17	SUBPROVIDER - IRF	41	25	9,125		2,915	543	5,092	17	
18	SUBPROVIDER I	42							18	
19	SKILLED NURSING FACILITY	44	34	12,410		4,920		6,633	19	
20	NURSING FACILITY	45							20	
21	OTHER LONG TERM CARE	46							21	
22	HOME HEALTH AGENCY	101				6,661		12,217	22	
23	ASC (Distinct Part)	115							23	
24	HOSPICE (Distinct Part)	116							24	
24.10	HOSPICE (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	TOTAL (sum of lines 14-26)		316						27	
28	OBSERVATION BED DAYS						2	5,970	28	
29	AMBULANCE TRIPS								29	
30	EMPLOYEE DISCOUNT DAYS (see instructions)								30	
31	EMPLOYEE DISCOUNT DAYS-IRF								31	
32	LABOR & DELIVERY DAYS (see instructions)						279	639	32	
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32.01	
33	LTCH NON-COVERED DAYS								33	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,368	3,787	12,033	1
2	HMO AND OTHER (see instructions)					681			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
8.01	SPECIAL CARE NURSERY								8.01
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)	53.82	1,437.48			4,368	3,787	12,033	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF		21.81			316	262	771	16
17	SUBPROVIDER - IRF		21.42			199	43	382	17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		22.42						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		16.76						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	53.82	1,519.89						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	99,493,737		99,493,737	3,161,370.00	31.47	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21	3,162,894		3,162,894	113,832.00	27.79	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	1,202,308		1,202,308	46,629.00	25.78	9
10	EXCLUDED AREA SALARIES (see instructions)		5,133,019	-38,381	5,094,638	143,851.00	35.42	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		886,529		886,529	9,444.00	93.87	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		113,405		113,405	1,529.50	74.15	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		1,544,138		1,544,138	9,472.00	163.02	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING		524,414		524,414	5,554.00	94.42	16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		17,163,931		17,163,931			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		1,165,409		1,165,409			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)		653,457		653,457			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		1,790,284		1,790,284	70,582.00	25.36	26
27	ADMINISTRATIVE & GENERAL		16,521,429	38,381	16,559,810	504,768.00	32.81	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		335,636		335,636	675.07	497.19	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,253,050		2,253,050	88,702.00	25.40	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		1,918,358		1,918,358	154,089.00	12.45	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		339,662		339,662	12,832.00	26.47	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,249,979		1,249,979	41,315.00	30.25	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		2,124,498		2,124,498	53,836.00	39.46	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,277,689		1,277,689	49,611.00	25.75	41
42	SOCIAL SERVICE		592,429		592,429	17,194.00	34.46	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		96,666,479		96,666,479	3,048,213.07	31.71	1
2	EXCLUDED AREA SALARIES (see instructions)		6,335,327	-38,381	6,296,946	190,480.00	33.06	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		90,331,152	38,381	90,369,533	2,857,733.07	31.62	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		2,544,072		2,544,072	20,445.50	124.43	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		17,163,931		17,163,931		18.99%	5



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		110,039,155	38,381	110,077,536	2,878,178.57	38.25	6
7	TOTAL OVERHEAD COST (see instructions)		28,403,014	38,381	28,441,395	993,604.07	28.62	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	1,794,942	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)	8,796,686	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)		13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	747,399	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	7,127,693	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	195,406	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	320,671	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	18,982,797	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL		25



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

EXHIBIT 3

STEP 2: 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	DEPOSIT DATE(S)	CONTRIB- UTION(S)
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



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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



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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		1,183		897	2,080	1
2	UNDULICATED CENSUS COUNT (see instructions)		242.00		733.00	975.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL			7.48	7.48
6	DIRECT NURSING SERVICE			7.81	7.81
7	NURSING SUPERVISOR			1.98	1.98
8	PHYSICAL THERAPY SERVICE			1.41	1.41
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE				10
11	OCCUPATIONAL THERAPY SUPERVISOR			0.60	0.60
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE			1.00	1.00
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		1	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).		16974	20

PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21	SKILLED NURSING VISITS	1,639	35	186	54	1,914	21
22	SKILLED NURSING VISIT CHARGES	292,564	6,834	25,944	9,246	334,588	22
23	PHYSICAL THERAPY VISITS	862		26	41	929	23
24	PHYSICAL THERAPY VISIT CHARGES	167,835		4,422	8,040	180,297	24
25	OCCUPATIONAL THERAPY VISITS	363		1	24	388	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	72,159		201	4,623	76,983	26
27	SPEECH PATHOLOGY VISITS	4				4	27
28	SPEECH PATHOLOGY VISIT CHARGES	804				804	28
29	MEDICAL SOCIAL SERVICE VISITS	20	1	2		23	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	5,420	271	542		6,233	30
31	HOME HEALTH AIDE VISITS	150				150	31
32	HOME HEALTH AIDE VISIT CHARGES	19,575				19,575	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	3,038	36	215	119	3,408	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	558,357	7,105	31,109	21,909	618,480	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	221		61	10	292	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,308	22	1,400	169	8,899	38



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	N	//	2

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	20		20	4
5	RVX	44		44	5
6	RVL	239		239	6
7	RHX				7
8	RHL	26		26	8
9	RMX				9
10	RML	6		6	10
11	RLX				11
12	RUC	16		16	12
13	RUB	172		172	13
14	RUA	523		523	14
15	RVC	73		73	15
16	RVB	769		769	16
17	RVA	2,323		2,323	17
18	RHC	7		7	18
19	RHB	116		116	19
20	RHA	140		140	20
21	RMC				21
22	RMB	13		13	22
23	RMA	36		36	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1	25		25	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	13		13	32
33	HC2				33
34	HC1	70		70	34
35	HB2				35
36	HB1	185		185	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	5		5	50
51	CB2				51
52	CB1	14		14	52
53	CA2				53
54	CA1	74		74	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	8		8	76
77	PA2				77
78	PA1	3		3	78
199	AAA				199
200	TOTAL	4,920		4,920	200

SNF SERVICES

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable).	16974	16974	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (see instructions)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING				202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (0)				206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	8,808,772			207



COMPU-MAX

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.155595	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	20,424,076	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	223,946,232	6
7	MEDICAID COST (line 1 times line 6)	34,844,914	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.	14,420,838	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 AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17	
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18	
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)	14,420,838		19	
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		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	53,004,342		53,004,342	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	8,247,211		8,247,211	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				22
23	COST OF CHARITY CARE (line 21 minus line 22)	8,247,211		8,247,211	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)	5,078,593	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	2,341,213	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	2,737,380	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	425,923	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	8,673,134	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	23,093,972	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT				15,956,220	15,956,220	-12,264,233	3,691,987	1
2	00200	CAP REL COSTS-MVBLE EQUIP				10,408,687	10,408,687	-67,930	10,340,757	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	1,790,284	916,727	2,707,011	19,097,937	21,804,948	-922,832	20,882,116	4
5.01	00540	NON-PATIENT PHONES	272,508	300,515	573,023		573,023	-283,011	290,012	5.01
5.03	00560	PURCHASING	862,384	483,589	1,345,973		1,345,973		1,345,973	5.03
5.04	00570	ADMITTING	1,978,299	68,703	2,047,002		2,047,002		2,047,002	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,579,846	1,290,123	2,869,969	3,068	2,873,037	79,012	2,952,049	5.05
5.06	00590	ADMINISTRATION & GENERAL	11,828,392	82,149,614	93,978,006	-45,675,329	48,302,677	-9,065,473	39,237,204	5.06
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	2,253,050	5,503,896	7,756,946	27,870	7,784,816	-383,118	7,401,698	7
8	00800	LAUNDRY & LINEN SERVICE		917,461	917,461		917,461		917,461	8
9	00900	HOUSEKEEPING	1,918,358	704,648	2,623,006		2,623,006		2,623,006	9
10	01000	DIETARY	339,662	7,213	346,875		346,875		346,875	10
11	01100	CAFETERIA		3,127,438	3,127,438		3,127,438	-611,485	2,515,953	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,249,979	115,980	1,365,959		1,365,959	-266,171	1,099,788	13
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY	2,124,498	4,476,590	6,601,088	-3,781,518	2,819,570		2,819,570	15
16	01600	MEDICAL RECORDS & LIBRARY	1,277,689	673,483	1,951,172		1,951,172	-8,619	1,942,553	16
17	01700	SOCIAL SERVICE	592,429	8,303	600,732		600,732		600,732	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,162,894	830,490	3,993,384		3,993,384		3,993,384	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,358,644	331,901	1,690,545		1,690,545	-636,735	1,053,810	22
23	02300	PARAMED ED PRGM-PHARMACY	373,857	14,305	388,162		388,162	-655	387,507	23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	22,121,719	2,245,592	24,367,311	-5,235,920	19,131,391	-113,439	19,017,952	30
31	03100	INTENSIVE CARE UNIT	3,401,997	371,623	3,773,620	-336,909	3,436,711		3,436,711	31
31.01	02060	SPECIAL CARE NURSERY				554,420	554,420		554,420	31.01
40	04000	SUBPROVIDER - IPF	1,387,992	31,908	1,419,900	-10,230	1,409,670	-16,050	1,393,620	40
41	04100	SUBPROVIDER - IRF	1,259,900	66,621	1,326,521	-58,969	1,267,552		1,267,552	41
43	04300	NURSERY	525,804	588,097	1,113,901	704,056	1,817,957	-566,959	1,250,998	43
44	04400	SKILLED NURSING FACILITY	1,202,308	77,498	1,279,806	-59,738	1,220,068		1,220,068	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	5,695,654	17,445,061	23,140,715	-12,453,024	10,687,691	-1,177,576	9,510,115	50
52	05200	DELIVERY ROOM & LABOR ROOM				2,104,200	2,104,200		2,104,200	52
53	05300	ANESTHESIOLOGY	195,905	509,577	705,482	-451,158	254,324	-40,000	214,324	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,565,490	1,487,647	5,053,137	-73,804	4,979,333	-45,001	4,934,332	54
54.02	03480	CANCER TREATMENT CENTER	531,497	25,972	557,469	-2,494	554,975	-45,802	509,173	54.02
54.03	03630	ULTRASOUND	1,301,046	77,135	1,378,181	-38,031	1,340,150		1,340,150	54.03
54.04	05401	SPECIAL PROCEDURES	605,601	1,059,346	1,664,947	-750,410	914,537	-26,040	888,497	54.04
54.05	05402	OP ONCOLOGY								54.05
57	05700	CT SCAN	731,087	1,153,941	1,885,028	-91,748	1,793,280		1,793,280	57
58	05800	MRI	389,701	369,610	759,311		759,311		759,311	58
59	05900	CARDIAC CATHETERIZATION	758,457	3,950,252	4,708,709	-3,519,995	1,188,714	-153,678	1,035,036	59
60	06000	LABORATORY	3,392,917	3,503,855	6,896,772		6,896,772	-101,716	6,795,056	60
60.01	03420	PATHOLOGY	748,495	495,677	1,244,172		1,244,172	-32,033	1,212,139	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	249,120	1,180,839	1,429,959	-14,816	1,415,143	-6,000	1,409,143	63
65	06500	RESPIRATORY THERAPY	1,415,358	232,655	1,648,013	-83,361	1,564,652		1,564,652	65
66	06600	PHYSICAL THERAPY								66
66.01	06601	REHABILITATION MEDICINE	4,637,971	354,502	4,992,473	-9,625	4,982,848	-10,972	4,971,876	66.01
67	06700	OCCUPATIONAL THERAPY								67
68	06800	SPEECH PATHOLOGY								68
69	06900	ELECTROCARDIOLOGY	584,444	341,006	925,450	-73,253	852,197	-66,272	785,925	69
69.02	03140	CARDIOLOGY	1,866,326	596,817	2,463,143	-37,573	2,425,570	-74,392	2,351,178	69.02
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	539,859	1,072,250	1,612,109	12,874,275	14,486,384		14,486,384	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				8,811,614	8,811,614		8,811,614	72
73	07300	DRUGS CHARGED TO PATIENTS				3,738,454	3,738,454		3,738,454	73
74	07400	RENAL DIALYSIS		724,485	724,485		724,485		724,485	74



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
75	07500	ASC (NON-DISTINCT PART)	601,036	405,500	1,006,536	-569,842	436,694		436,694	75
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	8,107	36,431	44,538	-3,068	41,470	-28,467	13,003	90.01
90.02	09001	WOUND CARE	580,153	201,763	781,916	-114,351	667,565	-25,279	642,286	90.02
90.03	09002	PAIN MANAGMENT	129,375	197,254	326,629	-1,970	324,659	415,004	739,663	90.03
90.05	09004	WOMENS CENTER								90.05
90.06	09005	DIABETES CENTER	149,238	1,350	150,588		150,588		150,588	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,124,615	6,732,864	7,857,479	-177,187	7,680,292	-938	7,679,354	90.07
91	09100	EMERGENCY	4,718,522	1,389,244	6,107,766	-841,093	5,266,673	-230,000	5,036,673	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
93.01	04950	OCCUP HEALTH								93.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	HOME HEALTH AGENCY	1,487,918	157,465	1,645,383	2,872	1,648,255	-4,858	1,643,397	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	98,870,385	149,004,816	247,875,201	-181,743	247,693,458	-26,781,718	220,911,740	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,397	216,851	266,248		266,248		266,248	190
190.02	19002	COVENANT RETIREMENT HOME								190.02
190.05	19005	BOARD OF BENEVOLENCE								190.05
190.07	19007	DENTAL		282	282		282		282	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY								190.08
190.09	19009	OP PHARMACY	208,014		208,014		208,014		208,014	190.09
190.10	19010	PLAZA		163,832	163,832	1,198,897	1,362,729		1,362,729	190.10
190.11	19011	G CAFETERIA								190.11
190.12	19012	G PHARMACY	336,704		336,704		336,704		336,704	190.12
190.13	19013	G SUITE								190.13
190.14	19014	OFFSITE CLINICS	29,237	1,957,041	1,986,278	-1,017,154	969,124		969,124	190.14
191.01	19101	OCC HEALTH		2,299	2,299		2,299		2,299	191.01
200		TOTAL (sum of lines 118-199)	99,493,737	151,345,121	250,838,858		250,838,858	-26,781,718	224,057,140	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		7,682,010
2			CAP REL COSTS-MVBLE EQUIP	2		10,408,687
500	TOTAL RECLASSIFICATIONS					18,090,697
	CODE LETTER - A					500
1	INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		9,195,695
500	TOTAL RECLASSIFICATIONS					9,195,695
	CODE LETTER - B					500
1	OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	52	2,022,554	81,646
2			NURSERY	43	1,229,333	49,625
500	TOTAL RECLASSIFICATIONS				3,251,887	131,271
	CODE LETTER - C					500
1	HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	7		27,870
500	TOTAL RECLASSIFICATIONS					27,870
	CODE LETTER - D					500
1	NON HOSP BLDG DEPR	E	HOME HEALTH AGENCY	101		41,253
2			PLAZA	190.10		1,226,767
3			OFFSITE CLINICS	190.14		28,502
500	TOTAL RECLASSIFICATIONS					1,296,522
	CODE LETTER - E					500
1	FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	5.06	38,381	
500	TOTAL RECLASSIFICATIONS				38,381	
	CODE LETTER - F					500
1	EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS DEPARTMENT	4		19,097,937
500	TOTAL RECLASSIFICATIONS					19,097,937
	CODE LETTER - G					500
1	COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	73		3,738,454
500	TOTAL RECLASSIFICATIONS					3,738,454
	CODE LETTER - H					500
1	COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	5.05		3,068
500	TOTAL RECLASSIFICATIONS					3,068
	CODE LETTER - K					500
1	PROPERTY INSURANCE	M	CAP REL COSTS-BLDG & FIXT	1		375,037
500	TOTAL RECLASSIFICATIONS					375,037
	CODE LETTER - M					500
1	OUTPATIENT SURG RE OR CASES	N	OPERATING ROOM	50	244,274	
500	TOTAL RECLASSIFICATIONS				244,274	
	CODE LETTER - N					500
1	CHARGEABLE MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	71		12,876,541
2						
3						
4						
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COMPU-MAX

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
500	TOTAL RECLASSIFICATIONS					12,876,541	500
	CODE LETTER - O						
1	IMPLANTABLE DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	72		8,811,614	1
2							2
3							3
4							4
500	TOTAL RECLASSIFICATIONS					8,811,614	500
	CODE LETTER - P						
1	SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	486,337	68,083	1
500	TOTAL RECLASSIFICATIONS				486,337	68,083	500
	CODE LETTER - R						
	GRAND TOTAL (INCREASES)				4,020,879	73,712,789	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		17,045,041	9	1
2			OFFSITE CLINICS	190.14		1,045,656	9	2
500	TOTAL RECLASSIFICATIONS					18,090,697		500
	CODE LETTER - A							
1	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		9,195,695	11	1
500	TOTAL RECLASSIFICATIONS					9,195,695		500
	CODE LETTER - B							
1	OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	30	3,251,887	131,271		1
2								2
500	TOTAL RECLASSIFICATIONS				3,251,887	131,271		500
	CODE LETTER - C							
1	HOSPITAL USE OF PLAZA	D	PLAZA	190.10		27,870		1
500	TOTAL RECLASSIFICATIONS					27,870		500
	CODE LETTER - D							
1	NON HOSP BLDG DEPR	E	CAP REL COSTS-BLDG & FIXT	1		1,296,522	9	1
2								2
3								3
500	TOTAL RECLASSIFICATIONS					1,296,522		500
	CODE LETTER - E							
1	FINANCIAL MGMT	F	HOME HEALTH AGENCY	101	38,381			1
500	TOTAL RECLASSIFICATIONS				38,381			500
	CODE LETTER - F							
1	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		19,097,937		1
500	TOTAL RECLASSIFICATIONS					19,097,937		500
	CODE LETTER - G							
1	COST OF DRUGS SOLD (AC730380)	H	PHARMACY	15		3,738,454		1
500	TOTAL RECLASSIFICATIONS					3,738,454		500
	CODE LETTER - H							
1	COLLECTION FEES	K	FAMILY PRACTICE CLINIC	90.01		3,068		1
500	TOTAL RECLASSIFICATIONS					3,068		500
	CODE LETTER - K							
1	PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		375,037	12	1
500	TOTAL RECLASSIFICATIONS					375,037		500
	CODE LETTER - M							
1	OUTPATIENT SURG RE OR CASES	N	ASC (NON-DISTINCT PART)	75	244,274			1
500	TOTAL RECLASSIFICATIONS				244,274			500
	CODE LETTER - N							
1	CHARGEABLE MEDICAL SUPPLIES	O						1
2			PHARMACY	15		43,064		2
3								3
4								4
5			ADULTS & PEDIATRICS	30		1,852,762		5
6			INTENSIVE CARE UNIT	31		336,909		6
7			SUBPROVIDER - IPF	40		10,230		7
8			SUBPROVIDER - IRF	41		58,969		8
9			NURSERY	43		20,482		9
10			SKILLED NURSING FACILITY	44		59,738		10
11			OPERATING ROOM	50		5,413,413		11
12			ANESTHESIOLOGY	53		451,158		12
13			RADIOLOGY-DIAGNOSTIC	54		73,804		13
14			CANCER TREATMENT CENTER	54.02		2,494		14
15			ULTRASOUND	54.03		38,031		15
16			SPECIAL PROCEDURES	54.04		750,410		16
17			CT SCAN	57		91,748		17
18								18
19			CARDIAC CATHETERIZATION	59		1,996,907		19
20								20
21								21



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10
		1	6	7	8	9	10
22			BLOOD STORING, PROCESSING & T	63		14,816	22
23			RESPIRATORY THERAPY	65		83,361	23
24			REHABILITATION MEDICINE	66.01		9,625	24
25			ELECTROCARDIOLOGY	69		73,253	25
26			CARDIOLOGY	69.02		37,573	26
27							27
28			ASC (NON-DISTINCT PART)	75		323,193	28
29							29
30			WOUND CARE	90.02		114,351	30
31			PAIN MANAGEMENT	90.03		1,970	31
32							32
33			EVANSTON INFUSION CENTER	90.07		177,187	33
34			EMERGENCY	91		841,093	34
500	TOTAL RECLASSIFICATIONS					12,876,541	500
	CODE LETTER - O						
1	IMPLANTABLE DEVICES	P	ASC (NON-DISTINCT PART)	75		2,375	1
2			OPERATING ROOM	50		7,283,885	2
3			CARDIAC CATHETERIZATION	59		1,523,088	3
4			MEDICAL SUPPLIES CHARGED TO P	71		2,266	4
500	TOTAL RECLASSIFICATIONS					8,811,614	500
	CODE LETTER - P						
1	SPECIAL CARE NURSERY	R	NURSERY	43	486,337	68,083	1
500	TOTAL RECLASSIFICATIONS				486,337	68,083	500
	CODE LETTER - R						
	GRAND TOTAL (DECREASES)				4,020,879	73,712,789	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	7,960,138					7,960,138		1
2	LAND IMPROVEMENTS	3,711,953				212,800	3,499,153		2
3	BUILDINGS AND FIXTURES	269,799,908	5,259,982		5,259,982		275,059,890		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	43,095,943	652,206		652,206		43,748,149		5
6	MOVABLE EQUIPMENT	102,201,893	1,220,255		1,220,255		103,422,148		6
7	HIT DESIGNATED ASSETS	20,652,257	920,566		920,566		21,572,823		7
8	SUBTOTAL (sum of lines 1-7)	447,422,092	8,053,009		8,053,009	212,800	455,262,301		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	447,422,092	8,053,009		8,053,009	212,800	455,262,301		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)		
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT								1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (sum of lines 1-2)								3

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	6,090,694		-2,773,744	375,037			3,691,987	1
2	CAP REL COSTS-MVBLE EQUIP	10,340,757						10,340,757	2
3	TOTAL (sum of lines 1-2)	16,431,451		-2,773,744	375,037			14,032,744	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-6,489,725	CAP REL COSTS-BLDG & FIXT	1	11
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	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)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	B	-60,925	NON-PATIENT PHONES	5.01	7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-54,653	OPERATION OF PLANT	7	8
9	PARKING LOT (chapter 21)	A	-198,398	ADMINISTRATION & GENERAL	5.06	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,705,104			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	157,690			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-611,485	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			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 CHILD CARE REVENUE	B	-1,015,108	EMPLOYEE BENEFITS DEPARTMENT	4	32
33						33
34						34
35	OTHER REVENUE	B	-152,160	CARDIAC CATHETERIZATION	59	35
36	OTHER REVENUE	B	-112,169	PATIENT ACCOUNTS & CASHIERS	5.05	36
37	LCG DEV SVCS	A	-1,243,029	ADMINISTRATION & GENERAL	5.06	37
38						38
39						39
40	COST OF PHYSICIAN RECRUITMENT	A	-27,706	ADMINISTRATION & GENERAL	5.06	40
41	DEVELOPMENT COSTS	A	-189	ADMINISTRATION & GENERAL	5.06	41
42	AMORT '81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1	11
43						43
44	OTHER INCOME	B	-222,086	NON-PATIENT PHONES	5.01	44
44.01	OTHER INCOME	B	-24,305	NURSING ADMINISTRATION	13	44.01
44.03	OTHER INCOME	B	-6,619	MEDICAL RECORDS & LIBRARY	16	44.03
44.04	OTHER INCOME	B	-1,042,469	OPERATING ROOM	50	44.04
45	LOBBYIST FEES IHHA AND AHA	A	-43,242	ADMINISTRATION & GENERAL	5.06	45
45.03	MARKETING FEES	A	-526,951	ADMINISTRATION & GENERAL	5.06	45.03
45.09	OTHER OPERATING INCOME	B	-4,858	HOME HEALTH AGENCY	101	45.09
45.10	OTHER OPERATING REVENUE	B	-10,972	REHABILITATION MEDICINE	66.01	45.10
45.20	PRIVATE DUTY NURSES	A	-241,866	NURSING ADMINISTRATION	13	45.20
45.21	PDN FRINGE BENEFITS	A	-42,778	EMPLOYEE BENEFITS DEPARTMENT	4	45.21
45.22	GMP AND HIWATHA BLDG TAX	A	-283,052	ADMINISTRATION & GENERAL	5.06	45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	CAP REL COSTS-BLDG & FIXT	1	9
45.27	PARKING LOT DEPRECIATION	A	-67,930	CAP REL COSTS-MVBLE EQUIP	2	9



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
45.36	COURTESY CAR	A	-133,062	ADMINISTRATION & GENERAL	5.06	45.36
45.37	COURTESY CARE FBS	A	-6,759	EMPLOYEE BENEFITS DEPARTMENT	4	45.37
45.41	BANK CHARGES	B	319,509	ADMINISTRATION & GENERAL	5.06	45.41
45.42	DSR INCOME NETTED ON FS	A	395,362	CAP REL COSTS-BLDG & FIXT	1	11 45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-1,706,165	CAP REL COSTS-BLDG & FIXT	1	11 45.43
45.44	NONALLOWABLE BORROWING	A	-4,166,397	CAP REL COSTS-BLDG & FIXT	1	11 45.44
45.45	LETTER OF CREDIT INTEREST	A	31,456	ADMINISTRATION & GENERAL	5.06	45.45
45.55	CANCER TREATMENT LEASE	B	-45,802	CANCER TREATMENT CENTER	54.02	45.55
45.57	CHEMO REV	B	-938	EVANSTON INFUSION CENTER	90.07	45.57
45.58	CREDIT SERVICE REVENUE	B	191,181	PATIENT ACCOUNTS & CASHIERS	5.05	45.58
45.59	OTHER A&G INCOME	B	-5,429,994	ADMINISTRATION & GENERAL	5.06	45.59
45.60	OTHER PLANT OPS INCOME	B	-267,866	OPERATION OF PLANT	7	45.60
45.62	LAB OTHER INCOME	B	-58,490	LABORATORY	60	45.62
45.64	PHYSICIAN MALPRACTICE	A	-382,699	ADMINISTRATION & GENERAL	5.06	45.64
45.65	OTHER INCOME	B	-484,348	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	45.65
45.67	MSO DEPR	B	-60,599	OPERATION OF PLANT	7	45.67
45.69	CARDIAC CATH MISC REV	B	-1,518	CARDIAC CATHETERIZATION	59	45.69
45.70	A&P REST FUND	B	-45,530	ADULTS & PEDIATRICS	30	45.70
45.71	WC REST FUND	B	-1,229	WOUND CARE	90.02	45.71
45.72	PSYCH REST FUND	B	-850	SUBPROVIDER - IPF	40	45.72
46						46
47	GOODWILL	A	-599,583	ADMINISTRATION & GENERAL	5.06	47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-26,781,718			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
1	2	3	4	5	6	7	
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,852,787	2,493,896	-641,109	1
2	5.06	ADMINISTRATION & GENERAL	LIFE CENTER RENTALS	614,923	309,709	305,214	2
3							3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	195,708	258,940	-63,232	3.01
3.02	90.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	345,460	115,147	230,313	3.02
4	4	EMPLOYEE BENEFITS DEPARTMENT	LIFE CENTER RENTALS	560,210	418,397	141,813	4
4.01	90.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	244,799	60,108	184,691	4.01
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			3,813,887	3,656,197	157,690	5

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	B	COV MIN OF BENEV					6
7							7
8							8
9							9
10							10

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

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



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GEN AGGREGATE	298,655	212,637	86,017	177,200	1,304	111,091	5,555	1
2	16	MEDICAL RECORDS & LI AGGREGATE	2,000	2,000						2
3	22	I&R SERVICES-OTHER P TEACHING AGGREG	524,415		524,415	177,200	5,554	473,158	23,658	3
4	22	I&R SERVICES-OTHER P AGGREGATE	101,130	101,130						4
5	30	ADULTS & PEDIATRICS AGGREGATE	87,162	59,773	27,389	177,200	226	19,253	963	5
6	40	SUBPROVIDER - IPF AGGREGATE	15,200	15,200						6
7	43	NURSERY AGGREGATE	566,959	566,959						7
8	50	OPERATING ROOM AGGREGATE	135,107	135,107						8
9	53	ANESTHESIOLOGY AGGREGATE	40,000	40,000						9
10	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	45,001	45,001						10
11	54.04	SPECIAL PROCEDURES AGGREGATE	26,040	26,040						11
12	60	LABORATORY AGGREGATE	43,226	43,226						12
13	63	BLOOD STORING, PROCE AGGREGATE	6,000	6,000						13
14										14
15	69	ELECTROCARDIOLOGY AGGREGATE	66,272	66,272						15
16	69.02	CARDIOLOGY AGGREGATE	11,160	11,160						16
17	90.01	FAMILY PRACTICE CLIN AGGREGATE	28,467	28,467						17
18	90.02	WOUND CARE AGGREGATE	24,050	24,050						18
19	91	EMERGENCY AGGREGATE	230,000	230,000						19
20	60.01	PATHOLOGY AGGREGATE	32,033	32,033						20
21	23	PARAMED ED PRGM-PHAR AGGREGATE	655	655						21
200		TOTAL	2,283,532	1,645,710	637,821		7,084	603,502	30,176	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GEN AGGREGATE					111,091		212,638	1
2	16	MEDICAL RECORDS & LI AGGREGATE							2,000	2
3	22	I&R SERVICES-OTHER P TEACHING AGGREG					473,158	51,257	51,257	3
4	22	I&R SERVICES-OTHER P AGGREGATE							101,130	4
5	30	ADULTS & PEDIATRICS AGGREGATE					19,253	8,136	67,909	5
6	40	SUBPROVIDER - IPF AGGREGATE							15,200	6
7	43	NURSERY AGGREGATE							566,959	7
8	50	OPERATING ROOM AGGREGATE							135,107	8
9	53	ANESTHESIOLOGY AGGREGATE							40,000	9
10	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							45,001	10
11	54.04	SPECIAL PROCEDURES AGGREGATE							26,040	11
12	60	LABORATORY AGGREGATE							43,226	12
13	63	BLOOD STORING, PROCE AGGREGATE							6,000	13
14										14
15	69	ELECTROCARDIOLOGY AGGREGATE							66,272	15
16	69.02	CARDIOLOGY AGGREGATE							11,160	16
17	90.01	FAMILY PRACTICE CLIN AGGREGATE							28,467	17
18	90.02	WOUND CARE AGGREGATE							24,050	18
19	91	EMERGENCY AGGREGATE							230,000	19
20	60.01	PATHOLOGY AGGREGATE							32,033	20
21	23	PARAMED ED PRGM-PHAR AGGREGATE							655	21
200		TOTAL					603,502	59,393	1,705,104	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	3,691,987	3,691,987					1
2	CAP REL COSTS-MVBLE EQUIP	10,340,757		10,340,757				2
4	EMPLOYEE BENEFITS DEPARTMENT	20,882,116	10,073	56,783	20,948,972			4
5.01	NON-PATIENT PHONES	290,012	5,234	37,657	58,430	391,333		5.01
5.03	PURCHASING	1,345,973	27,946	31,356	184,907	3,612	1,593,794	5.03
5.04	ADMITTING	2,047,002	16,913	39,478	424,175	7,225	1,451	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,952,049	12,255	7,385	338,741	24,684	1,227	5.05
5.06	ADMINISTRATION & GENERAL	39,237,204	1,832,100	1,483,161	2,544,402	60,811	7,459	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,401,698	362,659	2,309,355	483,085	16,255	16,412	7
8	LAUNDRY & LINEN SERVICE	917,461	12,670	27,264		602	1	8
9	HOUSEKEEPING	2,623,006	28,168	5,688	411,323	2,408	11,717	9
10	DIETARY	346,875	29,805	130,286	72,828	3,010	20	10
11	CAFETERIA	2,515,953	52,674	8,640		3,010	20	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,099,788	13,513	521,636	268,013	9,633	892	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	2,819,570	17,160	137,548	455,522	5,418	544	15
16	MEDICAL RECORDS & LIBRARY	1,942,553	25,708	8,465	273,954	9,031	170	16
17	SOCIAL SERVICE	600,732	10,396		127,025	6,021	41	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	3,993,384		173	678,169		81	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,053,810	25,602	5,346	291,312	8,429	496	22
23	PARAMED ED PRGM-PHARMACY	387,507		2,501	80,160		86	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	19,017,952	359,719	322,002	4,045,943	27,092	9,860	30
31	INTENSIVE CARE UNIT	3,436,711	29,345	34,584	729,436	14,449	563	31
31.01	SPECIAL CARE NURSERY	554,420	5,931		104,277	4,816		31.01
40	SUBPROVIDER - IPF	1,393,620	53,027	7,406	297,605	6,623	312	40
41	SUBPROVIDER - IRF	1,267,552	26,814	6,055	270,140	2,408	291	41
43	NURSERY	1,250,998	510	1,629	272,048	5,418	23	43
44	SKILLED NURSING FACILITY	1,220,068	58,731	14,582	257,792	2,408	392	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,510,115	124,786	1,298,452	1,273,604	17,459	58,509	50
52	DELIVERY ROOM & LABOR ROOM	2,104,200	8,027	3,642	433,664			52
53	ANESTHESIOLOGY	214,324	7,426	65,232	42,005	1,806	538	53
54	RADIOLOGY-DIAGNOSTIC	4,934,332	78,664	1,032,642	764,491	20,470	3,801	54
54.02	CANCER TREATMENT CENTER	509,173	46,389	8,009	113,960	10,235	164	54.02
54.03	ULTRASOUND	1,340,150	1,233	150,850	278,962	2,408	123	54.03
54.04	SPECIAL PROCEDURES	888,497	4,789	7,777	129,849		9,072	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	1,793,280		457,166	156,755		174	57
58	MRI	759,311		482,545	83,557		58	58
59	CARDIAC CATHETERIZATION	1,035,036	9,452	93,677	162,624	4,214	4,385	59
60	LABORATORY	6,795,056	50,800	213,820	727,489	18,664	106,512	60
60.01	PATHOLOGY	1,212,139	10,235	61,110	160,488	1,204	22,046	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,409,143	2,299	13,872	53,415	1,806	64,651	63
65	RESPIRATORY THERAPY	1,564,652	7,234	52,845	303,473	2,408	1,497	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	4,971,876	30,047	67,886	994,446	10,837	1,285	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	785,925	5,451	54,640	125,313	2,408	662	69
69.02	CARDIOLOGY	2,351,178		169,691	400,166	4,214	488	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,486,384	51,790	103,791	115,753	1,204	742,757	71
72	IMPL. DEV. CHARGED TO PATIENTS	8,811,614					503,046	72
73	DRUGS CHARGED TO PATIENTS	3,738,454						73
74	RENAL DIALYSIS	724,485	1,707				1	74
75	ASC (NON-DISTINCT PART)	436,694	27,390	124,913	76,495	10,235	740	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	13,003	45,652	51,361	1,738	15,051	37	90.01
90.02	WOUND CARE	642,286	26,481	16,411	124,393		479	90.02



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
90.03	PAIN MANAGMENT	739,663	27,708	1,458	27,740		144	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	150,588	4,001	3,501	31,999		9	90.06
90.07	EVANSTON INFUSION CENTER	7,679,354	10,194	15,369	241,133		506	90.07
91	EMERGENCY	5,036,673	52,138	160,205	1,011,717	17,459	4,696	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	1,643,397	2,733	28,323	310,801	2,408	383	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	220,911,740	3,653,579	9,938,168	20,815,317	367,853	1,578,821	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	266,248	3,481		10,591	1,204	11,141	190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL	282						190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY	208,014	5,496	1,386	44,601	602		190.0 9
190.1 0	PLAZA	1,362,729	9,886	62		10,837		190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY	336,704	16,352	2,857	72,194	9,031		190.1 2
190.1 3	G SUITE			840				190.1 3
190.1 4	OFFSITE CLINICS	969,124		397,444	6,269		3,826	190.1 4
191.0 1	OCC HEALTH	2,299	3,193			1,806	6	191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	224,057,140	3,691,987	10,340,757	20,948,972	391,333	1,593,794	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS-CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING	2,536,244						5.04
5.05	PATIENT ACCOUNTS & CASHIERS		3,336,341					5.05
5.06	ADMINISTRATION & GENERAL			45,165,137	45,165,137			5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT			10,589,464	2,673,543	13,263,007		7
8	LAUNDRY & LINEN SERVICE			957,998	241,868	117,936	1,317,802	8
9	HOUSEKEEPING			3,082,310	778,197	262,206	116,040	9
10	DIETARY			582,824	147,147	277,442		10
11	CAFETERIA			2,580,297	651,453	490,320		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			1,913,475	483,099	125,789		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY			3,435,762	867,434	159,741		15
16	MEDICAL RECORDS & LIBRARY			2,259,881	570,557	239,306		16
17	SOCIAL SERVICE			744,215	187,893	96,776		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			4,671,807	1,179,500			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,384,995	349,672	238,318		22
23	PARAMED ED PRGM-PHARMACY			470,254	118,726			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	284,520	374,392	24,441,480	6,170,704	3,348,496	611,487	30
31	INTENSIVE CARE UNIT	45,115	59,365	4,349,568	1,098,144	273,163	119,839	31
31.01	SPECIAL CARE NURSERY	7,092	9,332	685,868	173,162	55,206	14,686	31.01
40	SUBPROVIDER - IPF	26,635	35,049	1,820,277	459,569	493,612	85,310	40
41	SUBPROVIDER - IRF	24,751	32,570	1,630,581	411,676	249,604	67,356	41
43	NURSERY	12,531	16,489	1,559,646	393,767	4,749	44,302	43
44	SKILLED NURSING FACILITY	13,192	17,359	1,584,524	400,048	546,702	88,109	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	222,304	292,524	12,797,753	3,231,074	1,161,589	154,242	50
52	DELIVERY ROOM & LABOR ROOM	32,269	42,462	2,624,264	662,553	74,721		52
53	ANESTHESIOLOGY	78,590	103,415	513,336	129,603	69,125		53
54	RADIOLOGY-DIAGNOSTIC	126,670	166,682	7,127,752	1,799,558	732,259	13,235	54
54.02	CANCER TREATMENT CENTER	15,603	20,532	724,065	182,806	431,822		54.02
54.03	ULTRASOUND	43,727	57,540	1,874,993	473,383	11,474		54.03
54.04	SPECIAL PROCEDURES	8,610	11,329	1,059,923	267,601	44,579		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	174,662	229,834	2,811,871	709,919			57
58	MRI	65,387	86,041	1,476,899	372,876			58
59	CARDIAC CATHETERIZATION	77,085	101,434	1,487,907	375,655	87,982		59
60	LABORATORY	334,120	438,619	8,685,080	2,192,740	472,874		60
60.01	PATHOLOGY	20,612	27,123	1,514,957	382,484	95,271		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	25,629	33,725	1,604,540	405,101	21,396		63
65	RESPIRATORY THERAPY	53,735	70,709	2,056,553	519,222	67,339		65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	55,365	72,854	6,204,596	1,566,487	279,699		66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	35,568	46,804	1,056,771	266,805	50,739	1,411	69
69.02	CARDIOLOGY	47,266	62,196	3,035,199	766,303			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	242,049	318,506	16,062,234	4,055,264	482,091		71
72	IMPL. DEV. CHARGED TO PATIENTS	77,182	101,562	9,493,404	2,396,819			72
73	DRUGS CHARGED TO PATIENTS	116,458	153,244	4,008,156	1,011,947			73
74	RENAL DIALYSIS	13,655	17,969	757,817	191,328	15,894		74
75	ASC (NON-DISTINCT PART)	15,570	20,488	712,525	179,893	254,965		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC			126,842	32,024	424,957		90.01
90.02	WOUND CARE	17,475	22,995	850,520	214,732	246,500	1,785	90.02
90.03	PAIN MANAGEMENT	2,897	3,812	803,422	202,842	257,927		90.03



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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS-CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	326	429	190,853	48,185	37,243		90.06
90.07	EVANSTON INFUSION CENTER	79,538	104,662	8,130,756	2,052,788	94,895		90.07
91	EMERGENCY	135,642	178,487	6,597,017	1,665,562	485,336		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	4,414	5,808	1,998,267	504,506	25,440		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,536,244	3,336,341	220,298,635	44,216,219	12,905,483	1,317,802	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			292,665	73,890	32,400		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL			282	71			190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			260,099	65,668	51,162		190.09
190.10	PLAZA			1,383,514	349,299	92,026		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			437,138	110,365	152,217		190.12
190.13	G SUITE			840	212			190.13
190.14	OFFSITE CLINICS			1,376,663	347,569			190.14
191.01	OCC HEALTH			7,304	1,844	29,719		191.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,536,244	3,336,341	224,057,140	45,165,137	13,263,007	1,317,802	202

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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	4,238,753						9
10	DIETARY	50,058	1,057,471					10
11	CAFETERIA	88,469		3,810,539				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	22,699		67,081	2,612,143			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	28,822		87,415		4,579,174		15
16	MEDICAL RECORDS & LIBRARY	43,179		80,559			3,193,482	16
17	SOCIAL SERVICE	17,459		27,934				17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			184,863				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,997		23,576				22
23	PARAMED ED PRGM-PHARMACY			20,976				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,009,080	706,104	1,072,694	1,106,185	385	358,273	30
31	INTENSIVE CARE UNIT	163,897	60,170	124,942	128,836	276	56,809	31
31.01	SPECIAL CARE NURSERY	33,125		22,192	22,890		8,930	31.01
40	SUBPROVIDER - IPF	296,166	92,634	71,912	74,141	25	33,540	40
41	SUBPROVIDER - IRF	149,762	86,233	73,668	75,974		31,167	41
43	NURSERY	2,853		53,503	51,704		15,779	43
44	SKILLED NURSING FACILITY	328,016	112,330	75,728	78,084	74	16,611	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	209,585		245,087	252,737	709	279,930	50
52	DELIVERY ROOM & LABOR ROOM	13,480		82,484	85,067		40,634	52
53	ANESTHESIOLOGY	12,469		16,855	17,379	2,519	98,962	53
54	RADIOLOGY-DIAGNOSTIC	132,121		194,016	200,056	175,757	159,505	54
54.02	CANCER TREATMENT CENTER	77,916		17,801	18,370		19,648	54.02
54.03	ULTRASOUND	2,070		52,963		1,469	55,062	54.03
54.04	SPECIAL PROCEDURES	8,045		28,035		265	10,842	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN			35,500		298	219,938	57
58	MRI			18,172		932	82,337	58
59	CARDIAC CATHETERIZATION	15,874		30,163	31,112		97,067	59
60	LABORATORY	85,320		261,942		18	420,522	60
60.01	PATHOLOGY	17,189		39,519			25,955	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,857		12,295			32,273	63
65	RESPIRATORY THERAPY	12,152		78,363		866	67,665	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	50,469		132,238		52	69,717	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	9,158		18,949			44,788	69
69.02	CARDIOLOGY			83,565	86,157	880	59,518	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			10,066		504	304,793	71
72	IMPL. DEV. CHARGED TO PATIENTS						97,189	72
73	DRUGS CHARGED TO PATIENTS					1,613,060	146,646	73
74	RENAL DIALYSIS						17,195	74
75	ASC (NON-DISTINCT PART)	46,005		21,989	22,682	60	19,606	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	76,675		405				90.01
90.02	WOUND CARE	44,474		34,047	35,116	3,402	22,005	90.02
90.03	PAIN MANAGEMENT	46,538		12,464		820	3,648	90.03



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	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			7,262			411	90.06
90.07	EVANSTON INFUSION CENTER			40,229		2,775,963	100,156	90.07
91	EMERGENCY	87,566		259,206	267,287	607	170,803	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			56,611	58,366	233	5,558	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,227,545	1,057,471	3,777,269	2,612,143	4,579,174	3,193,482	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,847		3,580				190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL							190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY			10,167				190.0 9
190.1 0	PLAZA							190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY			19,523				190.1 2
190.1 3	G SUITE							190.1 3
190.1 4	OFFSITE CLINICS							190.1 4
191.0 1	OCC HEALTH	5,361						191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,238,753	1,057,471	3,810,539	2,612,143	4,579,174	3,193,482	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
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	1,074,277						17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		6,036,170					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			2,039,558				22
23	PARAMED ED PRGM-PHARMACY				609,956			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	691,968	3,263,580	1,102,729	329,785	45,212,950	-4,366,309	30
31	INTENSIVE CARE UNIT	9,274	408,514	138,033	41,280	6,972,745	-546,547	31
31.01	SPECIAL CARE NURSERY	3,349				1,019,408		31.01
40	SUBPROVIDER - IPF	93,516				3,520,702		40
41	SUBPROVIDER - IRF	87,076				2,863,097		41
43	NURSERY	3,349				2,129,652		43
44	SKILLED NURSING FACILITY	84,242				3,314,468		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		618,147	208,865	62,464	19,222,182	-827,012	50
52	DELIVERY ROOM & LABOR ROOM		356,106	120,325	35,985	4,095,619	-476,431	52
53	ANESTHESIOLOGY					860,248		53
54	RADIOLOGY-DIAGNOSTIC					10,534,259		54
54.02	CANCER TREATMENT CENTER					1,472,428		54.02
54.03	ULTRASOUND					2,471,414		54.03
54.04	SPECIAL PROCEDURES					1,419,290		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN					3,777,526		57
58	MRI					1,951,216		58
59	CARDIAC CATHETERIZATION					2,125,760		59
60	LABORATORY					12,118,496		60
60.01	PATHOLOGY					2,075,375		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					2,079,462		63
65	RESPIRATORY THERAPY					2,802,160		65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE					8,303,258		66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY					1,448,621		69
69.02	CARDIOLOGY					4,031,622		69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					20,914,952		71
72	IMPL. DEV. CHARGED TO PATIENTS					11,987,412		72
73	DRUGS CHARGED TO PATIENTS					6,779,809		73
74	RENAL DIALYSIS					982,234		74
75	ASC (NON-DISTINCT PART)					1,257,725		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2,834	1,209,586	408,706	122,229	2,404,258	-1,618,292	90.01
90.02	WOUND CARE					1,452,581		90.02
90.03	PAIN MANAGMENT					1,327,661		90.03

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					283,954		90.06
90.07	EVANSTON INFUSION CENTER					13,194,787		90.07
91	EMERGENCY	2,319	180,237	60,900	18,213	9,795,053	-241,137	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	96,350				2,745,331		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,074,277	6,036,170	2,039,558	609,956	218,947,715	-8,075,728	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					408,382		190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL					353		190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY					387,096		190.0 9
190.1 0	PLAZA					1,824,839		190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY					719,243		190.1 2
190.1 3	G SUITE					1,052		190.1 3
190.1 4	OFFSITE CLINICS					1,724,232		190.1 4
191.0 1	OCC HEALTH					44,228		191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,074,277	6,036,170	2,039,558	609,956	224,057,140	-8,075,728	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
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-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	40,846,641					30
31	INTENSIVE CARE UNIT	6,426,198					31
31.01	SPECIAL CARE NURSERY	1,019,408					31.01
40	SUBPROVIDER - IPF	3,520,702					40
41	SUBPROVIDER - IRF	2,863,097					41
43	NURSERY	2,129,652					43
44	SKILLED NURSING FACILITY	3,314,468					44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	18,395,170					50
52	DELIVERY ROOM & LABOR ROOM	3,619,188					52
53	ANESTHESIOLOGY	860,248					53
54	RADIOLOGY-DIAGNOSTIC	10,534,259					54
54.02	CANCER TREATMENT CENTER	1,472,428					54.02
54.03	ULTRASOUND	2,471,414					54.03
54.04	SPECIAL PROCEDURES	1,419,290					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	3,777,526					57
58	MRI	1,951,216					58
59	CARDIAC CATHETERIZATION	2,125,760					59
60	LABORATORY	12,118,496					60
60.01	PATHOLOGY	2,075,375					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,079,462					63
65	RESPIRATORY THERAPY	2,802,160					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	8,303,258					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	1,448,621					69
69.02	CARDIOLOGY	4,031,622					69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,914,952					71
72	IMPL. DEV. CHARGED TO PATIENTS	11,987,412					72
73	DRUGS CHARGED TO PATIENTS	6,779,809					73
74	RENAL DIALYSIS	982,234					74
75	ASC (NON-DISTINCT PART)	1,257,725					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	785,966					90.01
90.02	WOUND CARE	1,452,581					90.02
90.03	PAIN MANAGMENT	1,327,661					90.03



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,954					90.06
90.07	EVANSTON INFUSION CENTER	13,194,787					90.07
91	EMERGENCY	9,553,916					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	2,745,331					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	210,871,987					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	408,382					190
190.0 2	COVENANT RETIREMENT HOME						190.0 2
190.0 5	BOARD OF BENEVOLENCE						190.0 5
190.0 7	DENTAL	353					190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY						190.0 8
190.0 9	OP PHARMACY	387,096					190.0 9
190.1 0	PLAZA	1,824,839					190.1 0
190.1 1	G CAFETERIA						190.1 1
190.1 2	G PHARMACY	719,243					190.1 2
190.1 3	G SUITE	1,052					190.1 3
190.1 4	OFFSITE CLINICS	1,724,232					190.1 4
191.0 1	OCC HEALTH	44,228					191.0 1
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	215,981,412					202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL CAP COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	16,594	10,073	56,783	83,450	83,450		4
5.01	NON-PATIENT PHONES	67,392	5,234	37,657	110,283	233	110,516	5.01
5.03	PURCHASING	20,058	27,946	31,356	79,360	736	1,020	5.03
5.04	ADMITTING	8,728	16,913	39,478	65,119	1,689	2,040	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	5,390	12,255	7,385	25,030	1,349	6,971	5.05
5.06	ADMINISTRATION & GENERAL	254,337	1,832,100	1,483,161	3,569,598	10,134	17,177	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	12,834	362,659	2,309,355	2,684,848	1,924	4,591	7
8	LAUNDRY & LINEN SERVICE		12,670	27,264	39,934		170	8
9	HOUSEKEEPING	24	28,168	5,688	33,880	1,638	680	9
10	DIETARY	4,672	29,805	130,286	164,763	290	850	10
11	CAFETERIA		52,674	8,640	61,314		850	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,484	13,513	521,636	539,633	1,067	2,720	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,443	17,160	137,548	158,151	1,814	1,530	15
16	MEDICAL RECORDS & LIBRARY	4,355	25,708	8,465	38,528	1,091	2,550	16
17	SOCIAL SERVICE		10,396		10,396	506	1,700	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			173	173	2,701		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,081	25,602	5,346	35,029	1,160	2,380	22
23	PARAMED ED PRGM-PHARMACY			2,501	2,501	319		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	19,930	359,719	322,002	701,651	16,129	7,651	30
31	INTENSIVE CARE UNIT	2,770	29,345	34,584	66,699	2,905	4,081	31
31.01	SPECIAL CARE NURSERY		5,931		5,931	415	1,360	31.01
40	SUBPROVIDER - IPF	553	53,027	7,406	60,986	1,185	1,870	40
41	SUBPROVIDER - IRF	715	26,814	6,055	33,584	1,076	680	41
43	NURSERY	24	510	1,629	2,163	1,084	1,530	43
44	SKILLED NURSING FACILITY	6,435	58,731	14,582	79,748	1,027	680	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	174,224	124,786	1,298,452	1,597,462	5,073	4,931	50
52	DELIVERY ROOM & LABOR ROOM		8,027	3,642	11,669	1,727		52
53	ANESTHESIOLOGY	1,657	7,426	65,232	74,315	167	510	53
54	RADIOLOGY-DIAGNOSTIC	9,866	78,664	1,032,642	1,121,172	3,045	5,781	54
54.02	CANCER TREATMENT CENTER	2,526	46,389	8,009	56,924	454	2,890	54.02
54.03	ULTRASOUND	73	1,233	150,850	152,156	1,111	680	54.03
54.04	SPECIAL PROCEDURES	2,759	4,789	7,777	15,325	517		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	469,087		457,166	926,253	624		57
58	MRI			482,545	482,545	333		58
59	CARDIAC CATHETERIZATION	1,705	9,452	93,677	104,834	648	1,190	59
60	LABORATORY	6,119	50,800	213,820	270,739	2,898	5,271	60
60.01	PATHOLOGY	4,451	10,235	61,110	75,796	639	340	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	24	2,299	13,872	16,195	213	510	63
65	RESPIRATORY THERAPY	49,316	7,234	52,845	109,395	1,209	680	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	4,193	30,047	67,886	102,126	3,961	3,060	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	2,837	5,451	54,640	62,928	499	680	69
69.02	CARDIOLOGY	136,245		169,691	305,936	1,594	1,190	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,245	51,790	103,791	167,826	461	340	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		1,707		1,707			74
75	ASC (NON-DISTINCT PART)	3,661	27,390	124,913	155,964	305	2,890	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	3,290	45,652	51,361	100,303	7	4,251	90.01
90.02	WOUND CARE	3,580	26,481	16,411	46,472	495		90.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
90.03	PAIN MANAGMENT	116,733	27,708	1,458	145,899	110		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		4,001	3,501	7,502	127		90.06
90.07	EVANSTON INFUSION CENTER	2,280	10,194	15,369	27,843	960		90.07
91	EMERGENCY	8,742	52,138	160,205	221,085	4,030	4,931	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	5,796	2,733	28,323	36,852	1,238	680	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,458,228	3,653,579	9,938,168	15,049,975	82,917	103,886	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,481		3,481	42	340	190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL							190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY		5,496	1,386	6,882	178	170	190.0 9
190.1 0	PLAZA		9,886	62	9,948		3,060	190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY		16,352	2,857	19,209	288	2,550	190.1 2
190.1 3	G SUITE			840	840			190.1 3
190.1 4	OFFSITE CLINICS	67		397,444	397,511	25		190.1 4
191.0 1	OCC HEALTH		3,193		3,193		510	191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,458,295	3,691,987	10,340,757	15,491,039	83,450	110,516	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING	81,116						5.03
5.04	ADMITTING	74	68,922					5.04
5.05	PATIENT ACCOUNTS & CASHIERS	62		33,412				5.05
5.06	ADMINISTRATION & GENERAL	380			3,597,289			5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	835			212,944	2,905,142		7
8	LAUNDRY & LINEN SERVICE				19,264	25,833	85,201	8
9	HOUSEKEEPING	596			61,982	57,434	7,502	9
10	DIETARY	1			11,720	60,771		10
11	CAFETERIA	1			51,887	107,400		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	45			38,478	27,553		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	28			69,090	34,990		15
16	MEDICAL RECORDS & LIBRARY	9			45,444	52,418		16
17	SOCIAL SERVICE	2			14,965	21,198		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4			93,945			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	25			27,851	52,201		22
23	PARAMED ED PRGM-PHARMACY	4			9,456			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	502	7,755	3,802	491,448	733,455	39,535	30
31	INTENSIVE CARE UNIT	29	1,230	603	87,465	59,834	7,748	31
31.01	SPECIAL CARE NURSERY		193	95	13,792	12,092	950	31.01
40	SUBPROVIDER - IPF	16	726	356	36,604	108,121	5,516	40
41	SUBPROVIDER - IRF	15	675	331	32,789	54,673	4,355	41
43	NURSERY	1	342	167	31,363	1,040	2,864	43
44	SKILLED NURSING FACILITY	20	360	176	31,863	119,750	5,697	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,978	6,060	2,970	257,350	254,436	9,972	50
52	DELIVERY ROOM & LABOR ROOM		880	431	52,771	16,367		52
53	ANESTHESIOLOGY	27	2,142	1,050	10,323	15,141		53
54	RADIOLOGY-DIAGNOSTIC	193	3,453	1,693	143,332	160,395	856	54
54.02	CANCER TREATMENT CENTER	8	425	208	14,560	94,587		54.02
54.03	ULTRASOUND	6	1,192	584	37,704	2,513		54.03
54.04	SPECIAL PROCEDURES	462	235	115	21,314	9,765		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	9	4,761	2,334	56,544			57
58	MRI	3	1,782	874	29,699			58
59	CARDIAC CATHETERIZATION	223	2,101	1,030	29,920	19,272		59
60	LABORATORY	5,422	8,896	3,989	174,648	103,579		60
60.01	PATHOLOGY	1,122	562	275	30,464	20,868		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,291	699	342	32,266	4,687		63
65	RESPIRATORY THERAPY	76	1,465	718	41,355	14,750		65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	65	1,509	740	124,768	61,266		66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	34	970	475	21,251	11,114	91	69
69.02	CARDIOLOGY	25	1,288	632	61,035			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,799	6,598	3,234	322,995	105,598		71
72	IMPL. DEV. CHARGED TO PATIENTS	25,607	2,104	1,031	190,903			72
73	DRUGS CHARGED TO PATIENTS		3,174	1,556	80,600			73
74	RENAL DIALYSIS		372	182	15,239	3,481		74
75	ASC (NON-DISTINCT PART)	38	424	208	14,328	55,848		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2			2,551	93,083		90.01
90.02	WOUND CARE	24	476	234	17,103	53,994	115	90.02
90.03	PAIN MANAGMENT	7	79	39	16,156	56,497		90.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		9	4	3,838	8,158		90.06
90.07	EVANSTON INFUSION CENTER	26	2,168	1,063	163,501	20,786		90.07
91	EMERGENCY	239	3,697	1,812	132,659	106,308		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	19	120	59	40,183	5,572		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	80,354	68,922	33,412	3,521,710	2,826,828	85,201	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	567			5,885	7,097		190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL				6			190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY				5,230	11,207		190.0 9
190.1 0	PLAZA				27,821	20,158		190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY				8,790	33,342		190.1 2
190.1 3	G SUITE				17			190.1 3
190.1 4	OFFSITE CLINICS	195			27,683			190.1 4
191.0 1	OCC HEALTH				147	6,510		191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	81,116	68,922	33,412	3,597,289	2,905,142	85,201	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	163,712						9
10	DIETARY	1,933	240,328					10
11	CAFETERIA	3,417		224,869				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	877		3,959	614,332			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	1,113		5,159		271,875		15
16	MEDICAL RECORDS & LIBRARY	1,668		4,754			146,462	16
17	SOCIAL SERVICE	674		1,648				17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			10,909				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,661		1,391				22
23	PARAMED ED PRGM-PHARMACY			1,238				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	77,596	160,473	63,303	260,157	23	16,423	30
31	INTENSIVE CARE UNIT	6,330	13,675	7,373	30,300	16	2,604	31
31.01	SPECIAL CARE NURSERY	1,279		1,310	5,383		409	31.01
40	SUBPROVIDER - IPF	11,439	21,053	4,244	17,437	1	1,537	40
41	SUBPROVIDER - IRF	5,784	19,598	4,347	17,868		1,429	41
43	NURSERY	110		3,157	12,160		723	43
44	SKILLED NURSING FACILITY	12,669	25,529	4,469	18,364	4	761	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,095		14,463	59,439	42	12,832	50
52	DELIVERY ROOM & LABOR ROOM	521		4,868	20,006		1,863	52
53	ANESTHESIOLOGY	482		995	4,087	150	4,536	53
54	RADIOLOGY-DIAGNOSTIC	5,103		11,449	47,050	10,435	7,312	54
54.02	CANCER TREATMENT CENTER	3,009		1,050	4,320		901	54.02
54.03	ULTRASOUND	80		3,125		87	2,524	54.03
54.04	SPECIAL PROCEDURES	311		1,654		16	497	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN			2,095		18	10,082	57
58	MRI			1,072		55	3,774	58
59	CARDIAC CATHETERIZATION	613		1,780	7,317		4,450	59
60	LABORATORY	3,295		15,458		1	19,350	60
60.01	PATHOLOGY	664		2,332			1,190	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	149		726			1,479	63
65	RESPIRATORY THERAPY	469		4,624		51	3,102	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	1,949		7,804		3	3,196	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	354		1,118			2,053	69
69.02	CARDIOLOGY			4,931	20,263	52	2,728	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			594		30	13,972	71
72	IMPL. DEV. CHARGED TO PATIENTS						4,455	72
73	DRUGS CHARGED TO PATIENTS					95,769	6,722	73
74	RENAL DIALYSIS						788	74
75	ASC (NON-DISTINCT PART)	1,777		1,298	5,334	4	899	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	2,961		24				90.01
90.02	WOUND CARE	1,718		2,009	8,259	202	1,009	90.02
90.03	PAIN MANAGEMENT	1,797		736		49	167	90.03

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			429			19	90.06
90.07	EVANSTON INFUSION CENTER			2,374		164,817	4,591	90.07
91	EMERGENCY	3,382		15,296	62,861	36	7,830	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY			3,341	13,727	14	255	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	163,279	240,328	222,906	614,332	271,875	146,462	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	226		211				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			600				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			1,152				190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH	207						191.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	163,712	240,328	224,869	614,332	271,875	146,462	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
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	51,089						17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		107,732					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			121,698				22
23	PARAMED ED PRGM-PHARMACY				13,518			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,909				2,612,812		30
31	INTENSIVE CARE UNIT	441				291,333		31
31.01	SPECIAL CARE NURSERY	159				43,368		31.01
40	SUBPROVIDER - IPF	4,447				275,538		40
41	SUBPROVIDER - IRF	4,141				181,345		41
43	NURSERY	159				56,863		43
44	SKILLED NURSING FACILITY	4,006				305,123		44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM					2,236,103		50
52	DELIVERY ROOM & LABOR ROOM					111,103		52
53	ANESTHESIOLOGY					113,925		53
54	RADIOLOGY-DIAGNOSTIC					1,521,269		54
54.02	CANCER TREATMENT CENTER					179,336		54.02
54.03	ULTRASOUND					201,762		54.03
54.04	SPECIAL PROCEDURES					50,211		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN					1,002,720		57
58	MRI					520,137		58
59	CARDIAC CATHETERIZATION					173,378		59
60	LABORATORY					613,546		60
60.01	PATHOLOGY					134,252		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					60,557		63
65	RESPIRATORY THERAPY					177,894		65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE					310,447		66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY					101,567		69
69.02	CARDIOLOGY					399,674		69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					659,447		71
72	IMPL. DEV. CHARGED TO PATIENTS					224,100		72
73	DRUGS CHARGED TO PATIENTS					187,821		73
74	RENAL DIALYSIS					21,769		74
75	ASC (NON-DISTINCT PART)					239,317		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	135				203,317		90.01
90.02	WOUND CARE					132,110		90.02
90.03	PAIN MANAGMENT					221,536		90.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					20,086		90.06
90.07	EVANSTON INFUSION CENTER					388,129		90.07
91	EMERGENCY	110				564,276		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	4,582				106,642		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	51,089				14,642,813		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					17,849		190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL					6		190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY					24,267		190.0 9
190.1 0	PLAZA					60,987		190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY					65,331		190.1 2
190.1 3	G SUITE					857		190.1 3
190.1 4	OFFSITE CLINICS					425,414		190.1 4
191.0 1	OCC HEALTH					10,567		191.0 1
200	CROSS FOOT ADJUSTMENTS		107,732	121,698	13,518	242,948		200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	51,089	107,732	121,698	13,518	15,491,039		202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
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-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,612,812					30
31	INTENSIVE CARE UNIT	291,333					31
31.01	SPECIAL CARE NURSERY	43,368					31.01
40	SUBPROVIDER - IPF	275,538					40
41	SUBPROVIDER - IRF	181,345					41
43	NURSERY	56,863					43
44	SKILLED NURSING FACILITY	305,123					44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103					50
52	DELIVERY ROOM & LABOR ROOM	111,103					52
53	ANESTHESIOLOGY	113,925					53
54	RADIOLOGY-DIAGNOSTIC	1,521,269					54
54.02	CANCER TREATMENT CENTER	179,336					54.02
54.03	ULTRASOUND	201,762					54.03
54.04	SPECIAL PROCEDURES	50,211					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720					57
58	MRI	520,137					58
59	CARDIAC CATHETERIZATION	173,378					59
60	LABORATORY	613,546					60
60.01	PATHOLOGY	134,252					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557					63
65	RESPIRATORY THERAPY	177,894					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567					69
69.02	CARDIOLOGY	399,674					69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447					71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100					72
73	DRUGS CHARGED TO PATIENTS	187,821					73
74	RENAL DIALYSIS	21,769					74
75	ASC (NON-DISTINCT PART)	239,317					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110					90.02
90.03	PAIN MANAGMENT	221,536					90.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086					90.06
90.07	EVANSTON INFUSION CENTER	388,129					90.07
91	EMERGENCY	564,276					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	106,642					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	14,642,813					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,849					190
190.0	COVENANT RETIREMENT HOME						190.0
2							2
190.0	BOARD OF BENEVOLENCE						190.0
5							5
190.0	DENTAL	6					190.0
7							7
190.0	COVENANT RETIREMENT COMMUNITY						190.0
8							8
190.0	OP PHARMACY	24,267					190.0
9							9
190.1	PLAZA	60,987					190.1
0							0
190.1	G CAFETERIA						190.1
1							1
190.1	G PHARMACY	65,331					190.1
2							2
190.1	G SUITE	857					190.1
3							3
190.1	OFFSITE CLINICS	425,414					190.1
4							4
191.0	OCC HEALTH	10,567					191.0
1							1
200	CROSS FOOT ADJUSTMENTS	242,948					200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	15,491,039					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	730,846						1
2	CAP REL COSTS-MVBLE EQUIP		10,272,067					2
4	EMPLOYEE BENEFITS DEPARTMENT	1,994	56,406	97,703,453				4
5.01	NON-PATIENT PHONES	1,036	37,407	272,508	650			5.01
5.03	PURCHASING	5,532	31,148	862,384	6	27,917,887		5.03
5.04	ADMITTING	3,348	39,216	1,978,299	12	25,412	1,355,263,202	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,426	7,336	1,579,846	41	21,487		5.05
5.06	ADMINISTRATION & GENERAL	362,673	1,473,309	11,866,773	101	130,653		5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	71,790	2,294,011	2,253,050	27	287,488		7
8	LAUNDRY & LINEN SERVICE	2,508	27,083		1	21		8
9	HOUSEKEEPING	5,576	5,650	1,918,358	4	205,245		9
10	DIETARY	5,900	129,421	339,662	5	345		10
11	CAFETERIA	10,427	8,583		5	359		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,675	518,171	1,249,979	16	15,623		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,397	136,634	2,124,498	9	9,524		15
16	MEDICAL RECORDS & LIBRARY	5,089	8,409	1,277,689	15	2,975		16
17	SOCIAL SERVICE	2,058		592,429	10	718		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		172	3,162,894		1,424		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,068	5,310	1,358,644	14	8,682		22
23	PARAMED ED PRGM-PHARMACY		2,484	373,857		1,515		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	71,208	319,863	18,869,832	45	172,716	152,068,273	30
31	INTENSIVE CARE UNIT	5,809	34,354	3,401,997	24	9,870	24,112,535	31
31.01	SPECIAL CARE NURSERY	1,174		486,337	8		3,790,325	31.01
40	SUBPROVIDER - IPF	10,497	7,357	1,387,992	11	5,464	14,235,784	40
41	SUBPROVIDER - IRF	5,308	6,015	1,259,900	4	5,092	13,228,968	41
43	NURSERY	101	1,618	1,268,800	9	395	6,697,280	43
44	SKILLED NURSING FACILITY	11,626	14,485	1,202,308	4	6,868	7,050,620	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	24,702	1,289,827	5,939,928	29	1,024,877	118,815,703	50
52	DELIVERY ROOM & LABOR ROOM	1,589	3,618	2,022,554			17,246,912	52
53	ANESTHESIOLOGY	1,470	64,799	195,905	3	9,422	42,004,416	53
54	RADIOLOGY-DIAGNOSTIC	15,572	1,025,783	3,565,490	34	66,578	67,701,742	54
54.02	CANCER TREATMENT CENTER	9,183	7,956	531,497	17	2,880	8,339,629	54.02
54.03	ULTRASOUND	244	149,848	1,301,046	4	2,157	23,371,111	54.03
54.04	SPECIAL PROCEDURES	948	7,725	605,601		158,914	4,601,661	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN		454,129	731,087		3,040	93,352,384	57
58	MRI		479,340	389,701		1,020	34,947,679	58
59	CARDIAC CATHETERIZATION	1,871	93,055	758,457	7	76,803	41,200,004	59
60	LABORATORY	10,056	212,400	3,392,917	31	1,865,714	178,285,013	60
60.01	PATHOLOGY	2,026	60,704	748,495	2	386,166	11,016,489	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	455	13,780	249,120	3	1,132,453	13,698,288	63
65	RESPIRATORY THERAPY	1,432	52,494	1,415,358	4	26,227	28,720,096	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	5,948	67,435	4,637,971	18	22,507	29,591,245	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	1,079	54,277	584,444	4	11,589	19,010,365	69
69.02	CARDIOLOGY		168,564	1,866,326	7	8,544	25,262,434	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,252	103,102	539,859	2	13,010,717	129,368,874	71
72	IMPL. DEV. CHARGED TO PATIENTS					8,811,614	41,251,740	72
73	DRUGS CHARGED TO PATIENTS						62,243,789	73
74	RENAL DIALYSIS	338				20	7,298,418	74
75	ASC (NON-DISTINCT PART)	5,422	124,083	356,762	17	12,959	8,321,771	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	9,037	51,020	8,107	25	647		90.01



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
90.02	WOUND CARE	5,242	16,302	580,153		8,391	9,340,115	90.02
90.03	PAIN MANAGMENT	5,485	1,448	129,375		2,514	1,548,301	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	792	3,478	149,238		163	174,401	90.06
90.07	EVANSTON INFUSION CENTER	2,018	15,267	1,124,615		8,867	42,511,069	90.07
91	EMERGENCY	10,321	159,141	4,718,522	29	82,265	72,496,839	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	541	28,135	1,449,537	4	6,705	2,358,929	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	723,243	9,872,152	97,080,101	611	27,655,629	1,355,263,202	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	689		49,397	2	195,144		190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL							190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY	1,088	1,377	208,014	1			190.0 9
190.1 0	PLAZA	1,957	62		18			190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY	3,237	2,838	336,704	15			190.1 2
190.1 3	G SUITE		834					190.1 3
190.1 4	OFFSITE CLINICS		394,804	29,237		67,017		190.1 4
191.0 1	OCC HEALTH	632			3	97		191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,691,987	10,340,757	20,948,972	391,333	1,593,794	2,536,244	202
203	UNIT COST MULT-WS B PT I	5.051662	1.006687	0.214414	602.050769	0.057089	0.001871	203
204	COST TO BE ALLOC PER B PT II			83,450	110,516	81,116	68,922	204
205	UNIT COST MULT-WS B PT II			0.000854	170.024615	0.002906	0.000051	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS-CASHIERS GROSS REVENUE	RECON-CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS	1,355,263,202						5.05
5.06	ADMINISTRATION & GENERAL		-45,165,137	178,892,003				5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT			10,589,464	282,047			7
8	LAUNDRY & LINEN SERVICE			957,998	2,508	990,706		8
9	HOUSEKEEPING			3,082,310	5,576	87,237	628,558	9
10	DIETARY			582,824	5,900		7,423	10
11	CAFETERIA			2,580,297	10,427		13,119	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			1,913,475	2,675		3,366	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY			3,435,762	3,397		4,274	15
16	MEDICAL RECORDS & LIBRARY			2,259,881	5,089		6,403	16
17	SOCIAL SERVICE			744,215	2,058		2,589	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			4,671,807				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,384,995	5,068		6,376	22
23	PARAMED ED PRGM-PHARMACY			470,254				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	152,068,273		24,441,480	71,208	459,708	297,923	30
31	INTENSIVE CARE UNIT	24,112,535		4,349,568	5,809	90,093	24,304	31
31.01	SPECIAL CARE NURSERY	3,790,325		685,868	1,174	11,041	4,912	31.01
40	SUBPROVIDER - IPF	14,235,784		1,820,277	10,497	64,135	43,918	40
41	SUBPROVIDER - IRF	13,228,968		1,630,581	5,308	50,637	22,208	41
43	NURSERY	6,697,280		1,559,646	101	33,306	423	43
44	SKILLED NURSING FACILITY	7,050,620		1,584,524	11,626	66,239	48,641	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,815,703		12,797,753	24,702	115,957	31,079	50
52	DELIVERY ROOM & LABOR ROOM	17,246,912		2,624,264	1,589		1,999	52
53	ANESTHESIOLOGY	42,004,416		513,336	1,470		1,849	53
54	RADIOLOGY-DIAGNOSTIC	67,701,742		7,127,752	15,572	9,950	19,592	54
54.02	CANCER TREATMENT CENTER	8,339,629		724,065	9,183		11,554	54.02
54.03	ULTRASOUND	23,371,111		1,874,993	244		307	54.03
54.04	SPECIAL PROCEDURES	4,601,661		1,059,923	948		1,193	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384		2,811,871				57
58	MRI	34,947,679		1,476,899				58
59	CARDIAC CATHETERIZATION	41,200,004		1,487,907	1,871		2,354	59
60	LABORATORY	178,285,013		8,685,080	10,056		12,652	60
60.01	PATHOLOGY	11,016,489		1,514,957	2,026		2,549	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288		1,604,540	455		572	63
65	RESPIRATORY THERAPY	28,720,096		2,056,553	1,432		1,802	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245		6,204,596	5,948		7,484	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365		1,056,771	1,079	1,061	1,358	69
69.02	CARDIOLOGY	25,262,434		3,035,199				69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874		16,062,234	10,252			71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740		9,493,404				72
73	DRUGS CHARGED TO PATIENTS	62,243,789		4,008,156				73
74	RENAL DIALYSIS	7,298,418		757,817	338			74
75	ASC (NON-DISTINCT PART)	8,321,771		712,525	5,422		6,822	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC			126,842	9,037		11,370	90.01
90.02	WOUND CARE	9,340,115		850,520	5,242	1,342	6,595	90.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
90.03	PAIN MANAGMENT	1,548,301		803,422	5,485		6,901	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401		190,853	792			90.06
90.07	EVANSTON INFUSION CENTER	42,511,069		8,130,756	2,018			90.07
91	EMERGENCY	72,496,839		6,597,017	10,321		12,985	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	2,358,929		1,998,267	541			101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,355,263,202	-45,165,137	175,133,498	274,444	990,706	626,896	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			292,665	689		867	190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL			282				190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY			260,099	1,088			190.0 9
190.1 0	PLAZA			1,383,514	1,957			190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY			437,138	3,237			190.1 2
190.1 3	G SUITE			840				190.1 3
190.1 4	OFFSITE CLINICS			1,376,663				190.1 4
191.0 1	OCC HEALTH			7,304	632		795	191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,336,341		45,165,137	13,263,007	1,317,802	4,238,753	202
203	UNIT COST MULT-WS B PT I	0.002462		0.252472	47.024102	1.330165	6.743615	203
204	COST TO BE ALLOC PER B PT II	33,412		3,597,289	2,905,142	85,201	163,712	204
205	UNIT COST MULT-WS B PT II	0.000025		0.020109	10.300205	0.086000	0.260456	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY	187,329						10
11	CAFETERIA		112,814					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,986	1,559,875				13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY		2,588		10,617,471			15
16	MEDICAL RECORDS & LIBRARY		2,385			1,355,263,202		16
17	SOCIAL SERVICE		827				4,170	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		5,473					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		698					22
23	PARAMED ED PRGM-PHARMACY		621					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	125,085	31,758	660,572	892	152,068,273	2,686	30
31	INTENSIVE CARE UNIT	10,659	3,699	76,936	639	24,112,535	36	31
31.01	SPECIAL CARE NURSERY		657	13,669		3,790,325	13	31.01
40	SUBPROVIDER - IPF	16,410	2,129	44,274	58	14,235,784	363	40
41	SUBPROVIDER - IRF	15,276	2,181	45,369		13,228,968	338	41
43	NURSERY		1,584	30,876		6,697,280	13	43
44	SKILLED NURSING FACILITY	19,899	2,242	46,629	172	7,050,620	327	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		7,256	150,925	1,644	118,815,703		50
52	DELIVERY ROOM & LABOR ROOM		2,442	50,799		17,246,912		52
53	ANESTHESIOLOGY		499	10,378	5,841	42,004,416		53
54	RADIOLOGY-DIAGNOSTIC		5,744	119,466	407,518	67,701,742		54
54.02	CANCER TREATMENT CENTER		527	10,970		8,339,629		54.02
54.03	ULTRASOUND		1,568		3,407	23,371,111		54.03
54.04	SPECIAL PROCEDURES		830		615	4,601,661		54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN		1,051		692	93,352,384		57
58	MRI		538		2,162	34,947,679		58
59	CARDIAC CATHETERIZATION		893	18,579		41,200,004		59
60	LABORATORY		7,755		41	178,285,013		60
60.01	PATHOLOGY		1,170			11,016,489		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		364			13,698,288		63
65	RESPIRATORY THERAPY		2,320		2,009	28,720,096		65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE		3,915		121	29,591,245		66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY		561			19,010,365		69
69.02	CARDIOLOGY		2,474	51,450	2,040	25,262,434		69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		298		1,168	129,368,874		71
72	IMPL. DEV. CHARGED TO PATIENTS					41,251,740		72
73	DRUGS CHARGED TO PATIENTS				3,740,109	62,243,789		73
74	RENAL DIALYSIS					7,298,418		74
75	ASC (NON-DISTINCT PART)		651	13,545	139	8,321,771		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC		12				11	90.01
90.02	WOUND CARE		1,008	20,970	7,887	9,340,115		90.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
90.03	PAIN MANAGMENT		369		1,901	1,548,301		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		215			174,401		90.06
90.07	EVANSTON INFUSION CENTER		1,191		6,436,469	42,511,069		90.07
91	EMERGENCY		7,674	159,614	1,407	72,496,839	9	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		1,676	34,854	540	2,358,929	374	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	187,329	111,829	1,559,875	10,617,471	1,355,263,202	4,170	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		106					190
190.0 2	COVENANT RETIREMENT HOME							190.0 2
190.0 5	BOARD OF BENEVOLENCE							190.0 5
190.0 7	DENTAL							190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY							190.0 8
190.0 9	OP PHARMACY		301					190.0 9
190.1 0	PLAZA							190.1 0
190.1 1	G CAFETERIA							190.1 1
190.1 2	G PHARMACY		578					190.1 2
190.1 3	G SUITE							190.1 3
190.1 4	OFFSITE CLINICS							190.1 4
191.0 1	OCC HEALTH							191.0 1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,057,471	3,810,539	2,612,143	4,579,174	3,193,482	1,074,277	202
203	UNIT COST MULT-WS B PT I	5.644994	33.777182	1.674585	0.431287	0.002356	257.620384	203
204	COST TO BE ALLOC PER B PT II	240,328	224,869	614,332	271,875	146,462	51,089	204
205	UNIT COST MULT-WS B PT II	1.282919	1.993272	0.393834	0.025606	0.000108	12.251559	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME				
	21	22	23				

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
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	35,935					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		35,935				22
23	PARAMED ED PRGM-PHARMACY			35,935			23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	19,429	19,429	19,429			30
31	INTENSIVE CARE UNIT	2,432	2,432	2,432			31
31.01	SPECIAL CARE NURSERY						31.01
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,680	3,680	3,680			50
52	DELIVERY ROOM & LABOR ROOM	2,120	2,120	2,120			52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE						66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
69.02	CARDIOLOGY						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						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						



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	PARAMED EDUCATION ASSIGNED TIME 23			
90.01	FAMILY PRACTICE CLINIC	7,201	7,201	7,201			90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGEMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	EMERGENCY	1,073	1,073	1,073			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	35,935	35,935	35,935			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.0 2	COVENANT RETIREMENT HOME						190.0 2
190.0 5	BOARD OF BENEVOLENCE						190.0 5
190.0 7	DENTAL						190.0 7
190.0 8	COVENANT RETIREMENT COMMUNITY						190.0 8
190.0 9	OP PHARMACY						190.0 9
190.1 0	PLAZA						190.1 0
190.1 1	G CAFETERIA						190.1 1
190.1 2	G PHARMACY						190.1 2
190.1 3	G SUITE						190.1 3
190.1 4	OFFSITE CLINICS						190.1 4
191.0 1	OCC HEALTH						191.0 1
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	6,036,170	2,039,558	609,956			202
203	UNIT COST MULT-WS B PT I	167,974,676	56,756,867	16,973,869			203
204	COST TO BE ALLOC PER B PT II	107,732	121,698	13,518			204
205	UNIT COST MULT-WS B PT II	2,997,969	3,386,615	0,376,179			205



COMPU-MAX

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
				1	2	3	
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	40,846,641		40,846,641	8,136	40,854,777	30
31	INTENSIVE CARE UNIT	6,426,198		6,426,198		6,426,198	31
31.01	SPECIAL CARE NURSERY	1,019,408		1,019,408		1,019,408	31.01
40	SUBPROVIDER - IPF	3,520,702		3,520,702		3,520,702	40
41	SUBPROVIDER - IRF	2,863,097		2,863,097		2,863,097	41
43	NURSERY	2,129,652		2,129,652		2,129,652	43
44	SKILLED NURSING FACILITY	3,314,468		3,314,468		3,314,468	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,395,170		18,395,170		18,395,170	50
52	DELIVERY ROOM & LABOR ROOM	3,619,188		3,619,188		3,619,188	52
53	ANESTHESIOLOGY	860,248		860,248		860,248	53
54	RADIOLOGY-DIAGNOSTIC	10,534,259		10,534,259		10,534,259	54
54.02	CANCER TREATMENT CENTER	1,472,428		1,472,428		1,472,428	54.02
54.03	ULTRASOUND	2,471,414		2,471,414		2,471,414	54.03
54.04	SPECIAL PROCEDURES	1,419,290		1,419,290		1,419,290	54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	3,777,526		3,777,526		3,777,526	57
58	MRI	1,951,216		1,951,216		1,951,216	58
59	CARDIAC CATHETERIZATION	2,125,760		2,125,760		2,125,760	59
60	LABORATORY	12,118,496		12,118,496		12,118,496	60
60.01	PATHOLOGY	2,075,375		2,075,375		2,075,375	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,079,462		2,079,462		2,079,462	63
65	RESPIRATORY THERAPY	2,802,160		2,802,160		2,802,160	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	8,303,258		8,303,258		8,303,258	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	1,448,621		1,448,621		1,448,621	69
69.02	CARDIOLOGY	4,031,622		4,031,622		4,031,622	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,914,952		20,914,952		20,914,952	71
72	IMPL. DEV. CHARGED TO PATIENTS	11,987,412		11,987,412		11,987,412	72
73	DRUGS CHARGED TO PATIENTS	6,779,809		6,779,809		6,779,809	73
74	RENAL DIALYSIS	982,234		982,234		982,234	74
75	ASC (NON-DISTINCT PART)	1,257,725		1,257,725		1,257,725	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	785,966		785,966		785,966	90.01
90.02	WOUND CARE	1,452,581		1,452,581		1,452,581	90.02
90.03	PAIN MANAGMENT	1,327,661		1,327,661		1,327,661	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,954		283,954		283,954	90.06
90.07	EVANSTON INFUSION CENTER	13,194,787		13,194,787		13,194,787	90.07
91	EMERGENCY	9,553,916		9,553,916		9,553,916	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	4,724,539		4,724,539		4,724,539	92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	2,745,331		2,745,331		2,745,331	101
200	SUBTOTAL (SEE INSTRUCTIONS)	215,596,526		215,596,526	8,136	215,604,662	200
201	LESS OBSERVATION BEDS	4,724,539		4,724,539		4,724,539	201
202	TOTAL (SEE INSTRUCTIONS)	210,871,987		210,871,987		210,880,123	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	137,453,317		137,453,317				30
31	INTENSIVE CARE UNIT	24,112,535		24,112,535				31
31.01	SPECIAL CARE NURSERY	3,790,325		3,790,325				31.01
40	SUBPROVIDER - IPF	14,235,784		14,235,784				40
41	SUBPROVIDER - IRF	13,228,968		13,228,968				41
43	NURSERY	6,697,280		6,697,280				43
44	SKILLED NURSING FACILITY	7,050,620		7,050,620				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	46,174,848	72,640,855	118,815,703	0.154821	0.154821	0.154821	50
52	DELIVERY ROOM & LABOR ROOM	15,848,909	1,398,003	17,246,912	0.209846	0.209846	0.209846	52
53	ANESTHESIOLOGY	26,554,372	15,450,044	42,004,416	0.020480	0.020480	0.020480	53
54	RADIOLOGY-DIAGNOSTIC	21,531,257	46,170,485	67,701,742	0.155598	0.155598	0.155598	54
54.02	CANCER TREATMENT CENTER	401,923	7,937,706	8,339,629	0.176558	0.176558	0.176558	54.02
54.03	ULTRASOUND	2,884,428	20,486,683	23,371,111	0.105747	0.105747	0.105747	54.03
54.04	SPECIAL PROCEDURES	2,321,154	2,280,507	4,601,661	0.308430	0.308430	0.308430	54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	31,588,662	61,763,722	93,352,384	0.040465	0.040465	0.040465	57
58	MRI	8,283,280	26,664,399	34,947,679	0.055832	0.055832	0.055832	58
59	CARDIAC CATHETERIZATION	28,096,039	13,103,965	41,200,004	0.051596	0.051596	0.051596	59
60	LABORATORY	84,022,975	94,262,038	178,285,013	0.067973	0.067973	0.067973	60
60.01	PATHOLOGY	3,110,388	7,906,101	11,016,489	0.188388	0.188388	0.188388	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,115,077	2,583,211	13,698,288	0.151805	0.151805	0.151805	63
65	RESPIRATORY THERAPY	26,956,960	1,763,136	28,720,096	0.097568	0.097568	0.097568	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	17,173,473	12,417,772	29,591,245	0.280598	0.280598	0.280598	66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	7,457,098	11,553,267	19,010,365	0.076202	0.076202	0.076202	69
69.02	CARDIOLOGY	9,504,430	15,758,004	25,262,434	0.159590	0.159590	0.159590	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,170,671	33,198,203	129,368,874	0.161669	0.161669	0.161669	71
72	IMPL. DEV. CHARGED TO PATIENTS	30,491,985	10,759,755	41,251,740	0.290592	0.290592	0.290592	72
73	DRUGS CHARGED TO PATIENTS	51,602,491	10,641,298	62,243,789	0.108923	0.108923	0.108923	73
74	RENAL DIALYSIS	6,910,094	388,324	7,298,418	0.134582	0.134582	0.134582	74
75	ASC (NON-DISTINCT PART)	1,712,930	6,608,841	8,321,771	0.151137	0.151137	0.151137	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	456,119	8,883,996	9,340,115	0.155521	0.155521	0.155521	90.02
90.03	PAIN MANAGMENT	4,430	1,543,871	1,548,301	0.857495	0.857495	0.857495	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	122	174,279	174,401	1.628167	1.628167	1.628167	90.06
90.07	EVANSTON INFUSION CENTER	788,361	41,722,708	42,511,069	0.310385	0.310385	0.310385	90.07
91	EMERGENCY	22,337,396	50,159,443	72,496,839	0.131784	0.131784	0.131784	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,098,933	13,516,023	14,614,956	0.323267	0.323267	0.323267	92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	2,358,929		2,358,929				101
200	SUBTOTAL (SEE INSTRUCTIONS)	763,526,563	591,736,639	1,355,263,202				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	763,526,563	591,736,639	1,355,263,202				202



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,612,812		2,612,812	51,625	50.61	20,675	1,046,362	30
31	INTENSIVE CARE UNIT	291,333		291,333	3,553	82.00	1,546	126,772	31
31.01	SPECIAL CARE NURSERY	43,368		43,368	1,253	34.61			31.01
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	275,538		275,538	5,470	50.37	2,923	147,232	40
41	SUBPROVIDER - IRF	181,345		181,345	5,092	35.61	2,915	103,803	41
42	SUBPROVIDER I								42
43	NURSERY	56,863		56,863	3,474	16.37			43
44	SKILLED NURSING FACILITY	305,123		305,123	6,633	46.00	4,920	226,320	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,766,382		3,766,382	77,100		32,979	1,650,489	200

(A) Worksheet A line numbers



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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820	18,524,864	348,638	50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442	29,127	188	52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712	9,552,611	25,907	53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470	10,744,136	241,421	54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504	235,248	5,059	54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633	1,019,075	8,798	54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911	1,205,785	13,156	54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741	13,594,289	146,016	57
58	MRI	520,137	34,947,679	0.014883	3,729,684	55,509	58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208	11,098,207	46,701	59
60	LABORATORY	613,546	178,285,013	0.003441	36,087,144	124,176	60
60.01	PATHOLOGY	134,252	11,016,489	0.012186	1,028,748	12,536	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421	4,500,266	19,896	63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194	13,340,205	82,629	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491	3,512,841	36,853	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343	3,507,939	18,743	69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821	4,668,884	73,866	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097	38,993,656	198,751	71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432	10,244,003	55,645	72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018	21,740,285	65,612	73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983	3,686,785	10,998	74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758	840,141	24,161	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144	332,475	4,703	90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083	1,677	240	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130	292,083	2,667	90.07
91	EMERGENCY	564,276	72,496,839	0.007783	10,170,268	79,155	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	302,153	14,614,956	0.020674	864,182	17,866	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	11,071,942	1,146,335,444		223,544,608	1,719,890	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		329,785			329,785	30
31	INTENSIVE CARE UNIT		41,280			41,280	31
31.01	SPECIAL CARE NURSERY						31.01
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		371,065			371,065	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	51,625	6.39	20,675	132,113	30
31	INTENSIVE CARE UNIT	3,553	11.62	1,546	17,965	31
31.01	SPECIAL CARE NURSERY	1,253				31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	5,470		2,923		40
41	SUBPROVIDER - IRF	5,092		2,915		41
42	SUBPROVIDER I					42
43	NURSERY	3,474				43
44	SKILLED NURSING FACILITY	6,633		4,920		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	77,100		32,979	150,078	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			38,136		38,136	38,136	92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			277,027		277,027	277,027	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	118,815,703	0.000526	0.000526	18,524,864	9,744	28,639,324	15,064	50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086	29,127	61	843	2	52
53	ANESTHESIOLOGY	42,004,416			9,552,611		3,510,543		53
54	RADIOLOGY-DIAGNOSTIC	67,701,742			10,744,136		15,177,768		54
54.02	CANCER TREATMENT CENTER	8,339,629			235,248		3,336,553		54.02
54.03	ULTRASOUND	23,371,111			1,019,075		2,218,097		54.03
54.04	SPECIAL PROCEDURES	4,601,661			1,205,785		1,363,225		54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	93,352,384			13,594,289		19,833,923		57
58	MRI	34,947,679			3,729,684		7,534,650		58
59	CARDIAC CATHETERIZATION	41,200,004			11,098,207		5,968,899		59
60	LABORATORY	178,285,013			36,087,144		9,047,275		60
60.01	PATHOLOGY	11,016,489			1,028,748		2,029,869		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288			4,500,266		604,491		63
65	RESPIRATORY THERAPY	28,720,096			13,340,205		532,489		65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	29,591,245			3,512,841		15,444		66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	19,010,365			3,507,939		4,229,400		69
69.02	CARDIOLOGY	25,262,434			4,668,884		6,191,763		69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874			38,993,656		11,998,595		71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740			10,244,003		5,291,865		72
73	DRUGS CHARGED TO PATIENTS	62,243,789			21,740,285		3,557,931		73
74	RENAL DIALYSIS	7,298,418			3,686,785		542,970		74
75	ASC (NON-DISTINCT PART)	8,321,771			840,141		2,179,960		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,340,115			332,475		4,259,093		90.02
90.03	PAIN MANAGMENT	1,548,301			1,677		660,166		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,401							90.06
90.07	EVANSTON INFUSION CENTER	42,511,069			292,083		20,612,502		90.07
91	EMERGENCY	72,496,839	0.000251	0.000251	10,170,268	2,553	8,333,373	2,092	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956	0.002609	0.002609	864,182	2,255	5,592,550	14,591	92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,146,335,444			223,544,608	14,613	173,263,561	31,749	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.154821	28,639,324			4,433,969			50
52	DELIVERY ROOM & LABOR ROOM	0.209846	843			177			52
53	ANESTHESIOLOGY	0.020480	3,510,543			71,896			53
54	RADIOLOGY-DIAGNOSTIC	0.155598	15,177,768			2,361,630			54
54.02	CANCER TREATMENT CENTER	0.176558	3,336,553			589,095			54.02
54.03	ULTRASOUND	0.105747	2,218,097			234,557			54.03
54.04	SPECIAL PROCEDURES	0.308430	1,363,225			420,459			54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	0.040465	19,833,923			802,580			57
58	MRI	0.055832	7,534,650			420,675			58
59	CARDIAC CATHETERIZATION	0.051596	5,968,899			307,971			59
60	LABORATORY	0.067973	9,047,275	2,972		614,970	202		60
60.01	PATHOLOGY	0.188388	2,029,869			382,403			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805	604,491			91,765			63
65	RESPIRATORY THERAPY	0.097568	532,489			51,954			65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	0.280598	15,444			4,334			66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	0.076202	4,229,400			322,289			69
69.02	CARDIOLOGY	0.159590	6,191,763			988,143			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	11,998,595	120		1,939,801	19		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592	5,291,865			1,537,774			72
73	DRUGS CHARGED TO PATIENTS	0.108923	3,557,931		229,196	387,541		24,965	73
74	RENAL DIALYSIS	0.134582	542,970			73,074			74
75	ASC (NON-DISTINCT PART)	0.151137	2,179,960			329,473			75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.155521	4,259,093			662,378			90.02
90.03	PAIN MANAGMENT	0.857495	660,166			566,089			90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.628167							90.06
90.07	EVANSTON INFUSION CENTER	0.310385	20,612,502			6,397,811			90.07
91	EMERGENCY	0.131784	8,333,373			1,098,205			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267	5,592,550			1,807,887			92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		173,263,561	3,092	229,196	26,898,900	221	24,965	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		173,263,561	3,092	229,196	26,898,900	221	24,965	202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820			50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442			52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712			53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470	70,488	1,584	54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504			54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633	7,476	65	54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911			54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741	101,237	1,087	57
58	MRI	520,137	34,947,679	0.014883	16,803	250	58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208			59
60	LABORATORY	613,546	178,285,013	0.003441	815,989	2,808	60
60.01	PATHOLOGY	134,252	11,016,489	0.012186	611	7	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421	6,144	27	63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194	20,991	130	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491	621,418	6,519	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343	86,591	463	69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821	8,856	140	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097	54,118	276	71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432			72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018	837,845	2,529	73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983			74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144			90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130			90.07
91	EMERGENCY	564,276	72,496,839	0.007783	446,256	3,473	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		14,614,956				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,769,789	1,146,335,444		3,094,823	19,358	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	118,815,703	0.000526	0.000526				50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086				52
53	ANESTHESIOLOGY	42,004,416						53
54	RADIOLOGY-DIAGNOSTIC	67,701,742			70,488		6,185	54
54.02	CANCER TREATMENT CENTER	8,339,629						54.02
54.03	ULTRASOUND	23,371,111			7,476			54.03
54.04	SPECIAL PROCEDURES	4,601,661						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384			101,237		5,980	57
58	MRI	34,947,679			16,803			58
59	CARDIAC CATHETERIZATION	41,200,004						59
60	LABORATORY	178,285,013			815,989		844	60
60.01	PATHOLOGY	11,016,489			611			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288			6,144			63
65	RESPIRATORY THERAPY	28,720,096			20,991			65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245			621,418			66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365			86,591		2,325	69
69.02	CARDIOLOGY	25,262,434			8,856			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874			54,118		132	71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740						72
73	DRUGS CHARGED TO PATIENTS	62,243,789			837,845		3,126	73
74	RENAL DIALYSIS	7,298,418						74
75	ASC (NON-DISTINCT PART)	8,321,771						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,340,115						90.02
90.03	PAIN MANAGMENT	1,548,301						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401						90.06
90.07	EVANSTON INFUSION CENTER	42,511,069						90.07
91	EMERGENCY	72,496,839	0.000251	0.000251	446,256	112		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956						92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,146,335,444			3,094,823	112	18,592	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.154821						50
52	DELIVERY ROOM & LABOR ROOM	0.209846						52
53	ANESTHESIOLOGY	0.020480						53
54	RADIOLOGY-DIAGNOSTIC	0.155598	6,185			962		54
54.02	CANCER TREATMENT CENTER	0.176558						54.02
54.03	ULTRASOUND	0.105747						54.03
54.04	SPECIAL PROCEDURES	0.308430						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	0.040465	5,980			242		57
58	MRI	0.055832						58
59	CARDIAC CATHETERIZATION	0.051596						59
60	LABORATORY	0.067973	844			57		60
60.01	PATHOLOGY	0.188388						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805						63
65	RESPIRATORY THERAPY	0.097568						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	0.280598						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	0.076202	2,325			177		69
69.02	CARDIOLOGY	0.159590						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	132			21		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592						72
73	DRUGS CHARGED TO PATIENTS	0.108923	3,126		5,257	340	573	73
74	RENAL DIALYSIS	0.134582						74
75	ASC (NON-DISTINCT PART)	0.151137						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	0.155521						90.02
90.03	PAIN MANAGMENT	0.857495						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1.628167						90.06
90.07	EVANSTON INFUSION CENTER	0.310385						90.07
91	EMERGENCY	0.131784						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267						92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)		18,592		5,257	1,799	573	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		18,592		5,257	1,799	573	202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820	8,773	165	50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442			52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712	4,064	11	53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470	248,115	5,575	54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504			54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633	11,875	103	54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911	5,977	65	54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741	141,805	1,523	57
58	MRI	520,137	34,947,679	0.014883	21,636	322	58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208			59
60	LABORATORY	613,546	178,285,013	0.003441	1,150,440	3,959	60
60.01	PATHOLOGY	134,252	11,016,489	0.012186	3,608	44	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421	27,636	122	63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194	504,230	3,123	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491	3,218,581	33,766	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343	30,815	165	69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821	17,505	277	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097	1,093,010	5,571	71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432	1,218	7	72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018	1,281,593	3,868	73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983	265,602	792	74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758	9,279	267	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144			90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130	2,434	22	90.07
91	EMERGENCY	564,276	72,496,839	0.007783			91
92	OBSERVATION BEDS (NON-DISTINCT PART)		14,614,956				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,769,789	1,146,335,444		8,048,196	59,747	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,815,703	0.000526	0.000526	8,773	5		50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086				52
53	ANESTHESIOLOGY	42,004,416			4,064			53
54	RADIOLOGY-DIAGNOSTIC	67,701,742			248,115		9,839	54
54.02	CANCER TREATMENT CENTER	8,339,629						54.02
54.03	ULTRASOUND	23,371,111			11,875		1,898	54.03
54.04	SPECIAL PROCEDURES	4,601,661			5,977			54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384			141,805		9,778	57
58	MRI	34,947,679			21,636		4,002	58
59	CARDIAC CATHETERIZATION	41,200,004						59
60	LABORATORY	178,285,013			1,150,440		9,621	60
60.01	PATHOLOGY	11,016,489			3,608			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288			27,636			63
65	RESPIRATORY THERAPY	28,720,096			504,230		1,159	65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245			3,218,581			66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365			30,815			69
69.02	CARDIOLOGY	25,262,434			17,505			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874			1,093,010		13,847	71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740			1,218			72
73	DRUGS CHARGED TO PATIENTS	62,243,789			1,281,593		4,913	73
74	RENAL DIALYSIS	7,298,418			265,602			74
75	ASC (NON-DISTINCT PART)	8,321,771			9,279			75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,340,115						90.02
90.03	PAIN MANAGMENT	1,548,301						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401						90.06
90.07	EVANSTON INFUSION CENTER	42,511,069			2,434			90.07
91	EMERGENCY	72,496,839	0.000251	0.000251				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956						92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,146,335,444			8,048,196	5	55,057	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.154821							50
52	DELIVERY ROOM & LABOR ROOM	0.209846							52
53	ANESTHESIOLOGY	0.020480							53
54	RADIOLOGY-DIAGNOSTIC	0.155598	9,839			1,531			54
54.02	CANCER TREATMENT CENTER	0.176558							54.02
54.03	ULTRASOUND	0.105747	1,898			201			54.03
54.04	SPECIAL PROCEDURES	0.308430							54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	0.040465	9,778			396			57
58	MRI	0.055832	4,002			223			58
59	CARDIAC CATHETERIZATION	0.051596							59
60	LABORATORY	0.067973	9,621			654			60
60.01	PATHOLOGY	0.188388							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805							63
65	RESPIRATORY THERAPY	0.097568	1,159			113			65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	0.280598							66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	0.076202							69
69.02	CARDIOLOGY	0.159590							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	13,847			2,239			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592							72
73	DRUGS CHARGED TO PATIENTS	0.108923	4,913		2,547	535		277	73
74	RENAL DIALYSIS	0.134582							74
75	ASC (NON-DISTINCT PART)	0.151137							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.155521							90.02
90.03	PAIN MANAGMENT	0.857495							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.628167							90.06
90.07	EVANSTON INFUSION CENTER	0.310385							90.07
91	EMERGENCY	0.131784							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		55,057		2,547	5,892		277	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		55,057		2,547	5,892		277	202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	118,815,703	0.000526	0.000526	465			50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086				52
53	ANESTHESIOLOGY	42,004,416						53
54	RADIOLOGY-DIAGNOSTIC	67,701,742			185,926			54
54.02	CANCER TREATMENT CENTER	8,339,629						54.02
54.03	ULTRASOUND	23,371,111			13,965			54.03
54.04	SPECIAL PROCEDURES	4,601,661			1,350			54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384						57
58	MRI	34,947,679						58
59	CARDIAC CATHETERIZATION	41,200,004						59
60	LABORATORY	178,285,013			1,191,501			60
60.01	PATHOLOGY	11,016,489			1,778			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288			2,371			63
65	RESPIRATORY THERAPY	28,720,096			946,478			65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245			3,072,056			66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365			41,850			69
69.02	CARDIOLOGY	25,262,434			5,504			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874			2,387,336			71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740						72
73	DRUGS CHARGED TO PATIENTS	62,243,789			1,790,644			73
74	RENAL DIALYSIS	7,298,418			1,772			74
75	ASC (NON-DISTINCT PART)	8,321,771						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,340,115			807			90.02
90.03	PAIN MANAGMENT	1,548,301						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401						90.06
90.07	EVANSTON INFUSION CENTER	42,511,069			2,434			90.07
91	EMERGENCY	72,496,839	0.000251	0.000251				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956			111			92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,146,335,444			9,646,348			200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5573

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.154821							50
52	DELIVERY ROOM & LABOR ROOM	0.209846							52
53	ANESTHESIOLOGY	0.020480							53
54	RADIOLOGY-DIAGNOSTIC	0.155598							54
54.02	CANCER TREATMENT CENTER	0.176558							54.02
54.03	ULTRASOUND	0.105747							54.03
54.04	SPECIAL PROCEDURES	0.308430							54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	0.040465							57
58	MRI	0.055832							58
59	CARDIAC CATHETERIZATION	0.051596							59
60	LABORATORY	0.067973							60
60.01	PATHOLOGY	0.188388							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805							63
65	RESPIRATORY THERAPY	0.097568							65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	0.280598							66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	0.076202							69
69.02	CARDIOLOGY	0.159590							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592							72
73	DRUGS CHARGED TO PATIENTS	0.108923			2,738			298	73
74	RENAL DIALYSIS	0.134582							74
75	ASC (NON-DISTINCT PART)	0.151137							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.155521							90.02
90.03	PAIN MANAGMENT	0.857495							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.628167							90.06
90.07	EVANSTON INFUSION CENTER	0.310385							90.07
91	EMERGENCY	0.131784							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)				2,738			298	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)				2,738			298	202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,612,812		2,612,812	51,625	50.61	10,647	538,845	30
31	INTENSIVE CARE UNIT	291,333		291,333	3,553	82.00	724	59,368	31
31.01	SPECIAL CARE NURSERY	43,368		43,368	1,253	34.61	718	24,850	31.01
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	275,538		275,538	5,470	50.37	1,659	83,564	40
41	SUBPROVIDER - IRF	181,345		181,345	5,092	35.61	543	19,336	41
42	SUBPROVIDER I								42
43	NURSERY	56,863		56,863	3,474	16.37	1,918	31,398	43
44	SKILLED NURSING FACILITY	305,123		305,123	6,633	46.00			44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,766,382		3,766,382	77,100		16,209	757,361	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART II

CHECK TITLE V HOSPITAL SUB (OTHER)
 APPLICABLE TITLE XVIII, PART A IPF
 BOXES: TITLE XIX IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820			50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442			52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712			53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470			54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504			54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633			54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911			54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741			57
58	MRI	520,137	34,947,679	0.014883			58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208			59
60	LABORATORY	613,546	178,285,013	0.003441			60
60.01	PATHOLOGY	134,252	11,016,489	0.012186			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421			63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194			65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491			66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343			69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097			71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432			72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018			73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983			74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144			90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130			90.07
91	EMERGENCY	564,276	72,496,839	0.007783			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	302,153	14,614,956	0.020674			92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	11,071,942	1,146,335,444				200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		329,785			329,785	30
31	INTENSIVE CARE UNIT		41,280			41,280	31
31.01	SPECIAL CARE NURSERY						31.01
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		371,065			371,065	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	51,625	6.39	10,647	68,034	30
31	INTENSIVE CARE UNIT	3,553	11.62	724	8,413	31
31.01	SPECIAL CARE NURSERY	1,253		718		31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	5,470		1,659		40
41	SUBPROVIDER - IRF	5,092		543		41
42	SUBPROVIDER I					42
43	NURSERY	3,474		1,918		43
44	SKILLED NURSING FACILITY	6,633				44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	77,100		16,209	76,447	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	118,815,703	0.000526	0.000526					50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086					52
53	ANESTHESIOLOGY	42,004,416							53
54	RADIOLOGY-DIAGNOSTIC	67,701,742							54
54.02	CANCER TREATMENT CENTER	8,339,629							54.02
54.03	ULTRASOUND	23,371,111							54.03
54.04	SPECIAL PROCEDURES	4,601,661							54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	93,352,384							57
58	MRI	34,947,679							58
59	CARDIAC CATHETERIZATION	41,200,004							59
60	LABORATORY	178,285,013							60
60.01	PATHOLOGY	11,016,489							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288							63
65	RESPIRATORY THERAPY	28,720,096							65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	29,591,245							66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	19,010,365							69
69.02	CARDIOLOGY	25,262,434							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874							71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740							72
73	DRUGS CHARGED TO PATIENTS	62,243,789							73
74	RENAL DIALYSIS	7,298,418							74
75	ASC (NON-DISTINCT PART)	8,321,771							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,340,115							90.02
90.03	PAIN MANAGMENT	1,548,301							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,401							90.06
90.07	EVANSTON INFUSION CENTER	42,511,069							90.07
91	EMERGENCY	72,496,839	0.000251	0.000251					91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	1,146,335,444							200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.154821						50
52	DELIVERY ROOM & LABOR ROOM	0.209846						52
53	ANESTHESIOLOGY	0.020480						53
54	RADIOLOGY-DIAGNOSTIC	0.155598						54
54.02	CANCER TREATMENT CENTER	0.176558						54.02
54.03	ULTRASOUND	0.105747						54.03
54.04	SPECIAL PROCEDURES	0.308430						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	0.040465						57
58	MRI	0.055832						58
59	CARDIAC CATHETERIZATION	0.051596						59
60	LABORATORY	0.067973						60
60.01	PATHOLOGY	0.188388						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805						63
65	RESPIRATORY THERAPY	0.097568						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	0.280598						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	0.076202						69
69.02	CARDIOLOGY	0.159590						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592						72
73	DRUGS CHARGED TO PATIENTS	0.108923						73
74	RENAL DIALYSIS	0.134582						74
75	ASC (NON-DISTINCT PART)	0.151137						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	0.155521						90.02
90.03	PAIN MANAGMENT	0.857495						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1.628167						90.06
90.07	EVANSTON INFUSION CENTER	0.310385						90.07
91	EMERGENCY	0.131784						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267						92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820			50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442			52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712			53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470			54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504			54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633			54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911			54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741			57
58	MRI	520,137	34,947,679	0.014883			58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208			59
60	LABORATORY	613,546	178,285,013	0.003441			60
60.01	PATHOLOGY	134,252	11,016,489	0.012186			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421			63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194			65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491			66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343			69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097			71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432			72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018			73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983			74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144			90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130			90.07
91	EMERGENCY	564,276	72,496,839	0.007783			91
92	OBSERVATION BEDS (NON-DISTINCT PART)		14,614,956				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,769,789	1,146,335,444				200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	118,815,703	0.000526	0.000526				50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086				52
53	ANESTHESIOLOGY	42,004,416						53
54	RADIOLOGY-DIAGNOSTIC	67,701,742						54
54.02	CANCER TREATMENT CENTER	8,339,629						54.02
54.03	ULTRASOUND	23,371,111						54.03
54.04	SPECIAL PROCEDURES	4,601,661						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384						57
58	MRI	34,947,679						58
59	CARDIAC CATHETERIZATION	41,200,004						59
60	LABORATORY	178,285,013						60
60.01	PATHOLOGY	11,016,489						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288						63
65	RESPIRATORY THERAPY	28,720,096						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365						69
69.02	CARDIOLOGY	25,262,434						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874						71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740						72
73	DRUGS CHARGED TO PATIENTS	62,243,789						73
74	RENAL DIALYSIS	7,298,418						74
75	ASC (NON-DISTINCT PART)	8,321,771						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,340,115						90.02
90.03	PAIN MANAGMENT	1,548,301						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401						90.06
90.07	EVANSTON INFUSION CENTER	42,511,069						90.07
91	EMERGENCY	72,496,839	0.000251	0.000251				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956						92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,146,335,444						200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.154821						50
52	DELIVERY ROOM & LABOR ROOM	0.209846						52
53	ANESTHESIOLOGY	0.020480						53
54	RADIOLOGY-DIAGNOSTIC	0.155598						54
54.02	CANCER TREATMENT CENTER	0.176558						54.02
54.03	ULTRASOUND	0.105747						54.03
54.04	SPECIAL PROCEDURES	0.308430						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	0.040465						57
58	MRI	0.055832						58
59	CARDIAC CATHETERIZATION	0.051596						59
60	LABORATORY	0.067973						60
60.01	PATHOLOGY	0.188388						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805						63
65	RESPIRATORY THERAPY	0.097568						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	0.280598						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	0.076202						69
69.02	CARDIOLOGY	0.159590						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592						72
73	DRUGS CHARGED TO PATIENTS	0.108923						73
74	RENAL DIALYSIS	0.134582						74
75	ASC (NON-DISTINCT PART)	0.151137						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	0.155521						90.02
90.03	PAIN MANAGMENT	0.857495						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1.628167						90.06
90.07	EVANSTON INFUSION CENTER	0.310385						90.07
91	EMERGENCY	0.131784						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267						92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,236,103	118,815,703	0.018820			50
52	DELIVERY ROOM & LABOR ROOM	111,103	17,246,912	0.006442			52
53	ANESTHESIOLOGY	113,925	42,004,416	0.002712			53
54	RADIOLOGY-DIAGNOSTIC	1,521,269	67,701,742	0.022470			54
54.02	CANCER TREATMENT CENTER	179,336	8,339,629	0.021504			54.02
54.03	ULTRASOUND	201,762	23,371,111	0.008633			54.03
54.04	SPECIAL PROCEDURES	50,211	4,601,661	0.010911			54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,002,720	93,352,384	0.010741			57
58	MRI	520,137	34,947,679	0.014883			58
59	CARDIAC CATHETERIZATION	173,378	41,200,004	0.004208			59
60	LABORATORY	613,546	178,285,013	0.003441			60
60.01	PATHOLOGY	134,252	11,016,489	0.012186			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	60,557	13,698,288	0.004421			63
65	RESPIRATORY THERAPY	177,894	28,720,096	0.006194			65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	310,447	29,591,245	0.010491			66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	101,567	19,010,365	0.005343			69
69.02	CARDIOLOGY	399,674	25,262,434	0.015821			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	659,447	129,368,874	0.005097			71
72	IMPL. DEV. CHARGED TO PATIENTS	224,100	41,251,740	0.005432			72
73	DRUGS CHARGED TO PATIENTS	187,821	62,243,789	0.003018			73
74	RENAL DIALYSIS	21,769	7,298,418	0.002983			74
75	ASC (NON-DISTINCT PART)	239,317	8,321,771	0.028758			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	203,317					90.01
90.02	WOUND CARE	132,110	9,340,115	0.014144			90.02
90.03	PAIN MANAGMENT	221,536	1,548,301	0.143083			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	20,086	174,401	0.115171			90.06
90.07	EVANSTON INFUSION CENTER	388,129	42,511,069	0.009130			90.07
91	EMERGENCY	564,276	72,496,839	0.007783			91
92	OBSERVATION BEDS (NON-DISTINCT PART)		14,614,956				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,769,789	1,146,335,444				200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			62,464		62,464	62,464	50
52	DELIVERY ROOM & LABOR ROOM			35,985		35,985	35,985	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE							66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.02	CARDIOLOGY							69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							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							
90.01	FAMILY PRACTICE CLINIC			122,229		122,229	122,229	90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	EMERGENCY			18,213		18,213	18,213	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			238,891		238,891	238,891	200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	118,815,703	0.000526	0.000526				50
52	DELIVERY ROOM & LABOR ROOM	17,246,912	0.002086	0.002086				52
53	ANESTHESIOLOGY	42,004,416						53
54	RADIOLOGY-DIAGNOSTIC	67,701,742						54
54.02	CANCER TREATMENT CENTER	8,339,629						54.02
54.03	ULTRASOUND	23,371,111						54.03
54.04	SPECIAL PROCEDURES	4,601,661						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	93,352,384						57
58	MRI	34,947,679						58
59	CARDIAC CATHETERIZATION	41,200,004						59
60	LABORATORY	178,285,013						60
60.01	PATHOLOGY	11,016,489						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	13,698,288						63
65	RESPIRATORY THERAPY	28,720,096						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	29,591,245						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	19,010,365						69
69.02	CARDIOLOGY	25,262,434						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,368,874						71
72	IMPL. DEV. CHARGED TO PATIENTS	41,251,740						72
73	DRUGS CHARGED TO PATIENTS	62,243,789						73
74	RENAL DIALYSIS	7,298,418						74
75	ASC (NON-DISTINCT PART)	8,321,771						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,340,115						90.02
90.03	PAIN MANAGMENT	1,548,301						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,401						90.06
90.07	EVANSTON INFUSION CENTER	42,511,069						90.07
91	EMERGENCY	72,496,839	0.000251	0.000251				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	14,614,956						92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,146,335,444						200

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.154821						50
52	DELIVERY ROOM & LABOR ROOM	0.209846						52
53	ANESTHESIOLOGY	0.020480						53
54	RADIOLOGY-DIAGNOSTIC	0.155598						54
54.02	CANCER TREATMENT CENTER	0.176558						54.02
54.03	ULTRASOUND	0.105747						54.03
54.04	SPECIAL PROCEDURES	0.308430						54.04
54.05	OP ONCOLOGY							54.05
57	CT SCAN	0.040465						57
58	MRI	0.055832						58
59	CARDIAC CATHETERIZATION	0.051596						59
60	LABORATORY	0.067973						60
60.01	PATHOLOGY	0.188388						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805						63
65	RESPIRATORY THERAPY	0.097568						65
66	PHYSICAL THERAPY							66
66.01	REHABILITATION MEDICINE	0.280598						66.01
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	0.076202						69
69.02	CARDIOLOGY	0.159590						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592						72
73	DRUGS CHARGED TO PATIENTS	0.108923						73
74	RENAL DIALYSIS	0.134582						74
75	ASC (NON-DISTINCT PART)	0.151137						75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	0.155521						90.02
90.03	PAIN MANAGMENT	0.857495						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1.628167						90.06
90.07	EVANSTON INFUSION CENTER	0.310385						90.07
91	EMERGENCY	0.131784						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267						92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	51,625	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	51,625	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	45,655	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	20,675	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)	40,854,777	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	40,854,777	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	40,854,777	37



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					791.38	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					16,361,782	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)					16,361,782	41	
42	NURSERY (Titles V and XIX only)						42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	6,426,198	3,553	1,808.67	1,546	2,796,204	43	
43.01	SPECIAL CARE NURSERY	1,019,408	1,253	813.57			43.01	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					27,258,816	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					46,416,802	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,323,212	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,734,503	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					3,057,715	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					43,359,087	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					5,970	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					791.38	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					4,724,539	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	2,612,812	40,854,777	0.063954	4,724,539	302,153	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	329,785	40,854,777	0.008072	4,724,539	38,136	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,470	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,470	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,470	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	2,923	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)	3,520,702	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	3,520,702	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	3,520,702	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	643.64	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,881,360	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,881,360	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	416,554	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,297,914	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	147,232	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	19,470	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	166,702	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,131,212	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,092	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,092	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,092	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	2,915	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)	2,863,097	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	2,863,097	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	2,863,097	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	562.27	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,639,017	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,639,017	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,445,189	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,084,206	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	103,803	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	59,752	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	163,555	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,920,651	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	6,633	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	6,633	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	6,633	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	4,920	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)	3,314,468	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	3,314,468	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	3,314,468	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	3,314,468	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	499.69	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	2,458,475	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	2,458,475	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 ÷ line 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)		77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	2,458,475	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	1,653,161	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	4,111,636	86



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	51,625	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	51,625	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	45,655	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	10,647	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)	3,474	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,918	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)	40,846,641	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	40,846,641	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	40,846,641	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					791.22	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					8,424,119	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)					8,424,119	41	
42	NURSERY (Titles V and XIX only)	2,129,652	3,474	613.03	1,918	1,175,792	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	6,426,198	3,553	1,808.67	724	1,309,477	43	
43.01	SPECIAL CARE NURSERY	1,019,408	1,253	813.57	718	584,143	43.01	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					11,493,531	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					730,908	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					730,908	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					5,970	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)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,470	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,470	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,470	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,659	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)	3,520,702	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	3,520,702	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	3,520,702	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	643.64	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,067,799	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,067,799	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,067,799	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	83,564	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	83,564	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [XX] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,092	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,092	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	5,092	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	543	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)	2,863,097	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	2,863,097	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	2,863,097	37



COMPU-MAX

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	562.27	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	305,313	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)	305,313	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	305,313	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	19,336	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	19,336	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		62,371,228		30
31	INTENSIVE CARE UNIT		10,482,709		31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821	18,524,864	2,868,038	50
52	DELIVERY ROOM & LABOR ROOM	0.209846	29,127	6,112	52
53	ANESTHESIOLOGY	0.020480	9,552,611	195,637	53
54	RADIOLOGY-DIAGNOSTIC	0.155598	10,744,136	1,671,766	54
54.02	CANCER TREATMENT CENTER	0.176558	235,248	41,535	54.02
54.03	ULTRASOUND	0.105747	1,019,075	107,764	54.03
54.04	SPECIAL PROCEDURES	0.308430	1,205,785	371,900	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465	13,594,289	550,093	57
58	MRI	0.055832	3,729,684	208,236	58
59	CARDIAC CATHETERIZATION	0.051596	11,098,207	572,623	59
60	LABORATORY	0.067973	36,087,144	2,452,951	60
60.01	PATHOLOGY	0.188388	1,028,748	193,804	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805	4,500,266	683,163	63
65	RESPIRATORY THERAPY	0.097568	13,340,205	1,301,577	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598	3,512,841	985,696	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202	3,507,939	267,312	69
69.02	CARDIOLOGY	0.159590	4,668,884	745,107	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	38,993,656	6,304,065	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592	10,244,003	2,976,825	72
73	DRUGS CHARGED TO PATIENTS	0.108923	21,740,285	2,368,017	73
74	RENAL DIALYSIS	0.134582	3,686,785	496,175	74
75	ASC (NON-DISTINCT PART)	0.151137	840,141	126,976	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521	332,475	51,707	90.02
90.03	PAIN MANAGMENT	0.857495	1,677	1,438	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385	292,083	90,658	90.07
91	EMERGENCY	0.131784	10,170,268	1,340,279	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267	864,182	279,362	92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		223,544,608	27,258,816	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		223,544,608		202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF		7,595,767		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821			50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480			53
54	RADIOLOGY-DIAGNOSTIC	0.155598	70,488	10,968	54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747	7,476	791	54.03
54.04	SPECIAL PROCEDURES	0.308430			54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465	101,237	4,097	57
58	MRI	0.055832	16,803	938	58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973	815,989	55,465	60
60.01	PATHOLOGY	0.188388	611	115	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805	6,144	933	63
65	RESPIRATORY THERAPY	0.097568	20,991	2,048	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598	621,418	174,369	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202	86,591	6,598	69
69.02	CARDIOLOGY	0.159590	8,856	1,413	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	54,118	8,749	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592			72
73	DRUGS CHARGED TO PATIENTS	0.108923	837,845	91,261	73
74	RENAL DIALYSIS	0.134582			74
75	ASC (NON-DISTINCT PART)	0.151137			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521			90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385			90.07
91	EMERGENCY	0.131784	446,256	58,809	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		3,094,823	416,554	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		3,094,823		202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		7,558,925		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821	8,773	1,358	50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480	4,064	83	53
54	RADIOLOGY-DIAGNOSTIC	0.155598	248,115	38,606	54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747	11,875	1,256	54.03
54.04	SPECIAL PROCEDURES	0.308430	5,977	1,843	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465	141,805	5,738	57
58	MRI	0.055832	21,636	1,208	58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973	1,150,440	78,199	60
60.01	PATHOLOGY	0.188388	3,608	680	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805	27,636	4,195	63
65	RESPIRATORY THERAPY	0.097568	504,230	49,197	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598	3,218,581	903,127	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202	30,815	2,348	69
69.02	CARDIOLOGY	0.159590	17,505	2,794	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	1,093,010	176,706	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592	1,218	354	72
73	DRUGS CHARGED TO PATIENTS	0.108923	1,281,593	139,595	73
74	RENAL DIALYSIS	0.134582	265,602	35,745	74
75	ASC (NON-DISTINCT PART)	0.151137	9,279	1,402	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521			90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385	2,434	755	90.07
91	EMERGENCY	0.131784			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		8,048,196	1,445,189	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		8,048,196		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5573

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821	465	72	50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480			53
54	RADIOLOGY-DIAGNOSTIC	0.155598	185,926	28,930	54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747	13,965	1,477	54.03
54.04	SPECIAL PROCEDURES	0.308430	1,350	416	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465			57
58	MRI	0.055832			58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973	1,191,501	80,990	60
60.01	PATHOLOGY	0.188388	1,778	335	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805	2,371	360	63
65	RESPIRATORY THERAPY	0.097568	946,478	92,346	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598	3,072,056	862,013	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202	41,850	3,189	69
69.02	CARDIOLOGY	0.159590	5,504	878	69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669	2,387,336	385,958	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592			72
73	DRUGS CHARGED TO PATIENTS	0.108923	1,790,644	195,042	73
74	RENAL DIALYSIS	0.134582	1,772	238	74
75	ASC (NON-DISTINCT PART)	0.151137			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521	807	126	90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385	2,434	755	90.07
91	EMERGENCY	0.131784			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267	111	36	92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		9,646,348	1,653,161	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		9,646,348		202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821			50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480			53
54	RADIOLOGY-DIAGNOSTIC	0.155598			54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747			54.03
54.04	SPECIAL PROCEDURES	0.308430			54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465			57
58	MRI	0.055832			58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973			60
60.01	PATHOLOGY	0.188388			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805			63
65	RESPIRATORY THERAPY	0.097568			65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598			66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202			69
69.02	CARDIOLOGY	0.159590			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592			72
73	DRUGS CHARGED TO PATIENTS	0.108923			73
74	RENAL DIALYSIS	0.134582			74
75	ASC (NON-DISTINCT PART)	0.151137			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521			90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385			90.07
91	EMERGENCY	0.131784			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821			50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480			53
54	RADIOLOGY-DIAGNOSTIC	0.155598			54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747			54.03
54.04	SPECIAL PROCEDURES	0.308430			54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465			57
58	MRI	0.055832			58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973			60
60.01	PATHOLOGY	0.188388			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805			63
65	RESPIRATORY THERAPY	0.097568			65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598			66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202			69
69.02	CARDIOLOGY	0.159590			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592			72
73	DRUGS CHARGED TO PATIENTS	0.108923			73
74	RENAL DIALYSIS	0.134582			74
75	ASC (NON-DISTINCT PART)	0.151137			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521			90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385			90.07
91	EMERGENCY	0.131784			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	SPECIAL CARE NURSERY				31.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.154821			50
52	DELIVERY ROOM & LABOR ROOM	0.209846			52
53	ANESTHESIOLOGY	0.020480			53
54	RADIOLOGY-DIAGNOSTIC	0.155598			54
54.02	CANCER TREATMENT CENTER	0.176558			54.02
54.03	ULTRASOUND	0.105747			54.03
54.04	SPECIAL PROCEDURES	0.308430			54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	0.040465			57
58	MRI	0.055832			58
59	CARDIAC CATHETERIZATION	0.051596			59
60	LABORATORY	0.067973			60
60.01	PATHOLOGY	0.188388			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.151805			63
65	RESPIRATORY THERAPY	0.097568			65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	0.280598			66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	0.076202			69
69.02	CARDIOLOGY	0.159590			69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.161669			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.290592			72
73	DRUGS CHARGED TO PATIENTS	0.108923			73
74	RENAL DIALYSIS	0.134582			74
75	ASC (NON-DISTINCT PART)	0.151137			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.155521			90.02
90.03	PAIN MANAGMENT	0.857495			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.628167			90.06
90.07	EVANSTON INFUSION CENTER	0.310385			90.07
91	EMERGENCY	0.131784			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.323267			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	37,648,457			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)				1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)				1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	900,031			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	5,871,264			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	209.64			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)	25.22			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)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002	2.75			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)	13.44			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)	41.41			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	49.32			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	4.50			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	45.91			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	43.04			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	40.74			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	43.23			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	43.23			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.206211			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.211644			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.206211			21
22	IME PAYMENT ADJUSTMENT (see instructions)	4,634,807			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)	7.91			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)	4,634,807			29
DISPROPORTIONATE SHARE ADJUSTMENT					
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.1057			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.3218			31
32	SUM OF LINES 30 AND 31	0.4275			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.2448			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	2,304,086			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART ACHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		4,915,325		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		4,915,325		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	4,915,325			36
	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
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	SUBTOTAL (see instructions)	50,402,706			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)	50,402,706			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	3,650,225			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	2,120,466			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	799			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	150,078			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	14,613			58
59	TOTAL (sum of amounts on lines 49 through 58)	56,338,887			59
60	PRIMARY PAYER PAYMENTS	30,772			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	56,308,115			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,591,648			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	175,024			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,491,320			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	969,358			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,102,335			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	53,510,801			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	132,381			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-203,306			70.94
71	AMOUNT DUE PROVIDER (see instructions)	53,439,876			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,068,798			71.01
72	INTERIM PAYMENTS	51,305,109			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	1,065,969			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	241,755			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



COMPU-MAX

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

CHECK
 APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)	1	1.01	1.02	96
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	25,186			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	26,867,151			2
3	PPS PAYMENTS	22,731,474			3
4	OUTLIER PAYMENT (see instructions)	567,337			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	31,749			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	25,186			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	232,288			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)	232,288			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)	232,288			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	207,102			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)	25,186			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	23,330,560			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	4,939,366			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	18,416,380			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	1,011,023			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	19,427,403			30
31	PRIMARY PAYER PAYMENTS	15,505			31
32	SUBTOTAL (line 30 minus line 31)	19,411,898			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)	1,822,708			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,184,760			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,512,578			36
37	SUBTOTAL (see instructions)	20,596,658			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	20,596,658			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	411,933			40.01
41	INTERIM PAYMENTS	20,011,293			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	173,432			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	573			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	1,799			2
3	PPS PAYMENTS	2,122			3
4	OUTLIER PAYMENT (see instructions)				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				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	573			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	5,257			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)	5,257			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)	5,257			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	4,684			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)	573			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	2,122			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	237			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	2,458			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)	2,458			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	2,458			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	2,458			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	2,458			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	49			40.01
41	INTERIM PAYMENTS	2,583			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-174			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	277			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	5,892			2
3	PPS PAYMENTS	2,898			3
4	OUTLIER PAYMENT (see instructions)				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				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	277			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	2,547			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)	2,547			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)	2,547			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	2,270			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)	277			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	2,898			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	655			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	2,520			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)	2,520			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	2,520			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	2,520			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	2,520			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	50			40.01
41	INTERIM PAYMENTS	2,515			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-45			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5573

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	298		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)			2
3	PPS PAYMENTS			3
4	OUTLIER PAYMENT (see instructions)			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			9
10	ORGAN ACQUISITION			10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	298		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES	2,738		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)	2,738		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)	2,738		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	2,440		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)	298		21
22	INTERNS AND RESIDENTS (see instructions)			22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)			23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (see instructions)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	298		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)	298		30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (line 30 minus line 31)	298		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			36
37	SUBTOTAL (see instructions)	298		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			39
40	SUBTOTAL (see instructions)	298		40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	6		40.01
41	INTERIM PAYMENTS			41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	292		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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0114

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		51,018,115		19,908,375	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					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. (1)					
		PROGRAM				3.03
		TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		286,994		102,918	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		51,305,109		20,011,293	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. (1)					
		PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		2,134,767		585,365	6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		53,439,876		20,596,658	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S114

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,135,296		2,583	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,135,296		2,583	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. (1)					5.01
		PROGRAM				5.02
		TO				5.03
		PROVIDER				5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		207,028		-125	6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		2,342,324		2,458	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T114

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,943,956		2,515	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
			05/14/2014	8,229		3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-8,229			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,935,727		2,515	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. (1)					5.01
		PROGRAM				5.02
		TO				5.03
		PROVIDER				5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
		PROVIDER				5.51
		TO				5.52
		PROGRAM				5.53
						5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		75,248			6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		4,010,975		2,520	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5573

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF
 BOXES: [] IRF [] SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,097,273			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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,097,273			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. (1)					5.01
						5.02
		PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		57,542		298	6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		2,154,815		298	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL 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	12,033	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,221	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,515	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	50,461	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,355,263,202	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	53,004,342	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)	1,108,523	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	22,170	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,086,353	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,128,353	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-42,000	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	2,446,410	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)		8
9	AVERAGE DAILY CENSUS (see instructions)	14,986,301	9
10	TEACHING ADJUSTMENT FACTOR $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	2,446,410	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	2,446,410	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	2,446,410	18
19	DEDUCTIBLES	217,312	19
20	SUBTOTAL (line 18 minus line 19)	2,229,098	20
21	COINSURANCE	50,208	21
22	SUBTOTAL (line 20 minus line 21)	2,178,890	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	251,264	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	163,322	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	159,160	25
26	SUBTOTAL (sum of lines 22 and 24)	2,342,212	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	112	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,342,324	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	46,846	31.01
32	INTERIM PAYMENTS	2,135,296	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	160,182	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



COMPU-MAX

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IRF
 BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	3,756,234		1
2	MEDICARE SSI RATIO (see instructions)	0.083600		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	289,230		3
4	OUTLIER PAYMENTS	5,786		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)			5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)			9
10	AVERAGE DAILY CENSUS (see instructions)	13.950685		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	4,051,250		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	4,051,250		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	4,051,250		19
20	DEDUCTIBLES	8,416		20
21	SUBTOTAL (line 19 minus line 20)	4,042,834		21
22	COINSURANCE	40,896		22
23	SUBTOTAL (line 21 minus line 22)	4,001,938		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	13,896		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	9,032		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	13,896		26
27	SUBTOTAL (sum of lines 23 and 25)	4,010,970		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	5		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	4,010,975		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	80,220		32.01
33	INTERIM PAYMENTS	3,935,727		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	-4,972		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (see instructions)			50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)			51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)			52
53	TIME VALUE OF MONEY (see instructions)			53



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,228,590	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (sum of lines 1-3)	2,228,590	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	88,516	7
8	ALLOWABLE BAD DEBTS (see instructions)	19,841	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	16,768	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	14,741	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	2,154,815	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)	2,154,815	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	43,096	15.01
16	INTERIM PAYMENTS	2,097,273	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)	14,446	18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	11,493,531		1
2			2
3			3
4	11,493,531		4
5			5
6			6
7	11,493,531		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	11,493,531		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	11,493,531		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,067,799	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	1,067,799	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	1,067,799	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	1,067,799	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)	1,067,799	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 (SPECIFY) (see instructions)		37
38	SUBTOTAL (line 36 ± line 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)		40
41	INTERIM PAYMENTS		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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IRF ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	305,313		1
2			2
3			3
4	305,313		4
5			5
6			6
7	305,313		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	305,313		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	305,313		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			25.70	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))			2.75	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)			14.98	4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			43.43	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			49.32	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			43.43	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	37.46	8.86	46.32	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	32.99	7.80	40.79	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		4.50		10
11	TOTAL WEIGHTED FTE COUNT	32.99	12.30		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	31.40	8.39		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	32.29	8.83		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	32.23	9.84		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	32.23	9.84		17
18	PER RESIDENT AMOUNT	149,544.18	141,619.20		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,819,809	1,393,533	6,213,342	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			5.89	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			6,213,342	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	28,059	3,515		26
27	TOTAL INPATIENT DAYS (see instructions)	61,662	61,662		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.455045	0.057004		28
29	PROGRAM DIRECT GME AMOUNT	2,827,350	354,185		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		50,046		30
31	NET PROGRAM DIRECT GME AMOUNT			3,131,489	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			7,298,418	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			56,485,987	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			30,772	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			56,455,215	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			26,932,925	42
43	PRIMARY PAYER PAYMENTS (see instructions)			15,505	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			26,917,420	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			83,372,635	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.677143	46



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.322857	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	3,131,489	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	2,120,466	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	1,011,023	50



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			25.70	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			25.70	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			35.53	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			25.70	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	26.83	8.28	35.11	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	19.41	5.99	25.40	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	19.41	5.99		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	22.10	11.60		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	17.92	10.54		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	19.81	9.38		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	19.81	9.38		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			9.83	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	14,570	3,275		26
27	TOTAL INPATIENT DAYS (see instructions)	61,662	61,662		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.236288	0.053112		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46



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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)		47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)		48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)		49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)		50



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BALANCE SHEET

WORKSHEET G

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

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	-781,762				1
2	TEMPORARY INVESTMENTS	781,762				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	31,571,855				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	4,303,416				7
8	PREPAID EXPENSES	2,369,695				8
9	OTHER CURRENT ASSETS	549,034				9
10	DUE FROM OTHER FUNDS	58,246,575				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	97,040,575				11
FIXED ASSETS						
12	LAND	7,960,138				12
13	LAND IMPROVEMENTS	3,499,153				13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	275,059,890				15
16	ACCUMULATED DEPRECIATION	-270,072,249				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	43,748,149				19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	126,347,002				23
24	ACCUMULATED DEPRECIATION					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)	186,542,083				30
OTHER ASSETS						
31	INVESTMENTS	163,391,865				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS					34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	163,391,865				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	446,974,523				36
LIABILITIES AND FUND BALANCES						
LIABILITIES AND FUND BALANCES (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	9,538,424				37
38	SALARIES, WAGES & FEES PAYABLE	22,633,035				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)					40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	22,858,025				43
44	OTHER CURRENT LIABILITIES	25,306,696				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	80,336,180				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	197,138,700				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	197,138,700				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	277,474,880				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	169,499,643				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
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)	169,499,643				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	446,974,523				60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		172,045,845			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		-7,891,179			2
3	TOTAL (sum of line 1 and line 2)		164,154,666			3
4	ADDITIONS (credit adjustments)	5,344,977				4
5	TRANSFERS AND GAINS					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		5,344,977			10
11	SUBTOTAL (line 3 plus line 10)		169,499,643			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		169,499,643			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5	TRANSFERS AND GAINS					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	149,577,701		149,577,701	1
2	SUBPROVIDER IPF	14,237,534		14,237,534	2
3	SUBPROVIDER IRF	13,686,625		13,686,625	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	8,808,772		8,808,772	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	186,310,632		186,310,632	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	28,785,963		28,785,963	11
11.01	SPECIAL CARE NURSERY				11.01
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	28,785,963		28,785,963	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	215,096,595		215,096,595	17
18	ANCILLARY SERVICES	548,235,992	594,802,922	1,143,038,914	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 column 3 to Worksheet G-3, line 1)	763,332,587	594,802,922	1,358,135,509	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		250,838,858	29
30	ADD (SPECIFY)			30
31		16,852,884		31
32				32
33				33
34				34
35	FHBT PREM			35
36	TOTAL ADDITIONS (sum of lines 30-35)		16,852,884	36
37	DEDUCT (SPECIFY)			37
38	DSR INCOME			38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		267,691,742	43



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,358,135,509	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,116,418,271	2
3	NET PATIENT REVENUES (line 1 minus line 2)	241,717,238	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	267,691,742	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-25,974,504	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING INCOME)	18,083,325	24
25	TOTAL OTHER INCOME (sum of lines 6-24)	18,083,325	25
26	TOTAL (line 5 plus line 25)	-7,891,179	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	-7,891,179	29



COMPU-MAX

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	483,486		24,729		125,775	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	582,822					6
7	PHYSICAL THERAPY	264,995					7
8	OCCUPATIONAL THERAPY	129,946					8
9	SPEECH PATHOLOGY	815					9
10	MEDICAL SOCIAL SERVICES	6,903					10
11	HOME HEALTH AIDE	18,951					11
12	SUPPLIES (see instructions)					6,961	12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,487,918		24,729		132,736	24



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	633,990	2,872	636,862	-4,858	632,004	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	582,822		582,822		582,822	6
7	PHYSICAL THERAPY	264,995		264,995		264,995	7
8	OCCUPATIONAL THERAPY	129,946		129,946		129,946	8
9	SPEECH PATHOLOGY	815		815		815	9
10	MEDICAL SOCIAL SERVICES	6,903		6,903		6,903	10
11	HOME HEALTH AIDE	18,951		18,951		18,951	11
12	SUPPLIES (see instructions)	6,961		6,961		6,961	12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,645,383	2,872	1,648,255	-4,858	1,643,397	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL	632,004				5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE	582,822				6
7	PHYSICAL THERAPY	264,995				7
8	OCCUPATIONAL THERAPY	129,946				8
9	SPEECH PATHOLOGY	815				9
10	MEDICAL SOCIAL SERVICES	6,903				10
11	HOME HEALTH AIDE	18,951				11
12	SUPPLIES (see instructions)	6,961				12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)	1,643,397				24



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		632,004	632,004		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		582,822	378,473	961,295	6
7	PHYSICAL THERAPY		264,995	153,712	418,707	7
8	OCCUPATIONAL THERAPY		129,946	77,923	207,869	8
9	SPEECH PATHOLOGY		815	249	1,064	9
10	MEDICAL SOCIAL SERVICES		6,903	4,422	11,325	10
11	HOME HEALTH AIDE		18,951	11,448	30,399	11
12	SUPPLIES (see instructions)		6,961	5,777	12,738	12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		1,643,397		1,643,397	24



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-1
PART II

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDGS & FIXTURES							1	
2 CAPITAL RELATED-MOVABLE EQUIPMENT							2	
3 PLANT OPERATION & MAINTENANCE							3	
4 TRANSPORTATION (see instructions)							4	
5 ADMINISTRATIVE AND GENERAL					-632,004	2,065,415	5	
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE					654,038	1,236,860	6	
7 PHYSICAL THERAPY					237,343	502,338	7	
8 OCCUPATIONAL THERAPY					124,709	254,655	8	
9 SPEECH PATHOLOGY						815	9	
10 MEDICAL SOCIAL SERVICES					7,549	14,452	10	
11 HOME HEALTH AIDE					18,463	37,414	11	
12 SUPPLIES (see instructions)					11,920	18,881	12	
13 DRUGS							13	
14 DME							14	
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES							15	
16 RESPIRATORY THERAPY							16	
17 PRIVATE DUTY NURSING							17	
18 CLINIC							18	
19 HEALTH PROMOTION ACTIVITIES							19	
20 DAY CARE PROGRAM							20	
21 HOME DELIVERED MEALS PROGRAM							21	
22 HOMEMAKER SERVICE							22	
23 ALL OTHERS							23	
23.50 TELEMEDICINE							23.50	
24 TOTAL (sum of lines 1-23)					422,018	2,065,415	24	
25 COST TO BE ALLOC (per Worksheet H-1, Part I)						632,004	25	
26 UNIT COST MULTIPLIER						0.305994	26	



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
1	ADMINISTRATIVE AND GENERAL		2,733	28,323	95,437	2,408	383	1
2	SKILLED NURSING CARE	961,295			124,965			2
3	PHYSICAL THERAPY	418,707			56,819			3
4	OCCUPATIONAL THERAPY	207,869			27,862			4
5	SPEECH PATHOLOGY	1,064			175			5
6	MEDICAL SOCIAL SERVICES	11,325			1,480			6
7	HOME HEALTH AIDE	30,399			4,063			7
8	SUPPLIES	12,738						8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	1,643,397	2,733	28,323	310,801	2,408	383	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	4A	5.06	6	7	
1	ADMINISTRATIVE AND GENERAL	4,414	5,808	139,506	35,221		25,440	1
2	SKILLED NURSING CARE			1,086,260	274,250			2
3	PHYSICAL THERAPY			475,526	120,057			3
4	OCCUPATIONAL THERAPY			235,731	59,515			4
5	SPEECH PATHOLOGY			1,239	313			5
6	MEDICAL SOCIAL SERVICES			12,805	3,233			6
7	HOME HEALTH AIDE			34,462	8,701			7
8	SUPPLIES			12,738	3,216			8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	4,414	5,808	1,998,267	504,506		25,440	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINI- STRATION	
		8	9	10	11	12	13	
1	ADMINISTRATIVE AND GENERAL				56,611			1
2	SKILLED NURSING CARE						58,366	2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)				56,611		58,366	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		14	15	16	17	19	20	
1	ADMINISTRATIVE AND GENERAL		233	5,558	96,350			1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		233	5,558	96,350			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/27/2015 Run Time: 15:00 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	
		21	22	23	24	25	26	
1	ADMINISTRATIVE AND GENERAL				358,919		358,919	1
2	SKILLED NURSING CARE				1,418,876		1,418,876	2
3	PHYSICAL THERAPY				595,583		595,583	3
4	OCCUPATIONAL THERAPY				295,246		295,246	4
5	SPEECH PATHOLOGY				1,552		1,552	5
6	MEDICAL SOCIAL SERVICES				16,038		16,038	6
7	HOME HEALTH AIDE				43,163		43,163	7
8	SUPPLIES				15,954		15,954	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)				2,745,331		2,745,331	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS				
		27	28				
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE	213,402	1,632,278				2
3	PHYSICAL THERAPY	89,576	685,159				3
4	OCCUPATIONAL THERAPY	44,405	339,651				4
5	SPEECH PATHOLOGY	233	1,785				5
6	MEDICAL SOCIAL SERVICES	2,412	18,450				6
7	HOME HEALTH AIDE	6,492	49,655				7
8	SUPPLIES	2,399	18,353				8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTALS (sum of lines 1-19)(2)	358,919	2,745,331				20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.150401					21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
1	ADMINISTRATIVE AND GENERAL	541	28,135	445,105	4	6,705	2,358,929	1
2	SKILLED NURSING CARE			582,822				2
3	PHYSICAL THERAPY			264,995				3
4	OCCUPATIONAL THERAPY			129,946				4
5	SPEECH PATHOLOGY			815				5
6	MEDICAL SOCIAL SERVICES			6,903				6
7	HOME HEALTH AIDE			18,951				7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	541	28,135	1,449,537	4	6,705	2,358,929	20
21	TOTAL COST TO BE ALLOCATED	2,733	28,323	310,801	2,408	383	4,414	21
22	UNIT COST MULTIPLIER	5.051756		0.214414		0.057122		22
22	UNIT COST MULTIPLIER		1.006682		602.000000		0.001871	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	4A.06	5.06	6	7	8	
1	ADMINISTRATIVE AND GENERAL	2,358,929		139,506		541		1
2	SKILLED NURSING CARE			1,086,260				2
3	PHYSICAL THERAPY			475,526				3
4	OCCUPATIONAL THERAPY			235,731				4
5	SPEECH PATHOLOGY			1,239				5
6	MEDICAL SOCIAL SERVICES			12,805				6
7	HOME HEALTH AIDE			34,462				7
8	SUPPLIES			12,738				8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	2,358,929		1,998,267		541		20
21	TOTAL COST TO BE ALLOCATED	5,808		504,506		25,440		21
22	UNIT COST MULTIPLIER	0.002462		0.252472		47.024030		22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	
		9	10	11	12	13	14	
1	ADMINISTRATIVE AND GENERAL			1,676				1
2	SKILLED NURSING CARE					34,854		2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			1,676		34,854		20
21	TOTAL COST TO BE ALLOCATED			56,611		58,366		21
22	UNIT COST MULTIPLIER			33.777446		1.674585		22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		15	16	17	19	20	21	
1	ADMINISTRATIVE AND GENERAL	540	2,358,929	374				1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	540	2,358,929	374				20
21	TOTAL COST TO BE ALLOCATED	233	5,558	96,350				21
22	UNIT COST MULTIPLIER	0.431481		257.620321				22
22	UNIT COST MULTIPLIER		0.002356					22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME				
		22	23				
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS (sum of lines 1-19)						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
		2	1	2	3	4	5
1	SKILLED NURSING CARE	2	1,632,278		1,632,278	6,236	261.75
2	PHYSICAL THERAPY	3	685,159		685,159	3,849	178.01
3	OCCUPATIONAL THERAPY	4	339,651		339,651	1,618	209.92
4	SPEECH PATHOLOGY	5	1,785		1,785	69	25.87
5	MEDICAL SOCIAL SERVICES	6	18,450		18,450	98	188.27
6	HOME HEALTH AIDE	7	49,655		49,655	347	143.10
7	TOTAL (sum of lines 1-6)		2,726,978		2,726,978	12,217	

LIMITATION COST COMPUTATION				PROGRAM VISITS			
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		1	2	3	4		
8	SKILLED NURSING CARE	16974	269	1,645		8	
9	PHYSICAL THERAPY	16974	112	817		9	
10	OCCUPATIONAL THERAPY	16974	61	327		10	
11	SPEECH PATHOLOGY	16974		4		11	
12	MEDICAL SOCIAL SERVICES	16974	3	20		12	
13	HOME HEALTH AIDE	16974	17	133		13	
14	TOTAL (sum of lines 8-13)		462	2,946		14	

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
		8	1	2	3	4	5
15	COST OF MEDICAL SUPPLIES	8	18,353		18,353	8,899	2.062367
16	COST OF DRUGS	9					

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED
		1	1	2	3	4
1	PHYSICAL THERAPY	66				col. 2, line 2
1.01	REHABILITATION MEDICINE	66.01	0.280598			col. 2, line 2
2	OCCUPATIONAL THERAPY	67				col. 2, line 3
3	SPEECH PATHOLOGY	68				col. 2, line 4
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.161669			col. 2, line 15
5	DRUGS CHARGED TO PATIENTS	73	0.108923			col. 2, line 16



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	269	1,645		70,411	430,579		500,990	1
2	PHYSICAL THERAPY	112	817		19,937	145,434		165,371	2
3	OCCUPATIONAL THERAPY	61	327		12,805	68,644		81,449	3
4	SPEECH PATHOLOGY		4			103		103	4
5	MEDICAL SOCIAL SERVICES	3	20		565	3,765		4,330	5
6	HOME HEALTH AIDE	17	133		2,433	19,032		21,465	6
7	TOTAL (sum of lines 1-6)	462	2,946		106,151	667,557		773,708	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES				
		PART B			PART B				
	OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		6	7	8	9	10	11		
15	COST OF MEDICAL SUPPLIES								15
16	COST OF DRUGS								16



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7126

WORKSHEET H-4
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES	87,120			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT 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(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)	87,120			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	87,120			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	79,626	558,734	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2,140	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	591	22,400	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	3,624	9,494	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		784	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	83,841	593,552	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	83,841	593,552	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	83,841	593,552	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	83,841	593,552	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	83,841	593,552	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,677	11,871	31.01
32	INTERIM PAYMENTS (see instructions)	82,172	581,681	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)		-8	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 14-7126

WORKSHEET H-5

	DESCRIPTION		PART A		PART B		
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			82,172		581,681	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						2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT						3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)						3.02
		PROGRAM					3.03
		TO					3.04
		PROVIDER					3.05
							3.06
							3.07
							3.08
							3.09
							3.10
							3.50
							3.51
		PROVIDER					3.52
		TO					3.53
		PROGRAM					3.54
							3.55
							3.56
							3.57
							3.58
							3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)						3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			82,172		581,681	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. (1)						5.01
							5.02
		PROGRAM					5.03
		TO					5.04
		PROVIDER					5.05
							5.06
							5.07
							5.08
							5.09
							5.10
							5.50
							5.51
		PROVIDER					5.52
		TO					5.53
		PROGRAM					5.54
							5.55
							5.56
							5.57
							5.58
							5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)						5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)			1,669		11,871	6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			83,841		593,552	7
8	NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0114

WORKSHEET L

CHECK TITLE V HOSPITAL PPS
 APPLICABLE TITLE XVIII, PART A SUB (OTHER) COST METHOD
 BOXES: TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,008,582	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	91,674	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	138.25	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	43.23	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	9.23	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	277,692	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.1057	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.3218	8
9	SUM OF LINES 7 AND 8	0.4275	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0905	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	272,277	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,650,225	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 (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet 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



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
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-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	SPECIAL CARE NURSERY						31.01
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE						66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
69.02	CARDIOLOGY						69.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						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						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL						190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY						190.09
190.10	PLAZA						190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY						190.12
190.13	G SUITE						190.13
190.14	OFFSITE CLINICS						190.14
191.01	OCC HEALTH						191.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202