



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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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:	TIME:
	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 EDWARD HOSPITAL (14-0231) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, 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			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		170,921	166,982	204,879		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		170,921	166,982	204,879		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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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: 801 SOUTH WASHINGTON	P.O. Box:							1	
2	City: NAPERVILLE	State: IL	ZIP Code: 60566-7060	County: DUPAGE					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	EDWARD HOSPITAL	14-0231	16974	1	07/01/1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	2								21
Inpatient PPS Information								1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							N	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
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.	3,953				2,292	24			
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.						25			
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1	26				
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1	27				
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				35					
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:	Ending:		36		
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				37					
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V 1	XVIII 2	XIX 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		I 1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.						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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		1	2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	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.	N	Y	N	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.	N		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N		120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
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						
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1	2			
		Y	14H131		140	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name: EDWARD HEALTH SERVICES COPORAT	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 116			141	
142	Street: 801 S. WASHINGTON ST	P.O. Box: 0			142	
143	City: NAPERVILLE	State: IL	ZIP Code: 60566		143	
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII		Title V	Title XIX	
		Part A	Part B	2	3	
155	Hospital	N	N		N	
156	Subprovider - IPF	N	N			
157	Subprovider - IRF	N	N			
158	Subprovider - Other					
159	SNF	N	N			
160	HHA	N	N			
161	CMHC		N			
161.10	CORF					
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				
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.					
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				
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)					
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)	1.00				
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	09/28/2013			



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		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					
		Y/N	TYPE	DATE	
		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.	N			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.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			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)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20



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



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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	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	229	83,585			29,020	3,036	59,802	1
2	HMO AND OTHER (see instructions)						71			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)		229	83,585			29,020	3,036	59,802	7
8	INTENSIVE CARE UNIT	31	25	9,110			2,344	213	4,162	8
9	CORONARY CARE UNIT	32	22	8,030			2,913	206	5,357	9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	NICU	35	22	8,030				612	5,864	12
13	NURSERY	43						976	6,620	13
14	TOTAL (see instructions)		298	108,755			34,277	5,043	81,805	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		298							27
28	OBSERVATION BED DAYS								5,909	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)								1,847	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)					7,386	1,198	20,981	1
2	HMO AND OTHER (see instructions)					18			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	NICU								12
13	NURSERY								13
14	TOTAL (see instructions)		2,587.40			7,386	1,198	20,981	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		2,587.40						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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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	188,326,968		188,326,968	5,381,801.00	34.99	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE		539,029		539,029	3,396.00	158.72	4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		12,450,683		12,450,683	62,441.00	199.40	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL		25,297,301		25,297,301	515,811.00	49.04	8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		2,040,064	665,054	2,705,118	70,799.00	38.21	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		2,498,197		2,498,197	22,461.00	111.22	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		30,476,176		30,476,176	575,667.00	52.94	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		35,188,830		35,188,830			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		635,828		635,828			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		57,724		57,724			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		712,075		712,075			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		2,803,928		2,803,928	68,422.00	40.98	26
27	ADMINISTRATIVE & GENERAL		34,187,177	-522,806	33,664,371	962,214.00	34.99	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		714,365		714,365	1,635.00	436.92	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		4,765,878		4,765,878	165,534.00	28.79	30
31	LAUNDRY & LINEN SERVICE		77,680		77,680	5,839.00	13.30	31
32	HOUSEKEEPING		2,327,344	16	2,327,360	173,831.00	13.39	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		593		593			34
35	DIETARY UNDER CONTRACT (see instructions)		3,143,686		3,143,686	170,593.00	18.43	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,987,381		2,987,381	130,654.00	22.86	38
39	CENTRAL SERVICES AND SUPPLY		1,634,302		1,634,302	94,570.00	17.28	39
40	PHARMACY		4,087,854	-171,299	3,916,555	100,341.00	39.03	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,794,698		2,794,698	125,735.00	22.23	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		154,437,035		154,437,035	4,975,777.00	31.04	1
2	EXCLUDED AREA SALARIES (see instructions)		2,040,064	665,054	2,705,118	70,799.00	38.21	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		152,396,971	-665,054	151,731,917	4,904,978.00	30.93	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		32,974,373		32,974,373	598,128.00	55.13	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		35,246,554		35,246,554		23.23%	5



COMPU-MAX

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		220,617,898	-665,054	219,952,844	5,503,106.00	39.97	6
7	TOTAL OVERHEAD COST (see instructions)		59,524,886	-694,089	58,830,797	1,999,368.00	29.42	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	8,585,086	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	205,269	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES	234,064	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)	14,604,701	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	617,986	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	180,043	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	1,515,567	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	1,913,025	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	13,247,683	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	502,598	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	610,212	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	42,216,234	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)	CONTRIBUTION(S)	11
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 1	BENEFIT COST 2	
	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



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)	0.197115	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	10,738,304	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	145,247,418	6
7	MEDICAID COST (line 1 times line 6)	28,630,445	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.	17,892,141	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)	17,892,141			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	44,563,778	15,725,999	60,289,777	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	8,784,189	3,099,830	11,884,019	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	2,228,189	1,572,600	3,800,789	22
23	COST OF CHARITY CARE (line 21 minus line 22)	6,556,000	1,527,230	8,083,230	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)	24,156,594	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	1,175,074	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	22,981,520	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	4,530,002	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	12,613,232	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	30,505,373	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				16,260,245	16,260,245	-5,012,424	11,247,821	1
2	00200	CAP REL COSTS-MVBLE EQUIP				19,515,123	19,515,123	-1,738,251	17,776,872	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	2,803,928	29,536,068	32,339,996	-8,562,300	23,777,696	-151,453	23,626,243	4
5	00500	ADMINISTRATIVE & GENERAL	34,187,177	121,971,412	156,158,589	-27,769,716	128,388,873	-52,046,246	76,342,627	5
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	4,765,878	16,900,491	21,666,369		21,666,369	10,738,870	32,405,239	7
8	00800	LAUNDRY & LINEN SERVICE	77,680	161,364	239,044		239,044		239,044	8
9	00900	HOUSEKEEPING	2,327,344	2,086,495	4,413,839	17	4,413,856		4,413,856	9
10	01000	DIETARY	593	5,205,300	5,205,893	-3,668,234	1,537,659		1,537,659	10
11	01100	CAFETERIA				3,668,234	3,668,234	-1,813,003	1,855,231	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	2,987,381	784,854	3,772,235		3,772,235	-221,484	3,550,751	13
14	01400	CENTRAL SERVICES & SUPPLY	1,634,302	1,995,692	3,629,994	-209,334	3,420,660		3,420,660	14
15	01500	PHARMACY	4,087,854	13,952,454	18,040,308	-12,924,160	5,116,148	-1,062	5,115,086	15
16	01600	MEDICAL RECORDS & LIBRARY	2,794,698	1,472,500	4,267,198		4,267,198	-242,174	4,025,024	16
17	01700	SOCIAL SERVICE								17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-EMS				738,876	738,876	-214,013	524,863	23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	32,128,841	5,172,354	37,301,195	-1,789,189	35,512,006	-348,156	35,163,850	30
31	03100	INTENSIVE CARE UNIT	3,743,750	631,437	4,375,187	13,722	4,388,909		4,388,909	31
32	03200	CORONARY CARE UNIT	4,816,248	658,719	5,474,967	24,932	5,499,899	-294	5,499,605	32
35	02060	NICU	4,587,068	803,222	5,390,290	67	5,390,357	-309,176	5,081,181	35
43	04300	NURSERY				1,942,533	1,942,533		1,942,533	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	6,820,826	41,289,667	48,110,493	-38,687,673	9,422,820	-33,974	9,388,846	50
50.01	05001	SAME DAY SURGERY								50.01
50.02	03340	GASTROENTEROLOGY	1,663,109	1,634,150	3,297,259	-1,318,685	1,978,574		1,978,574	50.02
51	05100	RECOVERY ROOM	1,373,004	170,088	1,543,092	46,775	1,589,867		1,589,867	51
52	05200	DELIVERY ROOM & LABOR ROOM	5,477,457	1,658,480	7,135,937	2,353	7,138,290	-783,515	6,354,775	52
53	05300	ANESTHESIOLOGY	357,447	2,300,446	2,657,893		2,657,893	-120,045	2,537,848	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,366,588	443,982	3,810,570	-635,471	3,175,099	-78,005	3,097,094	54
54.01	03630	ULTRASOUND	1,327,580	147,098	1,474,678	121,582	1,596,260		1,596,260	54.01
54.02	03450	WOMENS IMAGING CTR	704,878	483,341	1,188,219	25,734	1,213,953	-12,897	1,201,056	54.02
54.06	05401	SPECIAL PROCEDURES	617,777	670,520	1,288,297	-885,319	402,978		402,978	54.06
54.07	05402	IMAGING CENTER	987,172	604,929	1,592,101	82,612	1,674,713	-186,836	1,487,877	54.07
54.08	05403	P.E.T								54.08
55	05500	RADIOLOGY-THERAPEUTIC	4,213,967	17,529,961	21,743,928	2,185	21,746,113	-1,471,802	20,274,311	55
56	05600	RADIOISOTOPE	589,506	620,380	1,209,886	40,596	1,250,482	-1,149	1,249,333	56
57	05700	CT SCAN	1,401,854	541,430	1,943,284	356,060	2,299,344	-3,897	2,295,447	57
58	05800	MRI	729,871	347,654	1,077,525	106,640	1,184,165		1,184,165	58
59	05900	CARDIAC CATHETERIZATION	2,758,700	13,524,706	16,283,406	-15,607,207	676,199	-3,828	672,371	59
60	06000	LABORATORY	4,560,997	6,869,973	11,430,970	167	11,431,137	-963,069	10,468,068	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	413,566	2,246,827	2,660,393		2,660,393	-4,471	2,655,922	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	2,913,967	1,291,452	4,205,419	-1,067,633	3,137,786	-54,689	3,083,097	65
66	06600	PHYSICAL THERAPY	3,533,017	476,883	4,009,900		4,009,900	-37,243	3,972,657	66
67	06700	OCCUPATIONAL THERAPY								67
68	06800	SPEECH PATHOLOGY	659,617	15,520	675,137		675,137		675,137	68
69	06900	ELECTROCARDIOLOGY	3,162,454	3,487,460	6,649,914	76	6,649,990	-3,599,636	3,050,354	69
69.01	06901	CARDIOLOGY OUTREACH	357,717	374,326	732,043		732,043	-72,147	659,896	69.01
69.03	03291	EMG/NCV	44,802	36,746	81,548		81,548	-28,929	52,619	69.03
69.04	06902	CARDIAC REHAB								69.04
69.05	06903	CARDIAC CATH LAB								69.05
69.06	06904	WOUND OSTOMY	861,611	425,953	1,287,564	84	1,287,648	-7,129	1,280,519	69.06
70	07000	ELECTROENCEPHALOGRAPHY	1,086,863	5,232,299	6,319,162	-809,554	5,509,608	-167,614	5,341,994	70



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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	
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				18,809,953	18,809,953		18,809,953	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				40,380,652	40,380,652		40,380,652	72
73	07300	DRUGS CHARGED TO PATIENTS				11,176,098	11,176,098		11,176,098	73
75	07500	ASC (NON-DISTINCT PART)	3,326,571	592,257	3,918,828	-486,817	3,432,011		3,432,011	75
76.97	07697	CARDIAC REHABILITATION	915,707	39,890	955,597		955,597	-2,828	952,769	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	1,324,227	234,594	1,558,821		1,558,821	-165,251	1,393,570	90
90.01	09001	URODYNAMICS	210,371	118,914	329,285		329,285	-37,084	292,201	90.01
90.02	09002	PLAINFIELD CLINIC	6,997,396	11,543,225	18,540,621		18,540,621	-2,094,750	16,445,871	90.02
90.03	09003	OSWEGO CLINIC	1,678,048	548,979	2,227,027		2,227,027	-1,324,820	902,207	90.03
90.04	09004	BOLINGBROOK CLINIC	2,415,090	505,167	2,920,257		2,920,257	-729,262	2,190,995	90.04
91	09100	EMERGENCY	18,492,405	2,764,808	21,257,213	-642,086	20,615,127	-11,670,762	8,944,365	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		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
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	186,286,904	320,104,467	506,391,371	-1,748,062	504,643,309	-75,014,498	429,628,811	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105,368	366,408	471,776		471,776		471,776	190
192	19200	PHYSICIANS' PRIVATE OFFICES	1,934,696	957,975	2,892,671	1,748,062	4,640,733	-184,004	4,456,729	192
192.01	19201	PHYSICIANS CLINICS								192.01
192.03	19202	PHYSICIAN OFFICES								192.03
192.04	19203	IRB								192.04
194	07950	LINDEN OAKS HOSPITAL								194
200		TOTAL (sum of lines 118-199)	188,326,968	321,428,850	509,755,818		509,755,818	-75,198,502	434,557,316	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	INTEREST/PROP TAXES	A	CAP REL COSTS-BLDG & FIXT	1		4,727,210	1
500	TOTAL RECLASSIFICATIONS					4,727,210	500
	CODE LETTER - A						
1	DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		11,533,035	1
2			CAP REL COSTS-MVBLE EQUIP	2		19,515,123	2
500	TOTAL RECLASSIFICATIONS					31,048,158	500
	CODE LETTER - B						
1	PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	5		8,562,300	1
500	TOTAL RECLASSIFICATIONS					8,562,300	500
	CODE LETTER - C						
1	SHARED DIETARY	D	CAFETERIA	11		3,668,234	1
500	TOTAL RECLASSIFICATIONS					3,668,234	500
	CODE LETTER - D						
1	CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	71		209,334	1
500	TOTAL RECLASSIFICATIONS					209,334	500
	CODE LETTER - E						
1	CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73		11,176,098	1
500	TOTAL RECLASSIFICATIONS					11,176,098	500
	CODE LETTER - F						
1	PATIENT TRANSPORT	G	NICU	35	63	4	1
2			NURSERY	43	440	29	2
3			DELIVERY ROOM & LABOR ROOM	52	2,210	143	3
4			HOUSEKEEPING	9	16	1	4
5			ASC (NON-DISTINCT PART)	75	12,046	780	5
6			RADIOLOGY-DIAGNOSTIC	54	33,426	2,164	6
7			ULTRASOUND	54.01	31,327	2,028	7
8			CT SCAN	57	35,164	2,276	8
9			MRI	58	15,671	1,014	9
10			GASTROENTEROLOGY	50.02	9,845	637	10
11			OPERATING ROOM	50	32,365	2,095	11
12			RECOVERY ROOM	51	43,931	2,844	12
13			RADIOLOGY-THERAPEUTIC	55	2,052	133	13
14			CARDIAC CATHETERIZATION	59	5,481	355	14
15			EMERGENCY	91	90,906	5,884	15
16			LABORATORY	60	157	10	16
17			ADULTS & PEDIATRICS	30	143,581	9,294	17
18			INTENSIVE CARE UNIT	31	12,888	834	18
19			CORONARY CARE UNIT	32	23,416	1,516	19
20			MEDICAL SUPPLIES CHARGED TO P	71	22,261	1,441	20
21			ELECTROCARDIOLOGY	69	71	5	21
22			WOUND OSTOMY	69.06	79	5	22
23			RADIOISOTOPE	56	5,410	350	23
500	TOTAL RECLASSIFICATIONS					522,806	500
	CODE LETTER - G						
1	RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	54.01	79,276	8,951	1
2			WOMENS IMAGING CTR	54.02	23,123	2,611	2
3			SPECIAL PROCEDURES	54.06	27,924	3,153	3
4			CT SCAN	57	286,295	32,325	4
5			MRI	58	80,829	9,126	5
6			IMAGING CENTER	54.07	74,231	8,381	6
7			RADIOISOTOPE	56	31,302	3,534	7
500	TOTAL RECLASSIFICATIONS					602,980	500
	CODE LETTER - H						
1	RETAIL PHARMACY	I	PHYSICIANS' PRIVATE OFFICES	192	171,299	1,576,763	1
500	TOTAL RECLASSIFICATIONS					171,299	500
	CODE LETTER - I						
1	NURSERY RECLASS	J	NURSERY	43	1,718,930	223,134	1
500	TOTAL RECLASSIFICATIONS					1,718,930	500
	CODE LETTER - J						
1	MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO P	71		18,576,917	1



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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	
2							2
3							3
4							4
5							5
6							6
7							7
500	TOTAL RECLASSIFICATIONS					18,576,917	500
	CODE LETTER - K						
1	EMT RECLASS	L	PARAMED ED PRGM-EMS	23	493,755	245,121	1
500	TOTAL RECLASSIFICATIONS				493,755	245,121	500
	CODE LETTER - L						
1	IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	72		40,380,652	1
2							2
3							3
4							4
500	TOTAL RECLASSIFICATIONS					40,380,652	500
	CODE LETTER - M						
	GRAND TOTAL (INCREASES)				3,509,770	120,495,844	

(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	INTEREST/PROP TAXES	A	ADMINISTRATIVE & GENERAL	5		4,727,210	11	
500	TOTAL RECLASSIFICATIONS					4,727,210		
	CODE LETTER - A							
1	DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		31,048,158	9	
2							9	
500	TOTAL RECLASSIFICATIONS					31,048,158		
	CODE LETTER - B							
1	PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS DEPARTMENT	4		8,562,300		
500	TOTAL RECLASSIFICATIONS					8,562,300		
	CODE LETTER - C							
1	SHARED DIETARY	D	DIETARY	10		3,668,234		
500	TOTAL RECLASSIFICATIONS					3,668,234		
	CODE LETTER - D							
1	CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	14		209,334		
500	TOTAL RECLASSIFICATIONS					209,334		
	CODE LETTER - E							
1	CHARGEABLE DRUGS	F	PHARMACY	15		11,176,098		
500	TOTAL RECLASSIFICATIONS					11,176,098		
	CODE LETTER - F							
1	PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	5	522,806	33,842		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
500	TOTAL RECLASSIFICATIONS				522,806	33,842		
	CODE LETTER - G							
1	RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	54	602,980	68,081		
2								
3								
4								
5								
6								
7								
500	TOTAL RECLASSIFICATIONS				602,980	68,081		
	CODE LETTER - H							
1	RETAIL PHARMACY	I	PHARMACY	15	171,299	1,576,763		
500	TOTAL RECLASSIFICATIONS				171,299	1,576,763		
	CODE LETTER - I							
1	NURSERY RECLASS	J	ADULTS & PEDIATRICS	30	1,718,930	223,134		
500	TOTAL RECLASSIFICATIONS				1,718,930	223,134		
	CODE LETTER - J							



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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	MEDICAL SUPPLIES	K	OPERATING ROOM	50		9,274,885		1
2			GASTROENTEROLOGY	50.02		1,329,167		2
3			SPECIAL PROCEDURES	54.06		550,004		3
4			CARDIAC CATHETERIZATION	59		5,403,202		4
5			RESPIRATORY THERAPY	65		1,067,633		5
6			ELECTROENCEPHALOGRAPHY	70		452,383		6
7			ASC (NON-DISTINCT PART)	75		499,643		7
500	TOTAL RECLASSIFICATIONS					18,576,917		500
	CODE LETTER - K							
1	EMT RECLASS	L	EMERGENCY	91	493,755	245,121		1
500	TOTAL RECLASSIFICATIONS				493,755	245,121		500
	CODE LETTER - L							
1	IMPLANT COSTS	M	OPERATING ROOM	50		29,447,248		1
2			SPECIAL PROCEDURES	54.06		366,392		2
3			CARDIAC CATHETERIZATION	59		10,209,841		3
4			ELECTROENCEPHALOGRAPHY	70		357,171		4
500	TOTAL RECLASSIFICATIONS					40,380,652		500
	CODE LETTER - M							
	GRAND TOTAL (DECREASES)				3,509,770	120,495,844		

(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	9,999,827					9,999,827		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	375,338,014	22,604,055		22,604,055		397,942,069		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	243,687,240	24,465,108		24,465,108	6,614,153	261,538,195		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	629,025,081	47,069,163		47,069,163	6,614,153	669,480,091		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	629,025,081	47,069,163		47,069,163	6,614,153	669,480,091		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	267,656,112		267,656,112	0.686696					1
2	CAP REL COSTS-MVBLE EQU	122,117,869		122,117,869	0.313304					2
3	TOTAL (sum of lines 1-2)	389,773,981		389,773,981	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (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	6,520,611		4,727,210					11,247,821	1
2	CAP REL COSTS-MVBLE EQUIP	17,792,880		-16,008					17,776,872	2
3	TOTAL (sum of lines 1-2)	24,313,491		4,711,202					29,024,693	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		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)	B	-26,058	ADMINISTRATIVE & GENERAL	5	5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-104,037	ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-19,475,663			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-19,033,072			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-1,813,003	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,062	PHARMACY	15	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-12,960	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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					32
33	TELEVISION	A	-11,300	CAP REL COSTS-MVBLE EQUIP	2	11 33
33.01	PAT TELEPHONE CAPITAL COSTS	A	-4,708	CAP REL COSTS-MVBLE EQUIP	2	11 33.01
34	MISC REV	B	-10,390	RADIOLOGY-DIAGNOSTIC	54	34
34.03	RENTAL INCOME OTHER	B	-653,007	CAP REL COSTS-BLDG & FIXT	1	9 34.03
34.05	MISCELLANEOUS REVENUE	B	-1,149	RADIOISOTOPE	56	34.05
34.10	MISC REV	B	-32,864	ADMINISTRATIVE & GENERAL	5	34.10
34.12	RESEARCH REVENUE	B	-273,327	RADIOLOGY-THERAPEUTIC	55	34.12
34.19	MISC REV	B	-213,184	NURSING ADMINISTRATION	13	34.19
34.21	MISC INCOME	B	-476,566	LABORATORY	60	34.21
34.22	MEDICAID TAX	A	-25,089,848	ADMINISTRATIVE & GENERAL	5	34.22
35						35
35.04	CONT MED OTHER REV	B	-600	ADMINISTRATIVE & GENERAL	5	35.04
35.06	EMPLOYEE HEALTH REVENUE	B	-235	EMPLOYEE BENEFITS DEPARTMENT	4	35.06
35.07	OCC HEALTH	B	-1,255	EMPLOYEE BENEFITS DEPARTMENT	4	35.07
35.14	MEDICAL STAFF APPLI	B	-85,800	ADMINISTRATIVE & GENERAL	5	35.14
35.18	NON-ALLOWABLE INTEREST EXPENSE	A	-4,359,417	CAP REL COSTS-BLDG & FIXT	1	9 35.18
35.21	INCOME TAXES	A	-34,708	ADMINISTRATIVE & GENERAL	5	35.21
35.22	INCOME TAXES	A	-5,798	EMPLOYEE BENEFITS DEPARTMENT	4	35.22
35.23	PATIENT ACCTG REV	B	-8,994	ADMINISTRATIVE & GENERAL	5	35.23
35.24	MALPRACTICE INS	A	-80,685	ADMINISTRATIVE & GENERAL	5	35.24
35.30	PLAINFIELD CLINIC	B	-11,068	PLAINFIELD CLINIC	90.02	35.30
35.31	ER OTHER REVENUE	B	-159,640	EMERGENCY	91	35.31
35.32	OTHER REVENUE	B	-2,639	OSWEGO CLINIC	90.03	35.32
35.33	OTHER REVENUE	B	-294	CORONARY CARE UNIT	32	35.33



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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
35.34	OTHER REVENUE	B	-17,666	OPERATING ROOM	50	35.34
35.35	OTHER REVENUE	B	-1,359	ANESTHESIOLOGY	53	35.35
35.36	OTHER REVENUE	B	-1,258	WOMENS IMAGING CTR	54.02	35.36
35.37	OTHER REVENUE	B	-1,686	CT SCAN	57	35.37
35.38	OTHER REVENUE	B	-3,383	CARDIAC CATHETERIZATION	59	35.38
35.39	OTHER REVENUE	B	-116,563	CLINIC	90	35.39
36	OTHER REVENUE	B	-23,863	BOLINGBROOK CLINIC	90.04	36
37	EMT FEES	B	-214,013	PARAMED ED PRGM-EMS	23	37
38	OTHER REVENUE	B	-132,323	ADULTS & PEDIATRICS	30	38
39						39
40	OTHER REVENUE	B	-4,471	WHOLE BLOOD & PACKED RED BLOOD CELLS	62	40
41						41
42						42
43						43
44						44
45						45
45.16	REAL ESTATE TAXES	A	53,924	ADMINISTRATIVE & GENERAL	5	45.16
45.17	COST OF VOLUNTEERS	A	-883,067	ADMINISTRATIVE & GENERAL	5	45.17
45.18	COMMUNITY SPONSORSHIP	A	-800,643	ADMINISTRATIVE & GENERAL	5	45.18
45.28	CONTRIBUTIONS	A	-158,176	ADMINISTRATIVE & GENERAL	5	45.28
45.29	CONTRIBUTIONS	A	-20,000	EMERGENCY	91	45.29
45.30	EKG REVENUE	B	-850,022	ELECTROCARDIOLOGY	69	45.30
45.31	OTHER REVENUE	B	-35,604	ADMINISTRATIVE & GENERAL	5	45.31
45.32	OTHER REVENUE	B	-4,998	CARDIOLOGY OUTREACH	69.01	45.32
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-75,198,502			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	ADMINISTRATIVE & GENERAL	HOME OFFICE	45,320,812	67,546,838	-22,226,026	1
2 7	OPERATION OF PLANT	HOME OFFICE	10,742,161	10,742,161		2
3 2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	5,653,661	7,375,904	-1,722,243	9 3
3.01 5	ADMINISTRATIVE & GENERAL	INTER CO RENT	927,743	1,393,008	-465,265	3.01
3.02 16	MEDICAL RECORDS & LIBRARY	INTER CO RENT	226,698	340,388	-113,690	3.02
3.03 35	NICU	INTER CO RENT	59,744	89,705	-29,961	3.03
3.04 54	RADIOLOGY-DIAGNOSTIC	INTER CO RENT	76,439	114,774	-38,335	3.04
3.05 54.07	IMAGING CENTER	INTER CO RENT	218,796	328,522	-109,726	3.05
3.06 55	RADIOLOGY-THERAPEUTIC	INTER CO RENT	1,340,848	2,013,285	-672,437	3.06
3.07 66	PHYSICAL THERAPY	INTER CO RENT	16,718	25,102	-8,384	3.07
3.08 70	ELECTROENCEPHALOGRAPHY	INTER CO RENT	158,210	237,552	-79,342	3.08
3.09 76.97	CARDIAC REHABILITATION	INTER CO RENT	3,014	4,526	-1,512	3.09
3.10 90	CLINIC	INTER CO RENT	18,878	28,346	-9,468	3.10
3.11 90.01	URODYNAMICS	INTER CO RENT	45,451	68,245	-22,794	3.11
3.12 90.02	PLAINFIELD CLINIC	INTER CO RENT	1,578,694	2,370,412	-791,718	3.12
3.13 90.03	OSWEGO CLINIC	INTER CO RENT	287,676	431,946	-144,270	3.13
3.14 90.04	BOLINGBROOK CLINIC	INTER CO RENT	235,421	353,485	-118,064	3.14
3.15 192	PHYSICIANS' PRIVATE OFFICES	INTER CO RENT	114,350	171,696	-57,346	3.15
3.16 69.01	CARDIOLOGY OUTREACH	INTER CO RENT	133,897	201,046	-67,149	3.16
3.17 4	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY LINDEN OAKS		55,388	-55,388	3.17
3.18 5	ADMINISTRATIVE & GENERAL	RELATED PARTY LINDEN OAKS		554,847	-554,847	3.18
3.19 7	OPERATION OF PLANT	INTER CO RENT	6,562	9,853	-3,291	3.19
3.20 53	ANESTHESIOLOGY	INTER CO RENT	236,660	355,346	-118,686	3.20
3.21 54.02	WOMENS IMAGING CTR	INTER CO RENT	23,208	34,847	-11,639	3.21
3.22 70	ELECTROENCEPHALOGRAPHY	NEUROSCIENCES RELATED PAR	3,968,843	3,661,490	307,353	3.22
4 5	ADMINISTRATIVE & GENERAL	RENT	490,665	722,264	-231,599	4
4.01 16	MEDICAL RECORDS & LIBRARY	RENT	244,748	360,272	-115,524	4.01
4.02 35	NICU	RENT	54,902	80,817	-25,915	4.02
4.03 54	RADIOLOGY-DIAGNOSTIC	RENT	62,032	91,312	-29,280	4.03
4.04 54.07	IMAGING CENTER	RENT	163,365	240,475	-77,110	4.04
4.05 55	RADIOLOGY-THERAPEUTIC	RENT	1,114,461	1,640,499	-526,038	4.05
4.06 66	PHYSICAL THERAPY	RENT	61,141	90,000	-28,859	4.06
4.07 70	ELECTROENCEPHALOGRAPHY	RENT	151,171	222,526	-71,355	4.07
4.08 76.97	CARDIAC REHABILITATION	RENT	2,788	4,104	-1,316	4.08
4.09 90	CLINIC	RENT	83,090	122,310	-39,220	4.09
4.10 90.01	URODYNAMICS	RENT	23,635	34,791	-11,156	4.10
4.11 90.02	PLAINFIELD CLINIC	RENT	2,412,980	3,551,935	-1,138,955	4.11
4.12 90.03	OSWEGO CLINIC	RENT	327,255	481,723	-154,468	4.12
4.13 90.04	BOLINGBROOK CLINIC	RENT	166,418	244,969	-78,551	4.13
4.14 91	EMERGENCY	RENT	10,596	15,597	-5,001	4.14
4.15 192	PHYSICIANS' PRIVATE OFFICES	RENT	268,338	394,996	-126,658	4.15
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12		77,032,069	96,065,141	-19,033,072	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.

				RELATED ORGANIZATION(S) AND/OR HOME OFFICE	
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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	PERCENTAG E OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAG E OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6

SYMBOL (1)	NAME	PERCENTAG E OF OWNERSHIP	NAME	PERCENTAG E OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B	EHSC		100.00	
7					6
8					7
9					8
10					9
					10

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

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



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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	ADMINISTRATIVE & GEN AGGREGATE	1,391,038		1,391,038	177,000	1,289	109,689	5,484	1
2	30	ADULTS & PEDIATRICS AGGREGATE	228,427	194,437	33,990	177,000	148	12,594	630	2
3	52	DELIVERY ROOM & LABO AGGREGATE	783,515	783,515						3
4	4	EMPLOYEE BENEFITS DE EMPLOYEE HEALTH	280,073		280,073	177,000	2,248	191,296	9,565	4
5	60	LABORATORY LABORATORY	486,503	486,503						5
6	65	RESPIRATORY THERAPY RESP THERAPY	69,070	49,070	20,000	177,000	169	14,381	719	6
7	69.03	EMG/NCV EMG	28,929	28,929						7
8	69	ELECTROCARDIOLOGY EKG	2,749,614	2,749,614						8
9	70	ELECTROENCEPHALOGRAP EEG	324,270	324,270						9
10	35	NICU AGGREGATE	253,300	253,300						10
11	90.02	PLAINFIELD CLINIC PLAINFIELD	153,009	153,009						11
12	90.03	OSWEGO CLINIC OSWEGO	1,023,443	1,023,443						12
13	91	EMERGENCY TRAUMA SVCES	11,704,052	11,285,704	418,348	177,000	2,561	217,931	10,897	13
14	90.04	BOLINGBROOK CLINIC AGGREGATE	508,784	508,784						14
15	90.01	URODYNAMICS AGGREGATE	11,473		11,473	177,000	98	8,339	417	15
16	50	OPERATING ROOM AGGREGATE	16,308	16,308						16
17	59	CARDIAC CATHETERIZAT AGGREGATE	445	445						17
18	57	CT SCAN AGGREGATE	2,211	2,211						18
19	13	NURSING ADMINISTRATI AGGREGATE	26,000		26,000	177,000	208	17,700	885	19
20	69.06	WOUND OSTOMY AGGREGATE	16,575		16,575	177,000	111	9,446	472	20
200		TOTAL	20,057,039	17,859,542	2,197,497		6,832	581,376	29,069	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	ADMINISTRATIVE & GEN AGGREGATE					109,689	1,281,349	1,281,349	1
2	30	ADULTS & PEDIATRICS AGGREGATE					12,594	21,396	215,833	2
3	52	DELIVERY ROOM & LABO AGGREGATE							783,515	3
4	4	EMPLOYEE BENEFITS DE EMPLOYEE HEALTH					191,296	88,777	88,777	4
5	60	LABORATORY LABORATORY							486,503	5
6	65	RESPIRATORY THERAPY RESP THERAPY					14,381	5,619	54,689	6
7	69.03	EMG/NCV EMG							28,929	7
8	69	ELECTROCARDIOLOGY EKG							2,749,614	8
9	70	ELECTROENCEPHALOGRAF EEG							324,270	9
10	35	NICU AGGREGATE							253,300	10
11	90.02	PLAINFIELD CLINIC PLAINFIELD							153,009	11
12	90.03	OSWEGO CLINIC OSWEGO							1,023,443	12
13	91	EMERGENCY TRAUMA SVCES					217,931	200,417	11,486,121	13
14	90.04	BOLINGBROOK CLINIC AGGREGATE							508,784	14
15	90.01	URODYNAMICS AGGREGATE					8,339	3,134	3,134	15
16	50	OPERATING ROOM AGGREGATE							16,308	16
17	59	CARDIAC CATHETERIZAT AGGREGATE							445	17
18	57	CT SCAN AGGREGATE							2,211	18
19	13	NURSING ADMINISTRATI AGGREGATE					17,700	8,300	8,300	19
20	69.06	WOUND OSTOMY AGGREGATE					9,446	7,129	7,129	20
200		TOTAL					581,376	1,616,121	19,475,663	200



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	11,247,821	11,247,821					1
2	CAP REL COSTS-MVBLE EQUIP	17,776,872		17,776,872				2
4	EMPLOYEE BENEFITS DEPARTMENT	23,626,243	81,903	129,446	23,837,592			4
5	ADMINISTRATIVE & GENERAL	76,342,627	1,265,094	1,999,446	4,325,419	83,932,586	83,932,586	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	32,405,239	2,894,090	4,574,035	612,363	40,485,727	9,691,473	7
8	LAUNDRY & LINEN SERVICE	239,044	29,055	45,920	9,981	324,000	77,559	8
9	HOUSEKEEPING	4,413,856	57,241	90,467	299,040	4,860,604	1,163,531	9
10	DIETARY	1,537,659	85,932	135,813	76	1,759,480	421,184	10
11	CAFETERIA	1,855,231	219,041	346,188		2,420,460	579,410	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,550,751	28,217	44,597	383,846	4,007,411	959,294	13
14	CENTRAL SERVICES & SUPPLY	3,420,660	182,260	288,057	209,990	4,100,967	981,689	14
15	PHARMACY	5,115,086	101,131	159,835	503,234	5,879,286	1,407,383	15
16	MEDICAL RECORDS & LIBRARY	4,025,024	14,125	22,323	359,088	4,420,560	1,058,194	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	524,863	37,571	59,379	63,442	685,255	164,036	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	35,163,850	2,001,307	3,163,011	3,925,788	44,253,956	10,593,554	30
31	INTENSIVE CARE UNIT	4,388,909	196,574	310,680	482,687	5,378,850	1,287,589	31
32	CORONARY CARE UNIT	5,499,605	473,993	749,134	621,844	7,344,576	1,758,145	32
35	NICU	5,081,181	257,923	407,640	589,396	6,336,140	1,516,745	35
43	NURSERY	1,942,533	111,432	176,115	220,920	2,451,000	586,720	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,388,846	665,101	1,051,174	880,560	11,985,681	2,869,132	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	1,978,574	152,526	241,063	214,956	2,587,119	619,305	50.02
51	RECOVERY ROOM	1,589,867	74,999	118,534	182,061	1,965,461	470,492	51
52	DELIVERY ROOM & LABOR ROOM	6,354,775	379,087	599,137	704,077	8,037,076	1,923,915	52
53	ANESTHESIOLOGY	2,537,848	10,633	16,805	45,928	2,611,214	625,072	53
54	RADIOLOGY-DIAGNOSTIC	3,097,094	189,970	300,243	359,388	3,946,695	944,760	54
54.01	ULTRASOUND	1,596,260	14,978	23,672	184,791	1,819,701	435,600	54.01
54.02	WOMENS IMAGING CTR	1,201,056	7,900	12,485	93,540	1,314,981	314,780	54.02
54.06	SPECIAL PROCEDURES	402,978	22,135	34,983	82,965	543,061	129,998	54.06
54.07	IMAGING CENTER	1,487,877			136,379	1,624,256	388,814	54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	20,274,311			541,712	20,816,023	4,982,940	55
56	RADIOISOTOPE	1,249,333	53,954	85,274	80,462	1,469,023	351,655	56
57	CT SCAN	2,295,447	64,256	101,554	221,427	2,682,684	642,181	57
58	MRI	1,184,165	50,795	80,279	106,180	1,421,419	340,259	58
59	CARDIAC CATHETERIZATION	672,371	127,326	201,236	355,167	1,356,100	324,623	59
60	LABORATORY	10,468,068	122,997	194,394	586,058	11,371,517	2,722,114	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,655,922	10,807	17,080	53,139	2,736,948	655,171	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,083,097	43,543	68,818	374,413	3,569,871	854,556	65
66	PHYSICAL THERAPY	3,972,657	3,081	4,869	453,954	4,434,561	1,061,545	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	675,137			84,754	759,891	181,903	68
69	ELECTROCARDIOLOGY	3,050,354	353,919	559,359	406,350	4,369,982	1,046,086	69
69.01	CARDIOLOGY OUTREACH	659,896			45,963	705,859	168,969	69.01
69.03	EMG/NCV	52,619			5,757	58,376	13,974	69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY	1,280,519			110,718	1,391,237	333,034	69.06
70	ELECTROENCEPHALOGRAPHY	5,341,994			139,650	5,481,644	1,312,196	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,809,953			2,860	18,812,813	4,503,411	71
72	IMPL. DEV. CHARGED TO PATIENTS	40,380,652				40,380,652	9,666,320	72
73	DRUGS CHARGED TO PATIENTS	11,176,098				11,176,098	2,675,334	73
75	ASC (NON-DISTINCT PART)	3,432,011	222,138	351,082	428,976	4,434,207	1,061,460	75
76.97	CARDIAC REHABILITATION	952,769	46,608	73,662	117,658	1,190,697	285,029	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,393,570	21,519	34,010	170,149	1,619,248	387,616	90
90.01	URODYNAMICS	292,201			27,030	319,231	76,418	90.01
90.02	PLAINFIELD CLINIC	16,445,871			899,088	17,344,959	4,152,036	90.02
90.03	OSWEGO CLINIC	902,207			215,611	1,117,818	267,583	90.03
90.04	BOLINGBROOK CLINIC	2,190,995			310,312	2,501,307	598,763	90.04
91	EMERGENCY	8,944,365	494,343	781,295	2,324,309	12,544,312	3,002,857	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	429,628,811	11,169,504	17,653,094	23,553,456	429,142,580	82,636,407	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471,776	17,569	27,767	13,539	530,651	127,027	190
192	PHYSICIANS' PRIVATE OFFICES	4,456,729	60,748	96,011	270,597	4,884,085	1,169,152	192
192.01	PHYSICIANS CLINICS							192.01
192.03	PHYSICIAN OFFICES							192.03
192.04	IRB							192.04
194	LINDEN OAKS HOSPITAL							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	434,557,316	11,247,821	17,776,872	23,837,592	434,557,316	83,932,586	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	50,177,200						7
8	LAUNDRY & LINEN SERVICE	208,070	609,629					8
9	HOUSEKEEPING	409,917	678	6,434,730				9
10	DIETARY	615,384		73,944	2,869,992			10
11	CAFETERIA	1,568,614		191,265		4,759,749		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	202,073		22,008		164,230	5,355,016	13
14	CENTRAL SERVICES & SUPPLY	1,305,217	1,064	157,764		118,873		14
15	PHARMACY	724,228		84,201		126,127		15
16	MEDICAL RECORDS & LIBRARY	101,150		31,219		158,047		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	269,054	15,327	32,305		15,199	25,413	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	14,331,927	237,369	1,890,622	2,472,068	1,204,173	2,013,356	30
31	INTENSIVE CARE UNIT	1,407,725	20,723	170,005	172,807	119,973	200,593	31
32	CORONARY CARE UNIT	3,394,402	22,853	407,555	225,117	151,079	252,603	32
35	NICU	1,847,059	16,794	76,090		141,998	237,418	35
43	NURSERY	797,997		95,816		43	71	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,762,979	39,068	619,048		261,416	437,084	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	1,092,282	9,810	131,151		62,277	104,127	50.02
51	RECOVERY ROOM	537,090	13,349			48,207	80,601	51
52	DELIVERY ROOM & LABOR ROOM	2,714,752	40,484	300,191		195,653	327,130	52
53	ANESTHESIOLOGY	76,145		9,143		21,677	36,243	53
54	RADIOLOGY-DIAGNOSTIC	1,360,431	11,944	171,322		114,247	191,020	54
54.01	ULTRASOUND	107,260	9,129	23,774		46,383	77,551	54.01
54.02	WOMENS IMAGING CTR	56,571	1,340	6,793		27,079	45,276	54.02
54.06	SPECIAL PROCEDURES	158,513	1,728	19,440		19,459		54.06
54.07	IMAGING CENTER		6,970			33,618		54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC		4,852			149,082		55
56	RADIOISOTOPE	386,383	8,882	46,393		18,431		56
57	CT SCAN	460,152	9,004	26,532		68,732	114,919	57
58	MRI	363,755	7,977	37,250		36,681	61,331	58
59	CARDIAC CATHETERIZATION	911,819	1,303	109,496		78,212		59
60	LABORATORY	880,818	131	111,724		210,125	351,326	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	77,390		9,292		15,707	26,262	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	311,822		32,890		135,715		65
66	PHYSICAL THERAPY	22,063	5,876	4,904		130,597		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY					22,311		68
69	ELECTROCARDIOLOGY	2,534,515		304,307		130,797		69
69.01	CARDIOLOGY OUTREACH		630					69.01
69.03	EMG/NCV					2,127		69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY		2,107			32,924		69.06
70	ELECTROENCEPHALOGRAPHY		2,162			45,778	76,540	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)	1,590,790	13,906	191,007		116,786		75
76.97	CARDIAC REHABILITATION	333,772	854	40,076		38,225		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	154,101	589	19,875		75,346	125,978	90



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
		7	8	9	10	11	13	
90.01	URODYNAMICS		293			7,605		90.01
90.02	PLAINFIELD CLINIC		27,258					90.02
90.03	OSWEGO CLINIC		1,436					90.03
90.04	BOLINGBROOK CLINIC		215					90.04
91	EMERGENCY	3,540,130	42,680	392,652		341,016	570,174	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	49,616,350	578,785	5,840,054	2,869,992	4,685,955	5,355,016	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,815		16,696		4,342		190
192	PHYSICIANS' PRIVATE OFFICES	435,035	931	52,235		69,452		192
192.0 1	PHYSICIANS CLINICS							192.0 1
192.0 3	PHYSICIAN OFFICES							192.0 3
192.0 4	IRB							192.0 4
194	LINDEN OAKS HOSPITAL		29,913	525,745				194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	50,177,200	609,629	6,434,730	2,869,992	4,759,749	5,355,016	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	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	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	6,665,574						14
15	PHARMACY		8,221,225					15
16	MEDICAL RECORDS & LIBRARY			5,769,170				16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	8,623	8,897		1,224,109			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	217,144	740	351,072	80,051	77,646,032		30
31	INTENSIVE CARE UNIT	30,764	6	42,390	17,789	8,849,214		31
32	CORONARY CARE UNIT	48,334	7	65,223		13,669,894		32
35	NICU	28,529	556	60,427		10,261,756		35
43	NURSERY			11,765		3,943,412		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		1,070	294,732	17,789	21,287,999		50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY		96	104,731		4,710,898		50.02
51	RECOVERY ROOM	7,499		69,611		3,192,310		51
52	DELIVERY ROOM & LABOR ROOM	58,323	737	58,807		13,657,068		52
53	ANESTHESIOLOGY	129,959	118,073	115,039		3,742,565		53
54	RADIOLOGY-DIAGNOSTIC	10,396	1,270	165,058		6,917,143		54
54.01	ULTRASOUND	10,354	36	104,548		2,634,336		54.01
54.02	WOMENS IMAGING CTR	37,075	623	30,480		1,834,998		54.02
54.06	SPECIAL PROCEDURES		2,601	30,723		905,523		54.06
54.07	IMAGING CENTER	8,713		97,850		2,160,221		54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	20,204	3,432,380	313,773		29,719,254		55
56	RADIOISOTOPE	2,077	128,316	41,271		2,452,431		56
57	CT SCAN	39,315	42	377,597		4,421,158		57
58	MRI	26,359	113	106,616		2,401,760		58
59	CARDIAC CATHETERIZATION	264		234,982		3,016,799		59
60	LABORATORY	281,870	31	647,349	46,696	16,623,701		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	193,693	5,532	41,378		3,761,373		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		1,179	126,038	8,895	5,040,966		65
66	PHYSICAL THERAPY	6,328		84,075		5,749,949		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	484		16,201		980,790		68
69	ELECTROCARDIOLOGY	56,693	1,248	210,943		8,654,571		69
69.01	CARDIOLOGY OUTREACH	8,456		23,924		907,838		69.01
69.03	EMG/NCV	694		2,100		77,271		69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY	29,205	792	34,406		1,823,705		69.06
70	ELECTROENCEPHALOGRAPHY	12		56,377		6,974,709		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,683,436		156,118		25,155,778		71
72	IMPL. DEV. CHARGED TO PATIENTS	3,527,796		282,325		53,857,093		72
73	DRUGS CHARGED TO PATIENTS		2,785,052	270,570		16,907,054		73
75	ASC (NON-DISTINCT PART)	59	1	32,662	13,342	7,454,220		75
76.97	CARDIAC REHABILITATION	1,554	1	20,903		1,911,111		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	12,421		11,348		2,406,522		90

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	23	24	25	
90.01	URODYNAMICS	2,565	639	3,659		410,410		90.01
90.02	PLAINFIELD CLINIC	74,582	1,688,151	535,122		23,822,108		90.02
90.03	OSWEGO CLINIC	6,153	458	34,261		1,427,709		90.03
90.04	BOLINGBROOK CLINIC	7,451	3,733	23,066		3,134,535		90.04
91	EMERGENCY	85,893	9,452	479,650	1,026,205	22,035,021		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,663,277	8,191,832	5,769,170	1,210,767	426,541,205		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					804,531		190
192	PHYSICIANS' PRIVATE OFFICES		29,393			6,640,283		192
192.0	PHYSICIANS CLINICS							192.0
1								1
192.0	PHYSICIAN OFFICES	2,297				2,297		192.0
3								3
192.0	IRB							192.0
4								4
194	LINDEN OAKS HOSPITAL				13,342	569,000		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	6,665,574	8,221,225	5,769,170	1,224,109	434,557,316		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	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-EMS					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	77,646,032				30
31	INTENSIVE CARE UNIT	8,849,214				31
32	CORONARY CARE UNIT	13,669,894				32
35	NICU	10,261,756				35
43	NURSERY	3,943,412				43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	21,287,999				50
50.01	SAME DAY SURGERY					50.01
50.02	GASTROENTEROLOGY	4,710,898				50.02
51	RECOVERY ROOM	3,192,310				51
52	DELIVERY ROOM & LABOR ROOM	13,657,068				52
53	ANESTHESIOLOGY	3,742,565				53
54	RADIOLOGY-DIAGNOSTIC	6,917,143				54
54.01	ULTRASOUND	2,634,336				54.01
54.02	WOMENS IMAGING CTR	1,834,998				54.02
54.06	SPECIAL PROCEDURES	905,523				54.06
54.07	IMAGING CENTER	2,160,221				54.07
54.08	P.E.T					54.08
55	RADIOLOGY-THERAPEUTIC	29,719,254				55
56	RADIOISOTOPE	2,452,431				56
57	CT SCAN	4,421,158				57
58	MRI	2,401,760				58
59	CARDIAC CATHETERIZATION	3,016,799				59
60	LABORATORY	16,623,701				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,761,373				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	5,040,966				65
66	PHYSICAL THERAPY	5,749,949				66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	980,790				68
69	ELECTROCARDIOLOGY	8,654,571				69
69.01	CARDIOLOGY OUTREACH	907,838				69.01
69.03	EMG/NCV	77,271				69.03
69.04	CARDIAC REHAB					69.04
69.05	CARDIAC CATH LAB					69.05
69.06	WOUND OSTOMY	1,823,705				69.06
70	ELECTROENCEPHALOGRAPHY	6,974,709				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,155,778				71
72	IMPL. DEV. CHARGED TO PATIENTS	53,857,093				72
73	DRUGS CHARGED TO PATIENTS	16,907,054				73
75	ASC (NON-DISTINCT PART)	7,454,220				75
76.97	CARDIAC REHABILITATION	1,911,111				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	2,406,522				90



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.01	URODYNAMICS	410,410					90.01
90.02	PLAINFIELD CLINIC	23,822,108					90.02
90.03	OSWEGO CLINIC	1,427,709					90.03
90.04	BOLINGBROOK CLINIC	3,134,535					90.04
91	EMERGENCY	22,035,021					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	426,541,205					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	804,531					190
192	PHYSICIANS' PRIVATE OFFICES	6,640,283					192
192.0 1	PHYSICIANS CLINICS						192.0 1
192.0 3	PHYSICIAN OFFICES	2,297					192.0 3
192.0 4	IRB						192.0 4
194	LINDEN OAKS HOSPITAL	569,000					194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	434,557,316					202

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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	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	108	81,903	129,446	211,457	211,457		4
5	ADMINISTRATIVE & GENERAL	502,897	1,265,094	1,999,446	3,767,437	38,337	3,805,774	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	3,685	2,894,090	4,574,035	7,471,810	5,433	439,432	7
8	LAUNDRY & LINEN SERVICE		29,055	45,920	74,975	89	3,517	8
9	HOUSEKEEPING	120,708	57,241	90,467	268,416	2,653	52,757	9
10	DIETARY	1,766	85,932	135,813	223,511	1	19,097	10
11	CAFETERIA		219,041	346,188	565,229		26,272	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,956	28,217	44,597	75,770	3,406	43,496	13
14	CENTRAL SERVICES & SUPPLY	195,233	182,260	288,057	665,550	1,863	44,512	14
15	PHARMACY	2,292	101,131	159,835	263,258	4,465	63,814	15
16	MEDICAL RECORDS & LIBRARY	245,414	14,125	22,323	281,862	3,186	47,981	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS		37,571	59,379	96,950	563	7,438	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	122,811	2,001,307	3,163,011	5,287,129	34,831	480,426	30
31	INTENSIVE CARE UNIT	4,804	196,574	310,680	512,058	4,283	58,382	31
32	CORONARY CARE UNIT	121	473,993	749,134	1,223,248	5,517	79,718	32
35	NICU		257,923	407,640	665,563	5,229	68,772	35
43	NURSERY		111,432	176,115	287,547	1,960	26,603	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	405,472	665,101	1,051,174	2,121,747	7,813	130,093	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	454	152,526	241,063	394,043	1,907	28,081	50.02
51	RECOVERY ROOM	453	74,999	118,534	193,986	1,615	21,333	51
52	DELIVERY ROOM & LABOR ROOM	1	379,087	599,137	978,225	6,247	87,234	52
53	ANESTHESIOLOGY	1,908	10,633	16,805	29,346	407	28,342	53
54	RADIOLOGY-DIAGNOSTIC	151,130	189,970	300,243	641,343	3,189	42,837	54
54.01	ULTRASOUND	1,190	14,978	23,672	39,840	1,640	19,751	54.01
54.02	WOMENS IMAGING CTR		7,900	12,485	20,385	830	14,273	54.02
54.06	SPECIAL PROCEDURES	1,189	22,135	34,983	58,307	736	5,894	54.06
54.07	IMAGING CENTER	248,957			248,957	1,210	17,630	54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	1,121,809			1,121,809	4,806	225,937	55
56	RADIOISOTOPE	881	53,954	85,274	140,109	714	15,945	56
57	CT SCAN	1,189	64,256	101,554	166,999	1,965	29,118	57
58	MRI	985	50,795	80,279	132,059	942	15,428	58
59	CARDIAC CATHETERIZATION	18,339	127,326	201,236	346,901	3,151	14,719	59
60	LABORATORY	60,038	122,997	194,394	377,429	5,200	123,426	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	108	10,807	17,080	27,995	471	29,707	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	54,526	43,543	68,818	166,887	3,322	38,747	65
66	PHYSICAL THERAPY	174,088	3,081	4,869	182,038	4,028	48,133	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	1,742			1,742	752	8,248	68
69	ELECTROCARDIOLOGY		353,919	559,359	913,278	3,605	47,432	69
69.01	CARDIOLOGY OUTREACH					408	7,661	69.01
69.03	EMG/NCV					51	634	69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY	753			753	982	15,100	69.06
70	ELECTROENCEPHALOGRAPHY	154,212			154,212	1,239	59,498	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					25	204,194	71
72	IMPL. DEV. CHARGED TO PATIENTS						438,292	72
73	DRUGS CHARGED TO PATIENTS						121,305	73
75	ASC (NON-DISTINCT PART)	975	222,138	351,082	574,195	3,806	48,129	75
76.97	CARDIAC REHABILITATION	3,049	46,608	73,662	123,319	1,044	12,924	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



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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	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
90	CLINIC	84,286	21,519	34,010	139,815	1,510	17,575	90
90.01	URODYNAMICS	23,851			23,851	240	3,465	90.01
90.02	PLAINFIELD CLINIC	2,501,098			2,501,098	7,977	188,262	90.02
90.03	OSWEGO CLINIC	329,544			329,544	1,913	12,133	90.03
90.04	BOLINGBROOK CLINIC	139,275			139,275	2,753	27,149	90.04
91	EMERGENCY	13,867	494,343	781,295	1,289,505	20,622	136,156	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,698,164	11,169,504	17,653,094	35,520,762	208,936	3,747,002	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,569	27,767	45,336	120	5,760	190
192	PHYSICIANS' PRIVATE OFFICES		60,748	96,011	156,759	2,401	53,012	192
192.0	PHYSICIANS CLINICS							192.0
1								1
192.0	PHYSICIAN OFFICES							192.0
3								3
192.0	IRB							192.0
4								4
194	LINDEN OAKS HOSPITAL							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	6,698,164	11,247,821	17,776,872	35,722,857	211,457	3,805,774	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,916,675						7
8	LAUNDRY & LINEN SERVICE	32,828	111,409					8
9	HOUSEKEEPING	64,674	124	388,624				9
10	DIETARY	97,092		4,466	344,167			10
11	CAFETERIA	247,487		11,551		850,539		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	31,882		1,329		29,347	185,230	13
14	CENTRAL SERVICES & SUPPLY	205,930	194	9,528		21,242		14
15	PHARMACY	114,265		5,085		22,538		15
16	MEDICAL RECORDS & LIBRARY	15,959		1,885		28,242		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	42,450	2,801	1,951		2,716	879	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,261,211	43,379	114,187	296,448	215,176	69,645	30
31	INTENSIVE CARE UNIT	222,103	3,787	10,267	20,723	21,438	6,938	31
32	CORONARY CARE UNIT	535,550	4,176	24,614	26,996	26,997	8,737	32
35	NICU	291,418	3,069	4,595		25,374	8,212	35
43	NURSERY	125,903		5,787		8	2	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	751,476	7,140	37,387		46,714	15,119	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	172,334	1,793	7,921		11,129	3,602	50.02
51	RECOVERY ROOM	84,739	2,440			8,614	2,788	51
52	DELIVERY ROOM & LABOR ROOM	428,318	7,398	18,130		34,962	11,315	52
53	ANESTHESIOLOGY	12,014		552		3,874	1,254	53
54	RADIOLOGY-DIAGNOSTIC	214,641	2,183	10,347		20,415	6,607	54
54.01	ULTRASOUND	16,923	1,668	1,436		8,288	2,682	54.01
54.02	WOMENS IMAGING CTR	8,926	245	410		4,839	1,566	54.02
54.06	SPECIAL PROCEDURES	25,009	316	1,174		3,477		54.06
54.07	IMAGING CENTER		1,274			6,007		54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC		887			26,640		55
56	RADIOISOTOPE	60,961	1,623	2,802		3,294		56
57	CT SCAN	72,600	1,645	1,602		12,282	3,975	57
58	MRI	57,391	1,458	2,250		6,555	2,121	58
59	CARDIAC CATHETERIZATION	143,862	238	6,613		13,976		59
60	LABORATORY	138,970	24	6,748		37,548	12,152	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,210		561		2,807	908	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	49,198		1,986		24,252		65
66	PHYSICAL THERAPY	3,481	1,074	296		23,337		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY					3,987		68
69	ELECTROCARDIOLOGY	399,881		18,379		23,373		69
69.01	CARDIOLOGY OUTREACH		115					69.01
69.03	EMG/NCV					380		69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY		385			5,883		69.06
70	ELECTROENCEPHALOGRAPHY		395			8,180	2,648	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)	250,986	2,541	11,536		20,869		75
76.97	CARDIAC REHABILITATION	52,661	156	2,420		6,831		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	24,313	108	1,200		13,464	4,358	90



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
		7	8	9	10	11	13	
90.01	URODYNAMICS		54			1,359		90.01
90.02	PLAINFIELD CLINIC		4,981					90.02
90.03	OSWEGO CLINIC		262					90.03
90.04	BOLINGBROOK CLINIC		39					90.04
91	EMERGENCY	558,542	7,800	23,714		60,938	19,722	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	7,828,188	105,772	352,709	344,167	837,352	185,230	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,850		1,008		776		190
192	PHYSICIANS' PRIVATE OFFICES	68,637	170	3,155		12,411		192
192.0 1	PHYSICIANS CLINICS							192.0 1
192.0 3	PHYSICIAN OFFICES							192.0 3
192.0 4	IRB							192.0 4
194	LINDEN OAKS HOSPITAL		5,467	31,752				194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	7,916,675	111,409	388,624	344,167	850,539	185,230	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		14	15	16	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	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY	948,819					14
15	PHARMACY		473,425				15
16	MEDICAL RECORDS & LIBRARY			379,115			16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-EMS	1,227	512		157,487		23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	30,910	43	23,045		8,856,430	30
31	INTENSIVE CARE UNIT	4,379		2,783		867,141	31
32	CORONARY CARE UNIT	6,880		4,281		1,946,714	32
35	NICU	4,061	32	3,967		1,080,292	35
43	NURSERY			772		448,582	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		62	19,347		3,136,898	50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY		6	6,875		627,691	50.02
51	RECOVERY ROOM	1,067		4,569		321,151	51
52	DELIVERY ROOM & LABOR ROOM	8,302	42	3,860		1,584,033	52
53	ANESTHESIOLOGY	18,500	6,799	7,551		108,639	53
54	RADIOLOGY-DIAGNOSTIC	1,480	73	10,835		953,950	54
54.01	ULTRASOUND	1,474	2	6,863		100,567	54.01
54.02	WOMENS IMAGING CTR	5,278	36	2,001		58,789	54.02
54.06	SPECIAL PROCEDURES		150	2,017		97,080	54.06
54.07	IMAGING CENTER	1,240		6,423		282,741	54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	2,876	197,651	20,596		1,601,202	55
56	RADIOISOTOPE	296	7,389	2,709		235,842	56
57	CT SCAN	5,597	2	24,786		320,571	57
58	MRI	3,752	7	6,998		228,961	58
59	CARDIAC CATHETERIZATION	38		15,425		544,923	59
60	LABORATORY	40,124	2	42,911		784,534	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,572	319	2,716		105,266	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		68	8,273		292,733	65
66	PHYSICAL THERAPY	901		5,519		268,807	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	69		1,063		15,861	68
69	ELECTROCARDIOLOGY	8,070	72	13,847		1,427,937	69
69.01	CARDIOLOGY OUTREACH	1,204		1,570		10,958	69.01
69.03	EMG/NCV	99		138		1,302	69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	4,157	46	2,258		29,564	69.06
70	ELECTROENCEPHALOGRAPHY	2		3,701		229,875	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	239,637		10,248		454,104	71
72	IMPL. DEV. CHARGED TO PATIENTS	502,157		18,532		958,981	72
73	DRUGS CHARGED TO PATIENTS		160,382	17,761		299,448	73
75	ASC (NON-DISTINCT PART)	8		2,144		914,214	75
76.97	CARDIAC REHABILITATION	221		1,372		200,948	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,768		745		204,856	90



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	23	24	25	
90.01	URODYNAMICS	365	37	240		29,611		90.01
90.02	PLAINFIELD CLINIC	10,617	97,215	35,126		2,845,276		90.02
90.03	OSWEGO CLINIC	876	26	2,249		347,003		90.03
90.04	BOLINGBROOK CLINIC	1,061	215	1,514		172,006		90.04
91	EMERGENCY	12,227	544	31,485		2,161,255		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	948,492	471,732	379,115		35,156,736		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					72,850		190
192	PHYSICIANS' PRIVATE OFFICES		1,693			298,238		192
192.0 1	PHYSICIANS CLINICS							192.0 1
192.0 3	PHYSICIAN OFFICES	327				327		192.0 3
192.0 4	IRB							192.0 4
194	LINDEN OAKS HOSPITAL					37,219		194
200	CROSS FOOT ADJUSTMENTS				157,487	157,487		200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	948,819	473,425	379,115	157,487	35,722,857		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	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-EMS					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	8,856,430				30
31	INTENSIVE CARE UNIT	867,141				31
32	CORONARY CARE UNIT	1,946,714				32
35	NICU	1,080,292				35
43	NURSERY	448,582				43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	3,136,898				50
50.01	SAME DAY SURGERY					50.01
50.02	GASTROENTEROLOGY	627,691				50.02
51	RECOVERY ROOM	321,151				51
52	DELIVERY ROOM & LABOR ROOM	1,584,033				52
53	ANESTHESIOLOGY	108,639				53
54	RADIOLOGY-DIAGNOSTIC	953,950				54
54.01	ULTRASOUND	100,567				54.01
54.02	WOMENS IMAGING CTR	58,789				54.02
54.06	SPECIAL PROCEDURES	97,080				54.06
54.07	IMAGING CENTER	282,741				54.07
54.08	P.E.T					54.08
55	RADIOLOGY-THERAPEUTIC	1,601,202				55
56	RADIOISOTOPE	235,842				56
57	CT SCAN	320,571				57
58	MRI	228,961				58
59	CARDIAC CATHETERIZATION	544,923				59
60	LABORATORY	784,534				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	105,266				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	292,733				65
66	PHYSICAL THERAPY	268,807				66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	15,861				68
69	ELECTROCARDIOLOGY	1,427,937				69
69.01	CARDIOLOGY OUTREACH	10,958				69.01
69.03	EMG/NCV	1,302				69.03
69.04	CARDIAC REHAB					69.04
69.05	CARDIAC CATH LAB					69.05
69.06	WOUND OSTOMY	29,564				69.06
70	ELECTROENCEPHALOGRAPHY	229,875				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	454,104				71
72	IMPL. DEV. CHARGED TO PATIENTS	958,981				72
73	DRUGS CHARGED TO PATIENTS	299,448				73
75	ASC (NON-DISTINCT PART)	914,214				75
76.97	CARDIAC REHABILITATION	200,948				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	204,856				90



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.01	URODYNAMICS	29,611					90.01
90.02	PLAINFIELD CLINIC	2,845,276					90.02
90.03	OSWEGO CLINIC	347,003					90.03
90.04	BOLINGBROOK CLINIC	172,006					90.04
91	EMERGENCY	2,161,255					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	35,156,736					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,850					190
192	PHYSICIANS' PRIVATE OFFICES	298,238					192
192.0	PHYSICIANS CLINICS						192.0
1							1
192.0	PHYSICIAN OFFICES	327					192.0
3							3
192.0	IRB						192.0
4							4
194	LINDEN OAKS HOSPITAL	37,219					194
200	CROSS FOOT ADJUSTMENTS	157,487					200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	35,722,857					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 SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	711,921						1
2	CAP REL COSTS-MVBLE EQUIP		711,921					2
4	EMPLOYEE BENEFITS DEPARTMENT	5,184	5,184	185,523,040				4
5	ADMINISTRATIVE & GENERAL	80,073	80,073	33,664,371	-83,932,586	350,624,730		5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	183,179	183,179	4,765,878		40,485,727	443,485	7
8	LAUNDRY & LINEN SERVICE	1,839	1,839	77,680		324,000	1,839	8
9	HOUSEKEEPING	3,623	3,623	2,327,360		4,860,604	3,623	9
10	DIETARY	5,439	5,439	593		1,759,480	5,439	10
11	CAFETERIA	13,864	13,864			2,420,460	13,864	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,786	1,786	2,987,381		4,007,411	1,786	13
14	CENTRAL SERVICES & SUPPLY	11,536	11,536	1,634,302		4,100,967	11,536	14
15	PHARMACY	6,401	6,401	3,916,555		5,879,286	6,401	15
16	MEDICAL RECORDS & LIBRARY	894	894	2,794,698		4,420,560	894	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	2,378	2,378	493,755		685,255	2,378	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	126,671	126,671	30,553,492		44,253,956	126,671	30
31	INTENSIVE CARE UNIT	12,442	12,442	3,756,638		5,378,850	12,442	31
32	CORONARY CARE UNIT	30,001	30,001	4,839,664		7,344,576	30,001	32
35	NICU	16,325	16,325	4,587,131		6,336,140	16,325	35
43	NURSERY	7,053	7,053	1,719,370		2,451,000	7,053	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	42,097	42,097	6,853,191		11,985,681	42,097	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	9,654	9,654	1,672,954		2,587,119	9,654	50.02
51	RECOVERY ROOM	4,747	4,747	1,416,935		1,965,461	4,747	51
52	DELIVERY ROOM & LABOR ROOM	23,994	23,994	5,479,667		8,037,076	23,994	52
53	ANESTHESIOLOGY	673	673	357,447		2,611,214	673	53
54	RADIOLOGY-DIAGNOSTIC	12,024	12,024	2,797,034		3,946,695	12,024	54
54.01	ULTRASOUND	948	948	1,438,183		1,819,701	948	54.01
54.02	WOMENS IMAGING CTR	500	500	728,001		1,314,981	500	54.02
54.06	SPECIAL PROCEDURES	1,401	1,401	645,701		543,061	1,401	54.06
54.07	IMAGING CENTER			1,061,403		1,624,256		54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC			4,216,019		20,816,023		55
56	RADIOISOTOPE	3,415	3,415	626,218		1,469,023	3,415	56
57	CT SCAN	4,067	4,067	1,723,313		2,682,684	4,067	57
58	MRI	3,215	3,215	826,371		1,421,419	3,215	58
59	CARDIAC CATHETERIZATION	8,059	8,059	2,764,181		1,356,100	8,059	59
60	LABORATORY	7,785	7,785	4,561,154		11,371,517	7,785	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	684	684	413,566		2,736,948	684	62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,756	2,756	2,913,967		3,569,871	2,756	65
66	PHYSICAL THERAPY	195	195	3,533,017		4,434,561	195	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY			659,617		759,891		68
69	ELECTROCARDIOLOGY	22,401	22,401	3,162,525		4,369,982	22,401	69
69.01	CARDIOLOGY OUTREACH			357,717		705,859		69.01
69.03	EMG/NCV			44,802		58,376		69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY			861,690		1,391,237		69.06
70	ELECTROENCEPHALOGRAPHY			1,086,863		5,481,644		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			22,261		18,812,813		71
72	IMPL. DEV. CHARGED TO PATIENTS					40,380,652		72
73	DRUGS CHARGED TO PATIENTS					11,176,098		73
75	ASC (NON-DISTINCT PART)	14,060	14,060	3,338,617		4,434,207	14,060	75
76.97	CARDIAC REHABILITATION	2,950	2,950	915,707		1,190,697	2,950	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



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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 SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,362	1,362	1,324,227		1,619,248	1,362	90
90.01	URODYNAMICS			210,371		319,231		90.01
90.02	PLAINFIELD CLINIC			6,997,396		17,344,959		90.02
90.03	OSWEGO CLINIC			1,678,048		1,117,818		90.03
90.04	BOLINGBROOK CLINIC			2,415,090		2,501,307		90.04
91	EMERGENCY	31,289	31,289	18,089,556		12,544,312	31,289	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	706,964	706,964	183,311,677	-83,932,586	345,209,994	438,528	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,112	1,112	105,368		530,651	1,112	190
192	PHYSICIANS' PRIVATE OFFICES	3,845	3,845	2,105,995		4,884,085	3,845	192
192.0 1	PHYSICIANS CLINICS							192.0 1
192.0 3	PHYSICIAN OFFICES							192.0 3
192.0 4	IRB							192.0 4
194	LINDEN OAKS HOSPITAL							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	11,247,821	17,776,872	23,837,592		83,932,586	50,177,200	202
203	UNIT COST MULT-WS B PT I	15,799,254	24,970,287	0,128,489		0,239,380	113,142,947	203
204	COST TO BE ALLOC PER B PT II			211,457		3,805,774	7,916,675	204
205	UNIT COST MULT-WS B PT II			0,001,140		0,010,854	17,851,055	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERVED)	NURSING ADMINISTRATION (FTE'S) NRSNG HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,493,655						8
9	HOUSEKEEPING	1,660	473,659					9
10	DIETARY		5,443	244,587				10
11	CAFETERIA		14,079		3,786,642			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,620		130,654	2,547,994		13
14	CENTRAL SERVICES & SUPPLY	2,606	11,613		94,570		74,384,538	14
15	PHARMACY		6,198		100,341			15
16	MEDICAL RECORDS & LIBRARY		2,298		125,735			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	37,552	2,378		12,092	12,092	96,229	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	581,587	139,168	210,675	957,984	957,984	2,423,210	30
31	INTENSIVE CARE UNIT	50,773	12,514	14,727	95,445	95,445	343,305	31
32	CORONARY CARE UNIT	55,993	30,000	19,185	120,192	120,192	539,386	32
35	NICU	41,148	5,601		112,967	112,967	318,364	35
43	NURSERY		7,053		34	34		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	95,720	45,568		207,971	207,971		50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	24,035	9,654		49,545	49,545		50.02
51	RECOVERY ROOM	32,707			38,351	38,351	83,685	51
52	DELIVERY ROOM & LABOR ROOM	99,189	22,097		155,653	155,653	650,853	52
53	ANESTHESIOLOGY		673		17,245	17,245	1,450,269	53
54	RADIOLOGY-DIAGNOSTIC	29,263	12,611		90,890	90,890	116,017	54
54.01	ULTRASOUND	22,367	1,750		36,900	36,900	115,543	54.01
54.02	WOMENS IMAGING CTR	3,282	500		21,543	21,543	413,732	54.02
54.06	SPECIAL PROCEDURES	4,235	1,431		15,481			54.06
54.07	IMAGING CENTER	17,078			26,745		97,227	54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	11,888			118,603		225,468	55
56	RADIOISOTOPE	21,762	3,415		14,663		23,174	56
57	CT SCAN	22,060	1,953		54,680	54,680	438,739	57
58	MRI	19,545	2,742		29,182	29,182	294,150	58
59	CARDIAC CATHETERIZATION	3,192	8,060		62,222		2,950	59
60	LABORATORY	322	8,224		167,166	167,166	3,145,522	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		684		12,496	12,496	2,161,508	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		2,421		107,969			65
66	PHYSICAL THERAPY	14,396	361		103,897		70,620	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY				17,750		5,396	68
69	ELECTROCARDIOLOGY		22,400		104,056		632,661	69
69.01	CARDIOLOGY OUTREACH	1,544					94,369	69.01
69.03	EMG/NCV				1,692		7,743	69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY	5,162			26,193		325,915	69.06
70	ELECTROENCEPHALOGRAPHY	5,296			36,419	36,419	138	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						18,786,251	71
72	IMPL. DEV. CHARGED TO PATIENTS						39,368,619	72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)	34,070	14,060		92,910		660	75
76.97	CARDIAC REHABILITATION	2,093	2,950		30,410		17,345	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	NURSING ADMINI- STRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		8	9	10	11	13	14	
90	CLINIC	1,443	1,463		59,942	59,942	138,611	90
90.01	URODYNAMICS	719			6,050		28,623	90.01
90.02	PLAINFIELD CLINIC	66,784					832,294	90.02
90.03	OSWEGO CLINIC	3,518					68,660	90.03
90.04	BOLINGBROOK CLINIC	526					83,144	90.04
91	EMERGENCY	104,570	28,903		271,297	271,297	958,521	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,418,085	429,885	244,587	3,727,935	2,547,994	74,358,904	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,229		3,454			190
192	PHYSICIANS' PRIVATE OFFICES	2,280	3,845		55,253			192
192.0 1	PHYSICIANS CLINICS							192.0 1
192.0 3	PHYSICIAN OFFICES						25,634	192.0 3
192.0 4	IRB							192.0 4
194	LINDEN OAKS HOSPITAL	73,290	38,700					194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	609,629	6,434,730	2,869,992	4,759,749	5,355,016	6,665,574	202
203	UNIT COST MULT-WS B PT I	0.408146	13.585153	11.734033	1.256984	2.101660	0.089610	203
204	COST TO BE ALLOC PER B PT II	111,409	388,624	344,167	850,539	185,230	948,819	204
205	UNIT COST MULT-WS B PT II	0.074588	0.820472	1.407135	0.224616	0.072696	0.012756	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION EMS ASSIGNED TIME				
	15	16	23				

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	32,695,643					15
16	MEDICAL RECORDS & LIBRARY		2,163,919,157				16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-EMS	35,384		1,101			23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,942	131,685,064	72			30
31	INTENSIVE CARE UNIT	23	15,900,056	16			31
32	CORONARY CARE UNIT	29	24,464,729				32
35	NICU	2,213	22,665,735				35
43	NURSERY		4,412,987				43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,254	110,552,281	16			50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	381	39,284,012				50.02
51	RECOVERY ROOM		26,110,497				51
52	DELIVERY ROOM & LABOR ROOM	2,933	22,058,105				52
53	ANESTHESIOLOGY	469,575	43,150,464				53
54	RADIOLOGY-DIAGNOSTIC	5,049	61,912,070				54
54.01	ULTRASOUND	142	39,215,489				54.01
54.02	WOMENS IMAGING CTR	2,478	11,432,970				54.02
54.06	SPECIAL PROCEDURES	10,346	11,524,129				54.06
54.07	IMAGING CENTER		36,702,912				54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	13,650,509	117,694,127				55
56	RADIOISOTOPE	510,310	15,480,365				56
57	CT SCAN	167	141,634,301				57
58	MRI	450	39,990,935				58
59	CARDIAC CATHETERIZATION		88,140,236				59
60	LABORATORY	122	242,756,424	42			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,000	15,520,636				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,687	47,276,097	8			65
66	PHYSICAL THERAPY		31,536,155				66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY		6,077,057				68
69	ELECTROCARDIOLOGY	4,962	79,123,237				69
69.01	CARDIOLOGY OUTREACH		8,973,570				69.01
69.03	EMG/NCV		787,865				69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	3,148	12,905,365				69.06
70	ELECTROENCEPHALOGRAPHY		21,146,625				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		58,558,734				71
72	IMPL. DEV. CHARGED TO PATIENTS		105,898,479				72
73	DRUGS CHARGED TO PATIENTS	11,076,098	101,489,040				73
75	ASC (NON-DISTINCT PART)	3	12,251,270	12			75
76.97	CARDIAC REHABILITATION	3	7,840,694				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION EMS ASSIGNED TIME			
76.99	LITHOTRIPSY	15	16	23			76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		4,256,517				90
90.01	URODYNAMICS	2,542	1,372,498				90.01
90.02	PLAINFIELD CLINIC	6,713,743	200,720,828				90.02
90.03	OSWEGO CLINIC	1,820	12,851,037				90.03
90.04	BOLINGBROOK CLINIC	14,847	8,652,023				90.04
91	EMERGENCY	37,589	179,913,542	923			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	32,578,749	2,163,919,157	1,089			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES	116,894					192
192.0 1	PHYSICIANS CLINICS						192.0 1
192.0 3	PHYSICIAN OFFICES						192.0 3
192.0 4	IRB						192.0 4
194	LINDEN OAKS HOSPITAL			12			194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,221,225	5,769,170	1,224,109			202
203	UNIT COST MULT-WS B PT I	0.251447	0.002666	1,111.815622			203
204	COST TO BE ALLOC PER B PT II	473,425	379,115	157,487			204
205	UNIT COST MULT-WS B PT II	0.014480	0.000175	143.039964			205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST	THERAPY	TOTAL	COSTS		
		(from Wkst.	LIMIT	COSTS	RCE	TOTAL	
		B, Part I, col. 26)	ADJ.		DISALLOW- ANCE	COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	77,646,032		77,646,032	21,396	77,667,428	30
31	INTENSIVE CARE UNIT	8,849,214		8,849,214		8,849,214	31
32	CORONARY CARE UNIT	13,669,894		13,669,894		13,669,894	32
35	NICU	10,261,756		10,261,756		10,261,756	35
43	NURSERY	3,943,412		3,943,412		3,943,412	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	21,287,999		21,287,999		21,287,999	50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	4,710,898		4,710,898		4,710,898	50.02
51	RECOVERY ROOM	3,192,310		3,192,310		3,192,310	51
52	DELIVERY ROOM & LABOR ROOM	13,657,068		13,657,068		13,657,068	52
53	ANESTHESIOLOGY	3,742,565		3,742,565		3,742,565	53
54	RADIOLOGY-DIAGNOSTIC	6,917,143		6,917,143		6,917,143	54
54.01	ULTRASOUND	2,634,336		2,634,336		2,634,336	54.01
54.02	WOMENS IMAGING CTR	1,834,998		1,834,998		1,834,998	54.02
54.06	SPECIAL PROCEDURES	905,523		905,523		905,523	54.06
54.07	IMAGING CENTER	2,160,221		2,160,221		2,160,221	54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	29,719,254		29,719,254		29,719,254	55
56	RADIOISOTOPE	2,452,431		2,452,431		2,452,431	56
57	CT SCAN	4,421,158		4,421,158		4,421,158	57
58	MRI	2,401,760		2,401,760		2,401,760	58
59	CARDIAC CATHETERIZATION	3,016,799		3,016,799		3,016,799	59
60	LABORATORY	16,623,701		16,623,701		16,623,701	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,761,373		3,761,373		3,761,373	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	5,040,966		5,040,966	5,619	5,046,585	65
66	PHYSICAL THERAPY	5,749,949		5,749,949		5,749,949	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	980,790		980,790		980,790	68
69	ELECTROCARDIOLOGY	8,654,571		8,654,571		8,654,571	69
69.01	CARDIOLOGY OUTREACH	907,838		907,838		907,838	69.01
69.03	EMG/NCV	77,271		77,271		77,271	69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	1,823,705		1,823,705	7,129	1,830,834	69.06
70	ELECTROENCEPHALOGRAPHY	6,974,709		6,974,709		6,974,709	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,155,778		25,155,778		25,155,778	71
72	IMPL. DEV. CHARGED TO PATIENTS	53,857,093		53,857,093		53,857,093	72
73	DRUGS CHARGED TO PATIENTS	16,907,054		16,907,054		16,907,054	73
75	ASC (NON-DISTINCT PART)	7,454,220		7,454,220		7,454,220	75
76.97	CARDIAC REHABILITATION	1,911,111		1,911,111		1,911,111	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	2,406,522		2,406,522		2,406,522	90
90.01	URODYNAMICS	410,410		410,410	3,134	413,544	90.01
90.02	PLAINFIELD CLINIC	23,822,108		23,822,108		23,822,108	90.02
90.03	OSWEGO CLINIC	1,427,709		1,427,709		1,427,709	90.03
90.04	BOLINGBROOK CLINIC	3,134,535		3,134,535		3,134,535	90.04
91	EMERGENCY	22,035,021		22,035,021	200,417	22,235,438	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,984,143		6,984,143		6,984,143	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	433,525,348		433,525,348	237,695	433,763,043	200
201	LESS OBSERVATION BEDS	6,984,143		6,984,143		6,984,143	201
202	TOTAL (SEE INSTRUCTIONS)	426,541,205		426,541,205		426,778,900	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	124,431,397		124,431,397				30
31	INTENSIVE CARE UNIT	15,900,056		15,900,056				31
32	CORONARY CARE UNIT	24,464,729		24,464,729				32
35	NICU	22,665,735		22,665,735				35
43	NURSERY	4,412,987		4,412,987				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	59,159,491	51,392,790	110,552,281	0.192560	0.192560	0.192560	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	7,441,293	31,842,719	39,284,012	0.119919	0.119919	0.119919	50.02
51	RECOVERY ROOM	10,328,389	15,782,108	26,110,497	0.122262	0.122262	0.122262	51
52	DELIVERY ROOM & LABOR ROOM	18,944,341	3,113,764	22,058,105	0.619141	0.619141	0.619141	52
53	ANESTHESIOLOGY	17,757,324	25,393,140	43,150,464	0.086733	0.086733	0.086733	53
54	RADIOLOGY-DIAGNOSTIC	20,704,949	41,207,121	61,912,070	0.111725	0.111725	0.111725	54
54.01	ULTRASOUND	11,286,140	27,929,349	39,215,489	0.067176	0.067176	0.067176	54.01
54.02	WOMENS IMAGING CTR	42,221	11,390,749	11,432,970	0.160501	0.160501	0.160501	54.02
54.06	SPECIAL PROCEDURES	7,020,070	4,504,059	11,524,129	0.078576	0.078576	0.078576	54.06
54.07	IMAGING CENTER	95,118	36,607,794	36,702,912	0.058857	0.058857	0.058857	54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	1,789,261	115,904,866	117,694,127	0.252513	0.252513	0.252513	55
56	RADIOISOTOPE	2,170,325	13,310,040	15,480,365	0.158422	0.158422	0.158422	56
57	CT SCAN	47,950,159	93,684,142	141,634,301	0.031215	0.031215	0.031215	57
58	MRI	15,929,970	24,060,965	39,990,935	0.060058	0.060058	0.060058	58
59	CARDIAC CATHETERIZATION	41,059,880	47,080,356	88,140,236	0.034227	0.034227	0.034227	59
60	LABORATORY	89,901,433	152,854,991	242,756,424	0.068479	0.068479	0.068479	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,139,865	3,380,771	15,520,636	0.242347	0.242347	0.242347	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	42,888,279	4,387,818	47,276,097	0.106628	0.106628	0.106628	65
66	PHYSICAL THERAPY	14,823,059	16,713,096	31,536,155	0.182329	0.182329	0.182329	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	2,888,260	3,188,797	6,077,057	0.161392	0.161392	0.161392	68
69	ELECTROCARDIOLOGY	21,324,770	57,798,467	79,123,237	0.109381	0.109381	0.109381	69
69.01	CARDIOLOGY OUTREACH	9,096	8,964,474	8,973,570	0.101168	0.101168	0.101168	69.01
69.03	EMG/NCV	4,743	783,122	787,865	0.098076	0.098076	0.098076	69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY	599,418	12,305,947	12,905,365	0.141314	0.141314	0.141866	69.06
70	ELECTROENCEPHALOGRAPHY	8,196,481	12,950,144	21,146,625	0.329826	0.329826	0.329826	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,942,494	23,616,240	58,558,734	0.429582	0.429582	0.429582	71
72	IMPL. DEV. CHARGED TO PATIENTS	68,126,737	37,771,742	105,898,479	0.508573	0.508573	0.508573	72
73	DRUGS CHARGED TO PATIENTS	81,428,829	20,060,211	101,489,040	0.166590	0.166590	0.166590	73
75	ASC (NON-DISTINCT PART)	2,521,419	9,729,851	12,251,270	0.608445	0.608445	0.608445	75
76.97	CARDIAC REHABILITATION	262,652	7,578,042	7,840,694	0.243743	0.243743	0.243743	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	27,939	4,228,578	4,256,517	0.565374	0.565374	0.565374	90
90.01	URODYNAMICS		1,372,498	1,372,498	0.299024	0.299024	0.301308	90.01
90.02	PLAINFIELD CLINIC	10,133,227	190,587,601	200,720,828	0.118683	0.118683	0.118683	90.02
90.03	OSWEGO CLINIC	9,102	12,841,935	12,851,037	0.111097	0.111097	0.111097	90.03
90.04	BOLINGBROOK CLINIC	53,843	8,598,180	8,652,023	0.362289	0.362289	0.362289	90.04
91	EMERGENCY	54,550,163	125,363,379	179,913,542	0.122476	0.122476	0.123590	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	854,840	6,398,827	7,253,667	0.962843	0.962843	0.962843	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	899,240,484	1,264,678,673	2,163,919,157				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	899,240,484	1,264,678,673	2,163,919,157				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)	8,856,430		8,856,430	65,711	134.78	29,020	3,911,316	30
31	INTENSIVE CARE UNIT	867,141		867,141	4,162	208.35	2,344	488,372	31
32	CORONARY CARE UNIT	1,946,714		1,946,714	5,357	363.40	2,913	1,058,584	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NICU	1,080,292		1,080,292	5,864	184.22			35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	448,582		448,582	6,620	67.76			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	13,199,159		13,199,159	87,714		34,277	5,458,272	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0231

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	3,136,898	110,552,281	0.028375	22,154,906	628,645	50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	627,691	39,284,012	0.015978	3,768,223	60,209	50.02
51	RECOVERY ROOM	321,151	26,110,497	0.012300	3,642,117	44,798	51
52	DELIVERY ROOM & LABOR ROOM	1,584,033	22,058,105	0.071812	20,115	1,444	52
53	ANESTHESIOLOGY	108,639	43,150,464	0.002518	5,937,961	14,952	53
54	RADIOLOGY-DIAGNOSTIC	953,950	61,912,070	0.015408	10,465,512	161,253	54
54.01	ULTRASOUND	100,567	39,215,489	0.002564	5,102,151	13,082	54.01
54.02	WOMENS IMAGING CTR	58,789	11,432,970	0.005142	15,879	82	54.02
54.06	SPECIAL PROCEDURES	97,080	11,524,129	0.008424	3,621,919	30,511	54.06
54.07	IMAGING CENTER	282,741	36,702,912	0.007704	54,888	423	54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	1,601,202	117,694,127	0.013605	855,143	11,634	55
56	RADIOISOTOPE	235,842	15,480,365	0.015235	912,546	13,903	56
57	CT SCAN	320,571	141,634,301	0.002263	22,380,748	50,648	57
58	MRI	228,961	39,990,935	0.005725	6,393,985	36,606	58
59	CARDIAC CATHETERIZATION	544,923	88,140,236	0.006182	19,021,233	117,589	59
60	LABORATORY	784,534	242,756,424	0.003232	40,707,188	131,566	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	105,266	15,520,636	0.006782	5,587,287	37,893	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	292,733	47,276,097	0.006192	21,724,155	134,516	65
66	PHYSICAL THERAPY	268,807	31,536,155	0.008524	8,324,328	70,957	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	15,861	6,077,057	0.002610	1,661,787	4,337	68
69	ELECTROCARDIOLOGY	1,427,937	79,123,237	0.018047	10,305,348	185,981	69
69.01	CARDIOLOGY OUTREACH	10,958	8,973,570	0.001221	1,807	2	69.01
69.03	EMG/NCV	1,302	787,865	0.001653			69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	29,564	12,905,365	0.002291	553,945	1,269	69.06
70	ELECTROENCEPHALOGRAPHY	229,875	21,146,625	0.010871	2,305,191	25,060	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	454,104	58,558,734	0.007755	15,275,195	118,459	71
72	IMPL. DEV. CHARGED TO PATIENTS	958,981	105,898,479	0.009056	31,184,855	282,410	72
73	DRUGS CHARGED TO PATIENTS	299,448	101,489,040	0.002951	35,425,457	104,541	73
75	ASC (NON-DISTINCT PART)	914,214	12,251,270	0.074622	1,180,084	88,060	75
76.97	CARDIAC REHABILITATION	200,948	7,840,694	0.025629	144,235	3,697	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	204,856	4,256,517	0.048128	22,830	1,099	90
90.01	URODYNAMICS	29,611	1,372,498	0.021575			90.01
90.02	PLAINFIELD CLINIC	2,845,276	200,720,828	0.014175	2,920,373	41,396	90.02
90.03	OSWEGO CLINIC	347,003	12,851,037	0.027002	4,360	118	90.03
90.04	BOLINGBROOK CLINIC	172,006	8,652,023	0.019880	20,786	413	90.04
91	EMERGENCY	2,161,255	179,913,542	0.012013	26,575,883	319,256	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	796,402	7,253,667	0.109793	573,295	62,944	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	22,753,979	1,972,044,253		308,845,715	2,799,753	200

(A) Worksheet A line numbers



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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	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		80,051			80,051	30
31	INTENSIVE CARE UNIT		17,789			17,789	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NICU						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		97,840			97,840	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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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)	65,711	1.22	29,020	35,404	30
31	INTENSIVE CARE UNIT	4,162	4.27	2,344	10,009	31
32	CORONARY CARE UNIT	5,357		2,913		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NICU	5,864				35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	6,620				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	87,714		34,277	45,413	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0231

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	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	1	2	3	4	5	6	
50	OPERATING ROOM			17,789		17,789	17,789	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	WOMENS IMAGING CTR							54.02
54.06	SPECIAL PROCEDURES							54.06
54.07	IMAGING CENTER							54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY			46,696		46,696	46,696	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			8,895		8,895	8,895	65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.01	CARDIOLOGY OUTREACH							69.01
69.03	EMG/NCV							69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY							69.06
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)			13,342		13,342	13,342	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	URODYNAMICS							90.01
90.02	PLAINFIELD CLINIC							90.02
90.03	OSWEGO CLINIC							90.03
90.04	BOLINGBROOK CLINIC							90.04
91	EMERGENCY			1,026,205		1,026,205	1,026,205	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			7,201		7,201	7,201	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			1,120,128		1,120,128	1,120,128	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0231

**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	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	110,552,281	0.000161	0.000161	22,154,906	3,567	9,213,692	1,483	50
50.01	SAME DAY SURGERY								50.01
50.02	GASTROENTEROLOGY	39,284,012			3,768,223		8,475,311		50.02
51	RECOVERY ROOM	26,110,497			3,642,117		2,478,572		51
52	DELIVERY ROOM & LABOR ROOM	22,058,105			20,115		4,082		52
53	ANESTHESIOLOGY	43,150,464			5,937,961		3,416,975		53
54	RADIOLOGY-DIAGNOSTIC	61,912,070			10,465,512		7,998,734		54
54.01	ULTRASOUND	39,215,489			5,102,151		5,538,431		54.01
54.02	WOMENS IMAGING CTR	11,432,970			15,879		1,019,230		54.02
54.06	SPECIAL PROCEDURES	11,524,129			3,621,919		2,104,666		54.06
54.07	IMAGING CENTER	36,702,912			54,888		8,201,065		54.07
54.08	P.E.T								54.08
55	RADIOLOGY-THERAPEUTIC	117,694,127			855,143		38,823,737		55
56	RADIOISOTOPE	15,480,365			912,546		5,131,265		56
57	CT SCAN	141,634,301			22,380,748		27,395,561		57
58	MRI	39,990,935			6,393,985		5,792,997		58
59	CARDIAC CATHETERIZATION	88,140,236			19,021,233		23,123,649		59
60	LABORATORY	242,756,424	0.000192	0.000192	40,707,188	7.816	16,763,697	3,219	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,520,636			5,587,287		940,037		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	47,276,097	0.000188	0.000188	21,724,155	4.084	995,520	187	65
66	PHYSICAL THERAPY	31,536,155			8,324,328		1,380		66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	6,077,057			1,661,787				68
69	ELECTROCARDIOLOGY	79,123,237			10,305,348		20,379,332		69
69.01	CARDIOLOGY OUTREACH	8,973,570			1,807		3,309,121		69.01
69.03	EMG/NCV	787,865					160,689		69.03
69.04	CARDIAC REHAB								69.04
69.05	CARDIAC CATH LAB								69.05
69.06	WOUND OSTOMY	12,905,365			553,945		5,779,451		69.06
70	ELECTROENCEPHALOGRAPHY	21,146,625			2,305,191		2,480,809		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,558,734			15,275,195		6,157,173		71
72	IMPL. DEV. CHARGED TO PATIENTS	105,898,479			31,184,855		17,155,161		72
73	DRUGS CHARGED TO PATIENTS	101,489,040			35,425,457		5,084,771		73
75	ASC (NON-DISTINCT PART)	12,251,270	0.001089	0.001089	1,180,084	1.285	1,882,423	2,050	75
76.97	CARDIAC REHABILITATION	7,840,694			144,235		3,129,121		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	4,256,517			22,830		554,886		90
90.01	URODYNAMICS	1,372,498					389,620		90.01
90.02	PLAINFIELD CLINIC	200,720,828			2,920,373		33,196,365		90.02
90.03	OSWEGO CLINIC	12,851,037			4,360		1,297,945		90.03
90.04	BOLINGBROOK CLINIC	8,652,023			20,786		442,977		90.04
91	EMERGENCY	179,913,542	0.005704	0.005704	26,575,883	151,589	21,921,847	125,042	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	7,253,667	0.000993	0.000993	573,295	569	1,446,523	1,436	92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,972,044,253			308,845,715	168,910	292,186,815	133,417	200

(A) Worksheet A line numbers



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0231

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	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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.192560	9,213,692			1,774,189		50	
50.01	SAME DAY SURGERY							50.01	
50.02	GASTROENTEROLOGY	0.119919	8,475,311			1,016,351		50.02	
51	RECOVERY ROOM	0.122262	2,478,572			303,035		51	
52	DELIVERY ROOM & LABOR ROOM	0.619141	4,082			2,527		52	
53	ANESTHESIOLOGY	0.086733	3,416,975			296,364		53	
54	RADIOLOGY-DIAGNOSTIC	0.111725	7,998,734			893,659		54	
54.01	ULTRASOUND	0.067176	5,538,431			372,050		54.01	
54.02	WOMENS IMAGING CTR	0.160501	1,019,230			163,587		54.02	
54.06	SPECIAL PROCEDURES	0.078576	2,104,666			165,376		54.06	
54.07	IMAGING CENTER	0.058857	8,201,065			482,690		54.07	
54.08	P.E.T							54.08	
55	RADIOLOGY-THERAPEUTIC	0.252513	38,823,737			9,803,498		55	
56	RADIOISOTOPE	0.158422	5,131,265			812,905		56	
57	CT SCAN	0.031215	27,395,561			855,152		57	
58	MRI	0.060058	5,792,997			347,916		58	
59	CARDIAC CATHETERIZATION	0.034227	23,123,649			791,453		59	
60	LABORATORY	0.068479	16,763,697	12,753		1,147,961	873	60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.242347	940,037			227,815		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.106628	995,520			106,150		65	
66	PHYSICAL THERAPY	0.182329	1,380			252		66	
67	OCCUPATIONAL THERAPY							67	
68	SPEECH PATHOLOGY	0.161392						68	
69	ELECTROCARDIOLOGY	0.109381	20,379,332			2,229,112		69	
69.01	CARDIOLOGY OUTREACH	0.101168	3,309,121			334,777		69.01	
69.03	EMG/NCV	0.098076	160,689			15,760		69.03	
69.04	CARDIAC REHAB							69.04	
69.05	CARDIAC CATH LAB							69.05	
69.06	WOUND OSTOMY	0.141314	5,779,451			816,717		69.06	
70	ELECTROENCEPHALOGRAPHY	0.329826	2,480,809			818,235		70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429582	6,157,173	69,339		2,645,011	29,787	71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.508573	17,155,161			8,724,652		72	
73	DRUGS CHARGED TO PATIENTS	0.166590	5,084,771		173,384	847,072		73	
75	ASC (NON-DISTINCT PART)	0.608445	1,882,423			1,145,351		75	
76.97	CARDIAC REHABILITATION	0.243743	3,129,121			762,701		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.565374	554,886			313,718		90	
90.01	URODYNAMICS	0.299024	389,620			116,506		90.01	
90.02	PLAINFIELD CLINIC	0.118683	33,196,365			3,939,844		90.02	
90.03	OSWEGO CLINIC	0.111097	1,297,945			144,198		90.03	
90.04	BOLINGBROOK CLINIC	0.362289	442,977			160,486		90.04	
91	EMERGENCY	0.122476	21,921,847			2,684,900		91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.962843	1,446,523			1,392,775		92	
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (see instructions)		292,186,815	82,092	173,384	46,654,745	30,660	28,884	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		292,186,815	82,092	173,384	46,654,745	30,660	28,884	202



COMPU-MAX

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0231

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/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.)
1	2	3	4	5	6	7		
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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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)	8,856,430		8,856,430	65,711	134.78	3,036	409,192	30
31	INTENSIVE CARE UNIT	867,141		867,141	4,162	208.35	213	44,379	31
32	CORONARY CARE UNIT	1,946,714		1,946,714	5,357	363.40	206	74,860	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NICU	1,080,292		1,080,292	5,864	184.22	612	112,743	35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	448,582		448,582	6,620	67.76	976	66,134	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	13,199,159		13,199,159	87,714		5,043	707,308	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0231

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	3,136,898	110,552,281	0.028375		50
50.01	SAME DAY SURGERY					50.01
50.02	GASTROENTEROLOGY	627,691	39,284,012	0.015978		50.02
51	RECOVERY ROOM	321,151	26,110,497	0.012300		51
52	DELIVERY ROOM & LABOR ROOM	1,584,033	22,058,105	0.071812		52
53	ANESTHESIOLOGY	108,639	43,150,464	0.002518		53
54	RADIOLOGY-DIAGNOSTIC	953,950	61,912,070	0.015408		54
54.01	ULTRASOUND	100,567	39,215,489	0.002564		54.01
54.02	WOMENS IMAGING CTR	58,789	11,432,970	0.005142		54.02
54.06	SPECIAL PROCEDURES	97,080	11,524,129	0.008424		54.06
54.07	IMAGING CENTER	282,741	36,702,912	0.007704		54.07
54.08	P.E.T					54.08
55	RADIOLOGY-THERAPEUTIC	1,601,202	117,694,127	0.013605		55
56	RADIOISOTOPE	235,842	15,480,365	0.015235		56
57	CT SCAN	320,571	141,634,301	0.002263		57
58	MRI	228,961	39,990,935	0.005725		58
59	CARDIAC CATHETERIZATION	544,923	88,140,236	0.006182		59
60	LABORATORY	784,534	242,756,424	0.003232		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	105,266	15,520,636	0.006782		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	292,733	47,276,097	0.006192		65
66	PHYSICAL THERAPY	268,807	31,536,155	0.008524		66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	15,861	6,077,057	0.002610		68
69	ELECTROCARDIOLOGY	1,427,937	79,123,237	0.018047		69
69.01	CARDIOLOGY OUTREACH	10,958	8,973,570	0.001221		69.01
69.03	EMG/NCV	1,302	787,865	0.001653		69.03
69.04	CARDIAC REHAB					69.04
69.05	CARDIAC CATH LAB					69.05
69.06	WOUND OSTOMY	29,564	12,905,365	0.002291		69.06
70	ELECTROENCEPHALOGRAPHY	229,875	21,146,625	0.010871		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	454,104	58,558,734	0.007755		71
72	IMPL. DEV. CHARGED TO PATIENTS	958,981	105,898,479	0.009056		72
73	DRUGS CHARGED TO PATIENTS	299,448	101,489,040	0.002951		73
75	ASC (NON-DISTINCT PART)	914,214	12,251,270	0.074622		75
76.97	CARDIAC REHABILITATION	200,948	7,840,694	0.025629		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	204,856	4,256,517	0.048128		90
90.01	URODYNAMICS	29,611	1,372,498	0.021575		90.01
90.02	PLAINFIELD CLINIC	2,845,276	200,720,828	0.014175		90.02
90.03	OSWEGO CLINIC	347,003	12,851,037	0.027002		90.03
90.04	BOLINGBROOK CLINIC	172,006	8,652,023	0.019880		90.04
91	EMERGENCY	2,161,255	179,913,542	0.012013		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	796,402	7,253,667	0.109793		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	22,753,979	1,972,044,253			200

(A) Worksheet A line numbers



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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: 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)		80,051			80,051	30
31	INTENSIVE CARE UNIT		17,789			17,789	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NICU						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		97,840			97,840	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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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: 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)	65,711	1.22	3,036	3,704	30
31	INTENSIVE CARE UNIT	4,162	4.27	213	910	31
32	CORONARY CARE UNIT	5,357		206		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NICU	5,864		612		35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	6,620		976		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	87,714		5,043	4,614	200

(A) Worksheet A line numbers



EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 09:54 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0231

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	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	1	2	3	4	5	6	
50	OPERATING ROOM			17,789		17,789	17,789	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	WOMENS IMAGING CTR							54.02
54.06	SPECIAL PROCEDURES							54.06
54.07	IMAGING CENTER							54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY			46,696		46,696	46,696	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			8,895		8,895	8,895	65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.01	CARDIOLOGY OUTREACH							69.01
69.03	EMG/NCV							69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05
69.06	WOUND OSTOMY							69.06
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)			13,342		13,342	13,342	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	URODYNAMICS							90.01
90.02	PLAINFIELD CLINIC							90.02
90.03	OSWEGO CLINIC							90.03
90.04	BOLINGBROOK CLINIC							90.04
91	EMERGENCY			1,026,205		1,026,205	1,026,205	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			1,112,927		1,112,927	1,112,927	200

(A) Worksheet A line numbers



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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0231

**WORKSHEET D
PART IV**

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] 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	110,552,281	0.000161	0.000161					50
50.01	SAME DAY SURGERY								50.01
50.02	GASTROENTEROLOGY	39,284,012							50.02
51	RECOVERY ROOM	26,110,497							51
52	DELIVERY ROOM & LABOR ROOM	22,058,105							52
53	ANESTHESIOLOGY	43,150,464							53
54	RADIOLOGY-DIAGNOSTIC	61,912,070							54
54.01	ULTRASOUND	39,215,489							54.01
54.02	WOMENS IMAGING CTR	11,432,970							54.02
54.06	SPECIAL PROCEDURES	11,524,129							54.06
54.07	IMAGING CENTER	36,702,912							54.07
54.08	P.E.T								54.08
55	RADIOLOGY-THERAPEUTIC	117,694,127							55
56	RADIOISOTOPE	15,480,365							56
57	CT SCAN	141,634,301							57
58	MRI	39,990,935							58
59	CARDIAC CATHETERIZATION	88,140,236							59
60	LABORATORY	242,756,424	0.000192	0.000192					60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,520,636							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	47,276,097	0.000188	0.000188					65
66	PHYSICAL THERAPY	31,536,155							66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	6,077,057							68
69	ELECTROCARDIOLOGY	79,123,237							69
69.01	CARDIOLOGY OUTREACH	8,973,570							69.01
69.03	EMG/NCV	787,865							69.03
69.04	CARDIAC REHAB								69.04
69.05	CARDIAC CATH LAB								69.05
69.06	WOUND OSTOMY	12,905,365							69.06
70	ELECTROENCEPHALOGRAPHY	21,146,625							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,558,734							71
72	IMPL. DEV. CHARGED TO PATIENTS	105,898,479							72
73	DRUGS CHARGED TO PATIENTS	101,489,040							73
75	ASC (NON-DISTINCT PART)	12,251,270	0.001089	0.001089					75
76.97	CARDIAC REHABILITATION	7,840,694							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	4,256,517							90
90.01	URODYNAMICS	1,372,498							90.01
90.02	PLAINFIELD CLINIC	200,720,828							90.02
90.03	OSWEGO CLINIC	12,851,037							90.03
90.04	BOLINGBROOK CLINIC	8,652,023							90.04
91	EMERGENCY	179,913,542	0.005704	0.005704					91
92	OBSERVATION BEDS (NON-DISTINCT PART)	7,253,667							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	1,972,044,253							200

(A) Worksheet A line numbers



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0231

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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.192560						50	
50.01	SAME DAY SURGERY							50.01	
50.02	GASTROENTEROLOGY	0.119919						50.02	
51	RECOVERY ROOM	0.122262						51	
52	DELIVERY ROOM & LABOR ROOM	0.619141						52	
53	ANESTHESIOLOGY	0.086733						53	
54	RADIOLOGY-DIAGNOSTIC	0.111725						54	
54.01	ULTRASOUND	0.067176						54.01	
54.02	WOMENS IMAGING CTR	0.160501						54.02	
54.06	SPECIAL PROCEDURES	0.078576						54.06	
54.07	IMAGING CENTER	0.058857						54.07	
54.08	P.E.T							54.08	
55	RADIOLOGY-THERAPEUTIC	0.252513						55	
56	RADIOISOTOPE	0.158422						56	
57	CT SCAN	0.031215						57	
58	MRI	0.060058						58	
59	CARDIAC CATHETERIZATION	0.034227						59	
60	LABORATORY	0.068479						60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.242347						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.106628						65	
66	PHYSICAL THERAPY	0.182329						66	
67	OCCUPATIONAL THERAPY							67	
68	SPEECH PATHOLOGY	0.161392						68	
69	ELECTROCARDIOLOGY	0.109381						69	
69.01	CARDIOLOGY OUTREACH	0.101168						69.01	
69.03	EMG/NCV	0.098076						69.03	
69.04	CARDIAC REHAB							69.04	
69.05	CARDIAC CATH LAB							69.05	
69.06	WOUND OSTOMY	0.141314						69.06	
70	ELECTROENCEPHALOGRAPHY	0.329826						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429582						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.508573						72	
73	DRUGS CHARGED TO PATIENTS	0.166590						73	
75	ASC (NON-DISTINCT PART)	0.608445						75	
76.97	CARDIAC REHABILITATION	0.243743						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.565374						90	
90.01	URODYNAMICS	0.299024						90.01	
90.02	PLAINFIELD CLINIC	0.118683						90.02	
90.03	OSWEGO CLINIC	0.111097						90.03	
90.04	BOLINGBROOK CLINIC	0.362289						90.04	
91	EMERGENCY	0.122476						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.962843						92	
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	



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0231

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/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.)
1	2	3	4	5	6	7		
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	7

(A) Worksheet A line numbers



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

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)	65,711	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	65,711	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)	59,802	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)	29,020	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)	77,667,428	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	77,667,428	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)	77,667,428	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,181.95	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					34,300,189	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)					34,300,189	41	
42	NURSERY (Titles V and XIX only)						42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	8,849,214	4,162	2,126.19	2,344	4,983,789	43	
44	CORONARY CARE UNIT	13,669,894	5,357	2,551.78	2,913	7,433,335	44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	NICU	10,261,756	5,864	1,749.96			47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					53,080,682	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					99,797,995	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					5,503,685	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					2,968,663	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					8,472,348	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					91,325,647	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: 14-0231

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)					5,909	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,181.95	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					6,984,143	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	8,856,430	77,667,428	0.114030	6,984,143	796,402	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	80,051	77,667,428	0.001031	6,984,143	7,201	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

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)	65,711	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	65,711	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)	59,802	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)	3,036	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)	6,620	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	976	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)	77,646,032	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	77,646,032	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)	77,646,032	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,181.63	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					3,587,429	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					3,587,429	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	3,943,412	6,620	595.68	976	581,384	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	8,849,214	4,162	2,126.19	213	452,878	43
44	CORONARY CARE UNIT	13,669,894	5,357	2,551.78	206	525,667	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NICU	10,261,756	5,864	1,749.96	612	1,070,976	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)					6,218,334	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					711,922	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)					711,922	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: 14-0231

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)					5.909	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



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0231

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		55,929,166		30
31	INTENSIVE CARE UNIT		8,249,300		31
32	CORONARY CARE UNIT		12,235,161		32
35	NICU				35
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.192560	22,154,906	4,266,149	50
50.01	SAME DAY SURGERY				50.01
50.02	GASTROENTEROLOGY	0.119919	3,768,223	451,882	50.02
51	RECOVERY ROOM	0.122262	3,642,117	445,293	51
52	DELIVERY ROOM & LABOR ROOM	0.619141	20,115	12,454	52
53	ANESTHESIOLOGY	0.086733	5,937,961	515,017	53
54	RADIOLOGY-DIAGNOSTIC	0.111725	10,465,512	1,169,259	54
54.01	ULTRASOUND	0.067176	5,102,151	342,742	54.01
54.02	WOMENS IMAGING CTR	0.160501	15,879	2,549	54.02
54.06	SPECIAL PROCEDURES	0.078576	3,621,919	284,596	54.06
54.07	IMAGING CENTER	0.058857	54,888	3,231	54.07
54.08	P.E.T				54.08
55	RADIOLOGY-THERAPEUTIC	0.252513	855,143	215,935	55
56	RADIOISOTOPE	0.158422	912,546	144,567	56
57	CT SCAN	0.031215	22,380,748	698,615	57
58	MRI	0.060058	6,393,985	384,010	58
59	CARDIAC CATHETERIZATION	0.034227	19,021,233	651,040	59
60	LABORATORY	0.068479	40,707,188	2,787,588	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.242347	5,587,287	1,354,062	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.106747	21,724,155	2,318,988	65
66	PHYSICAL THERAPY	0.182329	8,324,328	1,517,766	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.161392	1,661,787	268,199	68
69	ELECTROCARDIOLOGY	0.109381	10,305,348	1,127,209	69
69.01	CARDIOLOGY OUTREACH	0.101168	1,807	183	69.01
69.03	EMG/NCV	0.098076			69.03
69.04	CARDIAC REHAB				69.04
69.05	CARDIAC CATH LAB				69.05
69.06	WOUND OSTOMY	0.141866	553,945	78,586	69.06
70	ELECTROENCEPHALOGRAPHY	0.329826	2,305,191	760,312	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429582	15,275,195	6,561,949	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.508573	31,184,855	15,859,775	72
73	DRUGS CHARGED TO PATIENTS	0.166590	35,425,457	5,901,527	73
75	ASC (NON-DISTINCT PART)	0.608445	1,180,084	718,016	75
76.97	CARDIAC REHABILITATION	0.243743	144,235	35,156	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.565374	22,830	12,907	90
90.01	URODYNAMICS	0.301308			90.01
90.02	PLAINFIELD CLINIC	0.118683	2,920,373	346,599	90.02
90.03	OSWEGO CLINIC	0.111097	4,360	484	90.03
90.04	BOLINGBROOK CLINIC	0.362289	20,786	7,531	90.04
91	EMERGENCY	0.123590	26,575,883	3,284,513	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.962843	573,295	551,993	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		308,845,715	53,080,682	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		308,845,715		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0231

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
32	CORONARY CARE UNIT				32
35	NICU				35
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.192560			50
50.01	SAME DAY SURGERY				50.01
50.02	GASTROENTEROLOGY	0.119919			50.02
51	RECOVERY ROOM	0.122262			51
52	DELIVERY ROOM & LABOR ROOM	0.619141			52
53	ANESTHESIOLOGY	0.086733			53
54	RADIOLOGY-DIAGNOSTIC	0.111725			54
54.01	ULTRASOUND	0.067176			54.01
54.02	WOMENS IMAGING CTR	0.160501			54.02
54.06	SPECIAL PROCEDURES	0.078576			54.06
54.07	IMAGING CENTER	0.058857			54.07
54.08	P.E.T				54.08
55	RADIOLOGY-THERAPEUTIC	0.252513			55
56	RADIOISOTOPE	0.158422			56
57	CT SCAN	0.031215			57
58	MRI	0.060058			58
59	CARDIAC CATHETERIZATION	0.034227			59
60	LABORATORY	0.068479			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.242347			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.106628			65
66	PHYSICAL THERAPY	0.182329			66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.161392			68
69	ELECTROCARDIOLOGY	0.109381			69
69.01	CARDIOLOGY OUTREACH	0.101168			69.01
69.03	EMG/NCV	0.098076			69.03
69.04	CARDIAC REHAB				69.04
69.05	CARDIAC CATH LAB				69.05
69.06	WOUND OSTOMY	0.141314			69.06
70	ELECTROENCEPHALOGRAPHY	0.329826			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429582			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.508573			72
73	DRUGS CHARGED TO PATIENTS	0.166590			73
75	ASC (NON-DISTINCT PART)	0.608445			75
76.97	CARDIAC REHABILITATION	0.243743			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.565374			90
90.01	URODYNAMICS	0.299024			90.01
90.02	PLAINFIELD CLINIC	0.118683			90.02
90.03	OSWEGO CLINIC	0.111097			90.03
90.04	BOLINGBROOK CLINIC	0.362289			90.04
91	EMERGENCY	0.122476			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.962843			92
	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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	16,565,491			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	49,696,472			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)	3,769,022			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	198,903			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	281.77			4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)				5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011. SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)				24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0230			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)				31
32	SUM OF LINES 30 AND 31				32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)				33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)				34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
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)				35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)				35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)				36
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)	70,030,985			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)	70,030,985			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	6,111,292			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)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	1,705			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	45,413			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	168,910			58
59	TOTAL (sum of amounts on lines 49 through 58)	76,358,305			59
60	PRIMARY PAYER PAYMENTS	24,989			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	76,333,316			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,289,696			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	148,920			63
64	ALLOWABLE BAD DEBTS (see instructions)	911,399			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	592,409			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	433,296			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	70,487,109			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)	5,155			68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (CROSSOVER CLAIMS 5/1/94 TO 4/3/99)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	160,800			70.93
71	AMOUNT DUE PROVIDER (see instructions)	70,642,754			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,412,855			71.01
72	INTERIM PAYMENTS	69,058,978			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	170,921			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	50,568			75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0231

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)	59,544			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	46,521,328			2
3	PPS PAYMENTS	41,512,920			3
4	OUTLIER PAYMENT (see instructions)	278,651			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	133,417			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	59,544			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	255,476			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)	255,476			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)	255,476			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	195,932			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)	59,544			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)	41,924,988			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	13,824			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	8,707,841			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	33,262,867			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)	33,262,867			30
31	PRIMARY PAYER PAYMENTS	2,140			31
32	SUBTOTAL (line 30 minus line 31)	33,260,727			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)	896,407			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	582,665			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	573,834			36
37	SUBTOTAL (see instructions)	33,843,392			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-212			38
39	OTHER ADJUSTMENTS (FORMULA DRIVEN OVERPAYMENT EST)				39
40	SUBTOTAL (see instructions)	33,843,604			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	676,872			40.01
41	INTERIM PAYMENTS	32,999,750			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	166,982			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: 14-0231

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		69,146,272		33,057,227	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	
			02/11/2014	87,294	02/11/2014	57,477	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)			-87,294		-57,477	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)			69,058,978		32,999,750	4
	TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT						5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.						5.02
	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)			1,583,776		843,854	6.01
	BASED ON THE COST REPORT (1)						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			70,642,754		33,843,604	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	20,981	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	34,277	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	71	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	75,185	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,163,919,157	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	60,289,777	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)	2,803,611	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	56,072	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,747,539	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,542,660	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	204,879	32



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0231

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	INPATIENT HOSPITAL SNF/NF SERVICES	6,218,334	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	6,218,334	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	6,218,334	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	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)	6,218,334	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)	6,218,334	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (see instructions)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)	3,742,721	37
38	SUBTOTAL (line 36 ± line 37)	3,742,721	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	3,742,721	40
41	INTERIM PAYMENTS	3,742,721	41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



COMPU-MAX

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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	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	-55,845,657				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	89,688,319				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	9,149,260				7
8	PREPAID EXPENSES	15,339,838				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	58,331,760				11
FIXED ASSETS						
12	LAND	10,000,000				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	397,942,069				15
16	ACCUMULATED DEPRECIATION	-211,414,204				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	261,538,195				23
24	ACCUMULATED DEPRECIATION	-174,862,131				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)	283,203,929				30
OTHER ASSETS						
31	INVESTMENTS	460,222,212				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	119,579,296				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	579,801,508				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	921,337,197				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	26,707,348				37
38	SALARIES, WAGES & FEES PAYABLE	51,096,626				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	7,740,323				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	119,781,681				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	205,325,978				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	255,474,804				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	33,594,454				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	289,069,258				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	494,395,236				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	426,941,961				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)	426,941,961				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	921,337,197				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		348,143,172			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		80,131,648			2
3	TOTAL (sum of line 1 and line 2)		428,274,820			3
4	ADDITIONS (credit adjustments)					4
5						5
6	TRANSFERS FROM AFFILIATES					6
7	CONTRIBUTIONS					7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)		428,274,820			11
12	DEDUCTIONS (debit adjustments)					12
13	TRANSFERS TO AFFILIATES					13
14	RELEASE OF ASSETS FROM RESTR	1,333,059				14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		1,333,059			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		426,941,761			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						5
6	TRANSFERS FROM AFFILIATES					6
7	CONTRIBUTIONS					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	TRANSFERS TO AFFILIATES					13
14	RELEASE OF ASSETS FROM RESTR					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	117,795,542		117,795,542	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	117,795,542		117,795,542	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	15,821,654		15,821,654	11
12	CORONARY CARE UNIT	24,353,521		24,353,521	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	NICU	14,639,924		14,639,924	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	54,815,099		54,815,099	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	172,610,641		172,610,641	17
18	ANCILLARY SERVICES	722,470,023	1,339,445,345	2,061,915,368	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FOHC				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)	895,080,664	1,339,445,345	2,234,526,009	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		509,755,818	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		509,755,818	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)	2,234,526,009	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,719,636,929	2
3	NET PATIENT REVENUES (line 1 minus line 2)	514,889,080	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	509,755,818	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	5,133,262	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,068,583	6
7	INCOME FROM INVESTMENTS	7,546,176	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	517,832	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	1,760,320	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	1,795,200	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	9,370	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	604,853	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	822,831	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MANAGEMENT FEES)	3,300,910	24
24.0	OTHER (UN-REALIZED INVESTMENT LOSSES)	-20,551,193	24.0
1			1
24.0	OTHER (INVESTMENT INCOME AFFILIATES)	1,184,153	24.0
2			2
24.0	OTHER (VOLUNTEER REVENUE)	883,067	24.0
3			3
24.0	OTHER (LOSS ON ASSET DISPOSAL)	-13,535	24.0
4			4
24.0	OTHER (LAB OTHER REVENUE)	2,913,080	24.0
6			6
24.0	OTHER (OTHER OPERATING REVENUE)	474,179	24.0
7			7
24.0	OTHER (CARDIOGRAPHICS)	742,043	24.0
8			8
24.0	OTHER (RADIOLOGY OTHER REVENUE)	12,891	24.0
9			9
24.1	OTHER (OCCUPATIONAL HEALTH REVENUE)	873,643	24.1
0			0
24.1	OTHER (ER TRAUMA SVCS OTHER REV)	193,575	24.1
1			1
24.1	OTHER (COMMUNITY TRAINING CTR OTHER REV)	213,860	24.1
2			2
24.1	OTHER (EMPLOYEE LEASING)	126,913	24.1
4			4
24.1	OTHER (CLINICAL TRIALS)	604,853	24.1
5			5
24.1	OTHER (PATIENT ACCOUNTING REVENUE)	15,880	24.1
6			6
24.1	OTHER (INTEREST RATE SWAPS)	-4,480,989	24.1
7			7
24.1	OTHER (MEDICAL STAFF APPLICATIONS)	45,200	24.1
8			8
24.1	OTHER (INVESTMENT INCOME MGMT FEE)	68,108,634	24.1
9			9
24.2	OTHER (AMBULATORY SERVICES REVENUE)	591,875	24.2
1			1
24.2	OTHER (SUPPLEMENTAL MEDICAID TAX REVENUE)	1,937,069	24.2
2			2
24.2	OTHER (HIT REVENUE)	3,697,113	24.2
3			3
25	TOTAL OTHER INCOME (sum of lines 6-24)	74,998,386	25
26	TOTAL (line 5 plus line 25)	80,131,648	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	80,131,648	29



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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	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-EMS						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
35	NICU						35
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY						50.02
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	ULTRASOUND						54.01
54.02	WOMENS IMAGING CTR						54.02
54.06	SPECIAL PROCEDURES						54.06
54.07	IMAGING CENTER						54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
69.01	CARDIOLOGY OUTREACH						69.01
69.03	EMG/NCV						69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY						69.06
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
75	ASC (NON-DISTINCT PART)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
90.01	URODYNAMICS						90.01
90.02	PLAINFIELD CLINIC						90.02
90.03	OSWEGO CLINIC						90.03
90.04	BOLINGBROOK CLINIC						90.04
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
192.0	PHYSICIANS CLINICS						192.0
1							1
192.0	PHYSICIAN OFFICES						192.0
3							3
192.0	IRB						192.0
4							4
194	LINDEN OAKS HOSPITAL						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202

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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	44.16		4.62				48.78	30
31	INTENSIVE CARE UNIT	56.32		5.12				61.44	31
32	CORONARY CARE UNIT	54.38		3.85				58.23	32
35	NICU			10.44				10.44	35
43	NURSERY			14.74				14.74	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	20.04	8.33					28.37	50
50.02	GASTROENTEROLOGY	9.59	21.57					31.16	50.02
51	RECOVERY ROOM	13.95	9.49					23.44	51
52	DELIVERY ROOM & LABOR ROOM	0.09	0.02					0.11	52
53	ANESTHESIOLOGY	13.76	7.92					21.68	53
54	RADIOLOGY-DIAGNOSTIC	16.90	12.92					29.82	54
54.01	ULTRASOUND	13.01	14.12					27.13	54.01
54.02	WOMENS IMAGING CTR	0.14	8.91					9.05	54.02
54.06	SPECIAL PROCEDURES	31.43	18.26					49.69	54.06
54.07	IMAGING CENTER	0.15	22.34					22.49	54.07
55	RADIOLOGY-THERAPEUTIC	0.73	32.99					33.72	55
56	RADIOISOTOPE	5.89	33.15					39.04	56
57	CT SCAN	15.80	19.34					35.14	57
58	MRI	15.99	14.49					30.48	58
59	CARDIAC CATHETERIZATION	21.58	26.24					47.82	59
60	LABORATORY	16.77	6.91					23.68	60
62	WHOLE BLOOD & PACKED RED BLOOD	36.00	6.06					42.06	62
65	RESPIRATORY THERAPY	45.95	2.11					48.06	65
66	PHYSICAL THERAPY	26.40						26.40	66
68	SPEECH PATHOLOGY	27.35						27.35	68
69	ELECTROCARDIOLOGY	13.02	25.76					38.78	69
69.01	CARDIOLOGY OUTREACH	0.02	36.88					36.90	69.01
69.03	EMG/NCV		20.40					20.40	69.03
69.06	WOUND OSTOMY	4.29	44.78					49.07	69.06
70	ELECTROENCEPHALOGRAPHY	10.90	11.73					22.63	70
71	MEDICAL SUPPLIES CHARGED TO PAT	26.09	10.63					36.72	71
72	IMPL. DEV. CHARGED TO PATIENTS	29.45	16.20					45.65	72
73	DRUGS CHARGED TO PATIENTS	34.91	5.18					40.09	73
75	ASC (NON-DISTINCT PART)	9.63	15.37					25.00	75
76.97	CARDIAC REHABILITATION	1.84	39.91					41.75	76.97
90	CLINIC	0.54	13.04					13.58	90
90.01	URODYNAMICS		28.39					28.39	90.01
90.02	PLAINFIELD CLINIC	1.45	16.54					17.99	90.02
90.03	OSWEGO CLINIC	0.03	10.10					10.13	90.03
90.04	BOLINGBROOK CLINIC	0.24	5.12					5.36	90.04
91	EMERGENCY	14.77	12.18					26.95	91
92	OBSERVATION BEDS (NON-DISTINCT)	7.90	19.94					27.84	92
200	TOTAL CHARGES	15.66	14.83					30.49	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	11,247,821	2.59	-11,247,821	-6.04			1
2	CAP REL COSTS-MVBLE EQUIP	17,776,872	4.09	-17,776,872	-9.55			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	23,626,243	5.44	-23,626,243	-12.70			4
5	ADMINISTRATIVE & GENERAL	76,342,627	17.57	-76,342,627	-41.03			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	32,405,239	7.46	-32,405,239	-17.41			7
8	LAUNDRY & LINEN SERVICE	239,044	0.06	-239,044	-0.13			8
9	HOUSEKEEPING	4,413,856	1.02	-4,413,856	-2.37			9
10	DIETARY	1,537,659	0.35	-1,537,659	-0.83			10
11	CAFETERIA	1,855,231	0.43	-1,855,231	-1.00			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,550,751	0.82	-3,550,751	-1.91			13
14	CENTRAL SERVICES & SUPPLY	3,420,660	0.79	-3,420,660	-1.84			14
15	PHARMACY	5,115,086	1.18	-5,115,086	-2.75			15
16	MEDICAL RECORDS & LIBRARY	4,025,024	0.93	-4,025,024	-2.16			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-EMS	524,863	0.12	-524,863	-0.28			23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	ADULTS & PEDIATRICS	35,163,850	8.09	42,482,182	22.83	77,646,032	17.87	30
31	INTENSIVE CARE UNIT	4,388,909	1.01	4,460,305	2.40	8,849,214	2.04	31
32	CORONARY CARE UNIT	5,499,605	1.27	8,170,289	4.39	13,669,894	3.15	32
35	NICU	5,081,181	1.17	5,180,575	2.78	10,261,756	2.36	35
43	NURSERY	1,942,533	0.45	2,000,879	1.08	3,943,412	0.91	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,388,846	2.16	11,899,153	6.39	21,287,999	4.90	50
50.01	SAME DAY SURGERY							50.01
50.02	GASTROENTEROLOGY	1,978,574	0.46	2,732,324	1.47	4,710,898	1.08	50.02
51	RECOVERY ROOM	1,589,867	0.37	1,602,443	0.86	3,192,310	0.73	51
52	DELIVERY ROOM & LABOR ROOM	6,354,775	1.46	7,302,293	3.92	13,657,068	3.14	52
53	ANESTHESIOLOGY	2,537,848	0.58	1,204,717	0.65	3,742,565	0.86	53
54	RADIOLOGY-DIAGNOSTIC	3,097,094	0.71	3,820,049	2.05	6,917,143	1.59	54
54.01	ULTRASOUND	1,596,260	0.37	1,038,076	0.56	2,634,336	0.61	54.01
54.02	WOMENS IMAGING CTR	1,201,056	0.28	633,942	0.34	1,834,998	0.42	54.02
54.06	SPECIAL PROCEDURES	402,978	0.09	502,545	0.27	905,523	0.21	54.06
54.07	IMAGING CENTER	1,487,877	0.34	672,344	0.36	2,160,221	0.50	54.07
54.08	P.E.T							54.08
55	RADIOLOGY-THERAPEUTIC	20,274,311	4.67	9,444,943	5.08	29,719,254	6.84	55
56	RADIOISOTOPE	1,249,333	0.29	1,203,098	0.65	2,452,431	0.56	56
57	CT SCAN	2,295,447	0.53	2,125,711	1.14	4,421,158	1.02	57
58	MRI	1,184,165	0.27	1,217,595	0.65	2,401,760	0.55	58
59	CARDIAC CATHETERIZATION	672,371	0.15	2,344,428	1.26	3,016,799	0.69	59
60	LABORATORY	10,468,068	2.41	6,155,633	3.31	16,623,701	3.83	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,655,922	0.61	1,105,451	0.59	3,761,373	0.87	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,083,097	0.71	1,957,869	1.05	5,040,966	1.16	65
66	PHYSICAL THERAPY	3,972,657	0.91	1,777,292	0.96	5,749,949	1.32	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	675,137	0.16	305,653	0.16	980,790	0.23	68
69	ELECTROCARDIOLOGY	3,050,354	0.70	5,604,217	3.01	8,654,571	1.99	69
69.01	CARDIOLOGY OUTREACH	659,896	0.15	247,942	0.13	907,838	0.21	69.01
69.03	EMG/NCV	52,619	0.01	24,652	0.01	77,271	0.02	69.03
69.04	CARDIAC REHAB							69.04
69.05	CARDIAC CATH LAB							69.05

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
69.06	WOUND OSTOMY	1,280,519	0.29	543,186	0.29	1,823,705	0.42	69.06
70	ELECTROENCEPHALOGRAPHY	5,341,994	1.23	1,632,715	0.88	6,974,709	1.61	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,809,953	4.33	6,345,825	3.41	25,155,778	5.79	71
72	IMPL. DEV. CHARGED TO PATIENTS	40,380,652	9.29	13,476,441	7.24	53,857,093	12.39	72
73	DRUGS CHARGED TO PATIENTS	11,176,098	2.57	5,730,956	3.08	16,907,054	3.89	73
75	ASC (NON-DISTINCT PART)	3,432,011	0.79	4,022,209	2.16	7,454,220	1.72	75
76.97	CARDIAC REHABILITATION	952,769	0.22	958,342	0.52	1,911,111	0.44	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	1,393,570	0.32	1,012,952	0.54	2,406,522	0.55	90
90.01	URODYNAMICS	292,201	0.07	118,209	0.06	410,410	0.09	90.01
90.02	PLAINFIELD CLINIC	16,445,871	3.78	7,376,237	3.96	23,822,108	5.48	90.02
90.03	OSWEGO CLINIC	902,207	0.21	525,502	0.28	1,427,709	0.33	90.03
90.04	BOLINGBROOK CLINIC	2,190,995	0.50	943,540	0.51	3,134,535	0.72	90.04
91	EMERGENCY	8,944,365	2.06	13,090,656	7.03	22,035,021	5.07	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471,776	0.11	332,755	0.18	804,531	0.19	190
192	PHYSICIANS' PRIVATE OFFICES	4,456,729	1.03	2,183,554	1.17	6,640,283	1.53	192
192.01	PHYSICIANS CLINICS							192.01
192.03	PHYSICIAN OFFICES			2,297		2,297		192.03
192.04	IRB							192.04
194	LINDEN OAKS HOSPITAL			569,000	0.31	569,000	0.13	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	434,557,316	100.00			434,557,316	100.00	202

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,136,898	110,552,281	0.028375	22,154,906	628,645	50
50.01	SAME DAY SURGERY						50.01
50.02	GASTROENTEROLOGY	627,691	39,284,012	0.015978	3,768,223	60,209	50.02
51	RECOVERY ROOM	321,151	26,110,497	0.012300	3,642,117	44,798	51
52	DELIVERY ROOM & LABOR ROOM	1,584,033	22,058,105	0.071812	20,115	1,444	52
53	ANESTHESIOLOGY	108,639	43,150,464	0.002518	5,937,961	14,952	53
54	RADIOLOGY-DIAGNOSTIC	953,950	61,912,070	0.015408	10,465,512	161,253	54
54.01	ULTRASOUND	100,567	39,215,489	0.002564	5,102,151	13,082	54.01
54.02	WOMENS IMAGING CTR	58,789	11,432,970	0.005142	15,879	82	54.02
54.06	SPECIAL PROCEDURES	97,080	11,524,129	0.008424	3,621,919	30,511	54.06
54.07	IMAGING CENTER	282,741	36,702,912	0.007704	54,888	423	54.07
54.08	P.E.T						54.08
55	RADIOLOGY-THERAPEUTIC	1,601,202	117,694,127	0.013605	855,143	11,634	55
56	RADIOISOTOPE	235,842	15,480,365	0.015235	912,546	13,903	56
57	CT SCAN	320,571	141,634,301	0.002263	22,380,748	50,648	57
58	MRI	228,961	39,990,935	0.005725	6,393,985	36,606	58
59	CARDIAC CATHETERIZATION	544,923	88,140,236	0.006182	19,021,233	117,589	59
60	LABORATORY	784,534	242,756,424	0.003232	40,707,188	131,566	60
62	WHOLE BLOOD & PACKED RED BLOOD	105,266	15,520,636	0.006782	5,587,287	37,893	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	292,733	47,276,097	0.006192	21,724,155	134,516	65
66	PHYSICAL THERAPY	268,807	31,536,155	0.008524	8,324,328	70,957	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	15,861	6,077,057	0.002610	1,661,787	4,337	68
69	ELECTROCARDIOLOGY	1,427,937	79,123,237	0.018047	10,305,348	185,981	69
69.01	CARDIOLOGY OUTREACH	10,958	8,973,570	0.001221	1,807	2	69.01
69.03	EMG/NCV	1,302	787,865	0.001653			69.03
69.04	CARDIAC REHAB						69.04
69.05	CARDIAC CATH LAB						69.05
69.06	WOUND OSTOMY	29,564	12,905,365	0.002291	553,945	1,269	69.06
70	ELECTROENCEPHALOGRAPHY	229,875	21,146,625	0.010871	2,305,191	25,060	70
71	MEDICAL SUPPLIES CHARGED TO PAT	454,104	58,558,734	0.007755	15,275,195	118,459	71
72	IMPL. DEV. CHARGED TO PATIENTS	958,981	105,898,479	0.009056	31,184,855	282,410	72
73	DRUGS CHARGED TO PATIENTS	299,448	101,489,040	0.002951	35,425,457	104,541	73
75	ASC (NON-DISTINCT PART)	914,214	12,251,270	0.074622	1,180,084	88,060	75
76.97	CARDIAC REHABILITATION	200,948	7,840,694	0.025629	144,235	3,697	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	204,856	4,256,517	0.048128	22,830	1,099	90
90.01	URODYNAMICS	29,611	1,372,498	0.021575			90.01
90.02	PLAINFIELD CLINIC	2,845,276	200,720,828	0.014175	2,920,373	41,396	90.02
90.03	OSWEGO CLINIC	347,003	12,851,037	0.027002	4,360	118	90.03
90.04	BOLINGBROOK CLINIC	172,006	8,652,023	0.019880	20,786	413	90.04
91	EMERGENCY	2,161,255	179,913,542	0.012013	26,575,883	319,256	91
92	OBSERVATION BEDS (NON-DISTINCT	796,402	7,253,667	0.109793	573,295	62,944	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	22,753,979	1,972,044,253		308,845,715	2,799,753	200



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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	8,856,430		8,856,430	65,711	134.78	29,020	3,911,316	30
31	INTENSIVE CARE UNIT	867,141		867,141	4,162	208.35	2,344	488,372	31
32	CORONARY CARE UNIT	1,946,714		1,946,714	5,357	363.40	2,913	1,058,584	32
35	NICU	1,080,292		1,080,292	5,864	184.22			35
200	TOTAL	12,750,577		12,750,577	81,094		34,277	5,458,272	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	5,458,272
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2,799,753
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	8,258,025
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	7,386
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	34,277
PER DISCHARGE CAPITAL COSTS	1,118.06



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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	91,325,647
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	385,259,342
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.237

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	8,258,025
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x (Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	46,521,084
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	292,185,435
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.159