

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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: 09/17/2015 Time: 08:29 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 checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 certification 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 WEST SUBURBAN HOSP MED CTR (14-0049) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 05/01/2014 and ending 04/30/2015, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		1,517,786	-278,360	-90,356		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		1,517,786	-278,360	-90,356		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 for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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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: 3 ERIE COURT	P.O. Box:								1
2	City: OAK PARK	State: IL	ZIP Code: 60302	County: COOK						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	WEST SUBURBAN HOSP MED CTR	14-0049	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	WEST SUBURBAN SNF	14-5743	16974		12 / 28 / 1992	N	P	N	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: 05 / 01 / 2014	To: 04 / 30 / 2015							20
21	Type of control (see instructions)	4								21

Inpatient PPS Information

		1	2	3	
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.	Y	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)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
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.	3	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,560	3,014			3,568	295	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							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

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PART I**

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

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**WORKSHEET S-2
PART I**

		1	2		
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	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40	
		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	Y	Y	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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)	N			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 osteopathci 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 Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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	FAMILY MEDICINE	1350	0.01	26.00	0.000384	65
65.01	INTERNAL MEDICINE	1400	0.01	24.00	0.000416	65.01
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 nonprovider 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)			6.83		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	FAMILY MEDICINE	1350	1.00	28.04	0.034435	67
67.01	INTERNAL MEDICINE	1400	1.00	22.16	0.043178	67.01

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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86

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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	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	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. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, Section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1	1	1	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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0557	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: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 04011	141	
142	Street: 1445 ROSS AVE., STE 1400	P.O. Box:				142
143	City: DALLAS, TX	State: TX	ZIP Code: 75202-2703			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 the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y				145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N				147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N				148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N				149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	N	161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N					165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)						166
	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)						168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.75				169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	11 / 01 / 2014	10 / 31 / 2015				170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)	N					171

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

COMPLETED BY ALL HOSPITALS

		Y/N	Date	
Provider Organization and Operation		1	2	
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
		1	2	3
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

		Y/N	Type	Date
Financial Data and Reports		1	2	3
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	C	03/1/2014
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N		5

		Y/N	Y/N
Approved Educational Activities		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	
7	Are costs claimed for allied health programs? If yes, see instructions.	N	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y	
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
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	

		Y/N
Bad Debts		Y/N
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

		Y/N
Bed Complement		Y/N
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/05/2015	Y	08/05/2015
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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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 Cost			
22	Have assets been relifed 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 capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render servcies to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: ROB	Last name: RIORDAN	Title: DIRECTOR	41
42	Employer: TENET HEALTHCARE			42
43	Phone number: 6156656277	E-mail Address: ROB.RIORDAN@TENETHEALTH.COM		43

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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 Available	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	130	47,254			7,903	6,360	25,801	1
2	HMO and other (see instructions)						3,485	3,567		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)		130	47,254			7,903	6,360	25,801	7
8	Intensive Care Unit	31	13	4,745			1,119	719	2,911	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						2,496	4,465	13
14	Total (see instructions)		143	51,999			9,022	9,575	33,177	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	50	18,250			7,045		10,742	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)		193							27
28	Observation Bed Days							399	1,902	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							295	511	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	Employees 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)					1,907	1,906	8,007	1
2	HMO and other (see instructions)					793	1,553		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	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	55.47	890.26			1,907	1,906	8,007	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		39.34						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)	55.47	929.60						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	Reclassi- fication 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	59,757,276		59,757,276	1,933,561.00	30.91	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		1,246,189		1,246,189	12,888.00	96.69	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,817,477		4,817,477	149,193.00	32.29	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44	2,211,624		2,211,624	81,827.00	27.03	9
10	Excluded area salaries (see instructions)		524,665	243,244	767,909	19,488.00	39.40	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		2,374,554		2,374,554	60,347.00	39.35	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		144,484		144,484	827.00	174.71	13
14	Home office salaries & wage-related costs		2,765,099		2,765,099	20,391.00	135.60	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)		10,334,995		10,334,995			17
18	Wage-related costs (other)(see instructions)		439,812		439,812			18
19	Excluded areas		150,712		150,712			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		958,021		958,021			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		325,341	209,210	534,551	12,603.00	42.41	26
27	Administrative & General		9,170,602	-1,546,705	7,623,897	224,565.00	33.95	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,503,697		1,503,697	58,847.00	25.55	30
31	Laundry & Linen Service							31
32	Housekeeping		1,183,261		1,183,261	87,884.00	13.46	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,075,081		1,075,081	72,575.00	14.81	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,151,983		1,151,983	22,219.00	51.85	38
39	Central Services and Supply		238,034		238,034	12,834.00	18.55	39
40	Pharmacy		1,248,019	142,498	1,390,517	35,133.00	39.58	40
41	Medical Records & Medical Records Library		339,844	951,753	1,291,597	43,190.00	29.91	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		53,693,610		53,693,610	1,771,480.00	30.31	1
2	Excluded area salaries (see instructions)		2,736,289	243,244	2,979,533	101,315.00	29.41	2
3	Subtotal salaries (line 1 minus line 2)		50,957,321	-243,244	50,714,077	1,670,165.00	30.36	3
4	Subtotal other wages & related costs (see instructions)		5,284,137		5,284,137	81,565.00	64.78	4
5	Subtotal wage-related costs (see instructions)		10,774,807		10,774,807		21.25%	5
6	Total (sum of lines 3 through 5)		67,016,265	-243,244	66,773,021	1,751,730.00	38.12	6
7	Total overhead cost (see instructions)		16,235,862	-243,244	15,992,618	569,850.00	28.06	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	732,157	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	4,479,438	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	29,180	10
11	Life Insurance (If employee is owner or beneficiary)	63,201	11
12	Accident Insurance (If employee is owner or beneficiary)	1,033	12
13	Disability Insurance (If employee is owner or beneficiary)	62,657	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)	23,950	14
15	Workers' Compensation Insurance	525,712	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	4,019,818	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	49,572	19
20	State or Federal Unemployment Taxes	773,647	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	1,047,192	22
23	Tuition Reimbursement	75,991	23
24	Total Wage Related cost (Sum of lines 1-23)	11,883,548	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (OTHER EM		25
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(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	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N	/ /	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	7		7	4
5	RVX				5
6	RVL	11		11	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	976		976	12
13	RUB	666		666	13
14	RUA	2,119		2,119	14
15	RVC	543		543	15
16	RVB	517		517	16
17	RVA	1,432		1,432	17
18	RHC	79		79	18
19	RHB	34		34	19
20	RHA	193		193	20
21	RMC	32		32	21
22	RMB	13		13	22
23	RMA	103		103	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	6		6	34
35	HB2	8		8	35
36	HB1	34		34	36
37	LE2				37
38	LE1	2		2	38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1	18		18	42
43	LB2				43
44	LB1	56		56	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	1		1	48
49	CC2	3		3	49
50	CC1	13		13	50
51	CB2	1		1	51
52	CB1	53		53	52
53	CA2				53
54	CA1	43		43	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1	6		6	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1	14		14	72
73	PC2				73
74	PC1	1		1	74
75	PB2				75
76	PB1	34		34	76
77	PA2				77
78	PA1	27		27	78
199	AAA				199
200	TOTAL	7,045		7,045	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	4,577,165			207

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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)		0.169127	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		20,805,067	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?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		10,132,624	5
6	Medicaid charges		239,725,733	6
7	Medicaid cost (line 1 times line 6)		40,544,094	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		9,606,403	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations		8,701,578	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,606,403	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	11,456,794	516,852	11,973,646	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,937,653	87,414	2,025,067	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,937,653	87,414	2,025,067	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?				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)			11,867,547	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,415,919	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,451,628	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,767,652	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			3,792,719	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,399,122	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				5,730,705	5,730,705	185,706	5,916,411	1
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR				51,604	51,604	510,741	562,345	1.01
2	00200	Cap Rel Costs-Mvble Equip				2,484,914	2,484,914	4,291,675	6,776,589	2
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE								2.01
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	325,341	11,746,865	12,072,206	238,215	12,310,421	-639,801	11,670,620	4
5	00500	Administrative & General	9,170,602	20,790,983	29,961,585	-9,386,720	20,574,865	-2,340,800	18,234,065	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,503,697	4,296,437	5,800,134	-579,211	5,220,923	-55,528	5,165,395	7
7.01	00701	OPERATION OF PLANT-RIVER FOREST				576,666	576,666		576,666	7.01
8	00800	Laundry & Linen Service		679,419	679,419	116,397	795,816		795,816	8
9	00900	Housekeeping	1,183,261	621,416	1,804,677	-261,166	1,543,511		1,543,511	9
9.01	00901	HOUSEKEEPING-RIVER FOREST				250,702	250,702		250,702	9.01
10	01000	Dietary	1,075,081	625,183	1,700,264	-8,829	1,691,435	-419,560	1,271,875	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,151,983	105,316	1,257,299	-1,000	1,256,299		1,256,299	13
14	01400	Central Services & Supply	238,034	654,902	892,936	108,663	1,001,599		1,001,599	14
15	01500	Pharmacy	1,248,019	3,882,581	5,130,600	-1,457,701	3,672,899	-16,000	3,656,899	15
16	01600	Medical Records & Library	339,844	152,359	492,203	981,104	1,473,307	-21,401	1,451,906	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,817,477		4,817,477		4,817,477		4,817,477	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,036,438	1,036,438	-4,452	1,031,986	-34,073	997,913	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	9,925,940	2,770,821	12,696,761	-365,256	12,331,505	-1,504,342	10,827,163	30
31	03100	Intensive Care Unit	2,125,429	458,649	2,584,078	-179,521	2,404,557	-64,169	2,340,388	31
43	04300	Nursery	885,546	84,553	970,099	-55,404	914,695		914,695	43
44	04400	Skilled Nursing Facility	2,211,624	310,870	2,522,494	-126,512	2,395,982	-13,425	2,382,557	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,584,563	6,454,326	10,038,889	-3,024,285	7,014,604	-520,347	6,494,257	50
51	05100	Recovery Room	663,255	115,293	778,548	-94,524	684,024		684,024	51
52	05200	Delivery Room & Labor Room	2,324,863	391,550	2,716,413	-206,625	2,509,788		2,509,788	52
53	05300	Anesthesiology	120,904	836,639	957,543	-125,319	832,224	-655,683	176,541	53
54	05400	Radiology-Diagnostic	2,667,837	1,460,097	4,127,934	-664,365	3,463,569	-11,988	3,451,581	54
55.01	03340	GASTRO INTESTINAL SERVICES	757,362	510,080	1,267,442	-112,410	1,155,032	-16,297	1,138,735	55.01
55.02	03630	ULTRA SOUND	573,091	69,525	642,616	-16,502	626,114		626,114	55.02
56	05600	Radioisotope	190,645	287,493	478,138	-205,157	272,981	-4,068	268,913	56
57	05700	CT Scan	855,423	531,744	1,387,167	-50,787	1,336,380	-12,563	1,323,817	57
58	05800	MRI	249,586	323,062	572,648	-21,272	551,376	-5,700	545,676	58
59	05900	Cardiac Catheterization	554,924	3,529,646	4,084,570	-3,180,292	904,278		904,278	59
60	06000	Laboratory	100,650	4,430,837	4,531,487	-1,266	4,530,221		4,530,221	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		632,017	632,017	-1,495	630,522		630,522	63
65	06500	Respiratory Therapy	954,499	242,506	1,197,005	-116,748	1,080,257	-8,650	1,071,607	65
66	06600	Physical Therapy	2,107,307	68,982	2,176,289	-26,017	2,150,272		2,150,272	66
67	06700	Occupational Therapy	140,842	97	140,939		140,939		140,939	67
68	06800	Speech Pathology	169,289	2,296	171,585	-1,394	170,191		170,191	68
69	06900	Electrocardiology	506,539	278,174	784,713	-12,239	772,474	-124,372	648,102	69
71	07100	Medical Supplies Charged to Patients				2,120,917	2,120,917		2,120,917	71
72	07200	Impl. Dev. Charged to Patients				5,700,330	5,700,330		5,700,330	72
73	07300	Drugs Charged to Patients				6,533,856	6,533,856		6,533,856	73
74	07400	Renal Dialysis		560,158	560,158	-5,173	554,985		554,985	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,909,715	1,228,288	3,138,003	-254,424	2,883,579	-670,173	2,213,406	90
90.01	09002	DIABETOLOGY	101,813	1,092	102,905	-458	102,447		102,447	90.01
90.02	09003	CANCER CENTER	382,416	4,677,427	5,059,843	-3,804,276	1,255,567	-3,624	1,251,943	90.02
90.03	09001	WOUND CARE	772	797,814	798,586	-52,051	746,535	-20,919	725,616	90.03
91	09100	Emergency	4,114,438	2,332,100	6,446,538	-395,013	6,051,525	-1,321,172	4,730,353	91

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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	
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	59,232,611	77,978,035	137,210,646	96,209	137,306,855	-3,496,533	133,810,322	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		1,571	1,571		1,571		1,571	190
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	87,940	244,356	332,296	162,778	495,074		495,074	194
194.0	07951	HOSPITALIST								194.0
194.0	07952	RETAIL PHARMACY	217,525	390,305	607,830	-321,535	286,295		286,295	194.0
194.0	07953	COMMUNITY RELATIONS	59,057	58,688	117,745	-538	117,207		117,207	194.0
194.0	07954	PHYSICIAN CLINICS	122,402	75,272	197,674	-22,811	174,863		174,863	194.0
194.0	07955	GUEST MEALS								194.0
194.0	07956	CATERING MEALS								194.0
194.0	07957	RESEARCH,RIVER FOREST NONREIMB	37,741	1,583	39,324	85,897	125,221		125,221	194.0
200		TOTAL (sum of lines 118-199)	59,757,276	78,749,810	138,507,086		138,507,086	-3,496,533	135,010,553	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		5,221,280
2	DEPRECIATION EXPENSE	A	Cap Rel Costs-Mvble Equip	2		1,985,218
500	Total reclassifications					7,206,498
	Code Letter - A					
1	RENTS LEASES	B	Cap Rel Costs-Bldg & Fixt	1		261,520
2	RENTS LEASES	B	Cap Rel Costs-Mvble Equip	2		499,696
3	RENTS LEASES	B				
4	RENTS LEASES	B				
5	RENTS LEASES	B				
6	RENTS LEASES	B				
7	RENT LEASES	B				
8	RENTS LEASES	B				
9	RENTS LEASES	B				
10	RENTS LEASES	B				
11	RENTS LEASES	B				
12	RENTS LEASES	B				
13	RENTS LEASES	B				
14	RENTS LEASES	B				
15	RENTS LEASES	B				
16	RENTS LEASES	B				
17	RENTS LEASES	B				
18	RENTS LEASES	B				
19	RENTS LEASES	B				
20	RENTS LEASES	B				
21	RENTS LEASES	B				
22	RENTS LEASES	B				
23	RENTS LEASES	B				
24	RENTS LEASES	B				
25	RENTS LEASES	B				
26	RENTS LEASES	B				
27	RENTS LEASES	B				
28	RENTS LEASES	B				
29	RENTS LEASES	B				
30	RENTS LEASES	B				
31	RENTS LEASES	B				
32						
33	RENTS LEASES	B				
500	Total reclassifications					761,216
	Code Letter - B					
1	PROPERTY TAXES	C	Cap Rel Costs-Bldg & Fixt	1		299,509
500	Total reclassifications					299,509
	Code Letter - C					
1	PHARMACY COGS	D	Drugs Charged to Patients	73		6,533,856
2	PHARMACY COGS	D				
3	PHARMACY COGS	D				
4	PHARMACY COGS	D				
5	PHARMACY COGS	D				
6	PHARMACY COGS	D				
7	PHARMACY COGS	D				
8	PHARMACY COGS	D				
9	PHARMACY COGS	D				
10	PHARMACY COGS	D				
11	PHARMACY COGS	D				
12	PHARMACY COGS	D				
13	PHARMACY COGS	D				
14	PHARMACY COGS	D				
15	PHARMACY COGS	D				
16	PHARMACY COGS	D				
17	PHARMACY COGS	D				
18	PHARMACY COGS	D				
19	PHARMACY COGS	D				
20	PHARMACY COGS	D				
21	PHARMACY COGS	D				
22	PHARMACY COGS	D				
23	PHARMACY COGS	D				
24	PHARMACY COGS	D				
25	PHARMACY COGS	D				

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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	
26	PHARMACY COGS	D					26
27	PHARMACY COGS	D					27
28	PHARMACY COGS	D					28
29	PHARMACY COGS	D					29
30	PHARMACY COGS	D					30
500	Total reclassifications					6,533,856	500
	Code Letter - D						
1	LAUNDRY	E	Laundry & Linen Service	8		116,397	1
2	LAUNDRY	E					2
3	LAUNDRY	E					3
4	LAUNDRY	E					4
5	LAUNDRY	E					5
6	LAUNDRY	E					6
7	LAUNDRY	E					7
8	LAUNDRY	E					8
9	LAUNDRY	E					9
10	LAUNDRY	E					10
11	LAUNDRY	E					11
12	LAUNDRY	E					12
13	LAUNDRY	E					13
14	LAUNDRY	E					14
15	LAUNDRY	E					15
16	LAUNDRY	E					16
17	LAUNDRY	E					17
18	LAUNDRY	E					18
500	Total reclassifications					116,397	500
	Code Letter - E						
1	MEDICAL SUPPLIES COGS	F	Central Services & Supply	14		171,002	1
2	MEDICAL SUPPLIES COGS	F	Medical Supplies Charged to P	71		2,120,917	2
3	MEDICAL SUPPLIES COGS	F					3
4	MEDICAL SUPPLIES COGS	F					4
5	MEDICAL SUPPLIES COGS	F					5
6	MEDICAL SUPPLIES COGS	F					6
7	MEDICAL SUPPLIES COGS	F					7
8	MEDICAL SUPPLIES COGS	F					8
9	MEDICAL SUPPLIES COGS	F					9
10	MEDICAL SUPPLIES COGS	F					10
11	MEDICAL SUPPLIES COGS	F					11
12	MEDICAL SUPPLIES COGS	F					12
13	MEDICAL SUPPLIES COGS	F					13
14	MEDICAL SUPPLIES COGS	F					14
15	MEDICAL SUPPLIES COGS	F					15
16	MEDICAL SUPPLIES COGS	F					16
17	MEDICAL SUPPLIES COGS	F					17
18	MEDICAL SUPPLIES COGS	F					18
19	MEDICAL SUPPLIES COGS	F					19
20	MEDICAL SUPPLIES COGS	F					20
21	MEDICAL SUPPLIES COGS	F					21
22	MEDICAL SUPPLIES COGS	F					22
23	MEDICAL SUPPLIES COGS	F					23
24	MEDICAL SUPPLIES COGS	F					24
25	MEDICAL SUPPLIES COGS	F					25
26	MEDICAL SUPPLIES COGS	F					26
27	MEDICAL SUPPLIES COGS	F					27
28	MEDICAL SUPPLIES COGS	F					28
29	MEDICAL SUPPLIES COGS	F					29
30	MEDICAL SUPPLIES COGS	F					30
31	MEDICAL SUPPLIES COGS	F					31
32	MEDICAL SUPPLIES COGS	F					32
33	MEDICAL SUPPLIES COGS	F					33
34	MEDICAL SUPPLIES COGS	F					34
35	MEDICAL SUPPLIES COGS	F					35
36	MEDICAL SUPPLIES COGS	F					36
500	Total reclassifications					2,291,919	500
	Code Letter - F						
1	IMPLANTABLE DEVICES	G	Impl. Dev. Charged to Patient	72		5,700,330	1
2	IMPLANTABLE DEVICES	G					2

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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	
3	IMPLANTS DEVICES	G					3
4	IMPLANTABLE DEVICES	G					4
5	IMPLANTABLE DEVICES	G					5
6	IMPLANTABLE DEVICES	G					6
7	IMPLANTABLE DEVICES	G					7
8							8
9							9
10							10
11							11
500	Total reclassifications					5,700,330	500
	Code Letter - G						
1	TRANSCRIPTION FEES	H	Radiology-Diagnostic	54		8,012	1
2	TRANSCRIPTION FEES	H					2
500	Total reclassifications					8,012	500
	Code Letter - H						
1	CHICAGO MARKET (DEPT 5575)	I	Employee Benefits Department	4	209,210	42,632	1
2	CHICAGO MARKET (DEPT 5575)	I	Pharmacy	15	142,498		2
3	CHICAGO MARKET (DEPT 5575)	I	Medical Records & Library	16	951,753	32,241	3
4	CHICAGO MARKET (DEPT 5575)	I	MARKETING	194	157,920	4,858	4
5	CHICAGO MARKET (DEPT 5575)	I	RESEARCH.RIVER FOREST NONREIM	194.07	85,324	573	5
500	Total reclassifications				1,546,705	80,304	500
	Code Letter - I						
1	RIVER FOREST COSTS	J	OPERATION OF PLANT-RIVER FORE	7.01	113,303	463,363	1
2	RIVER FOREST COSTS	J	HOUSEKEEPING-RIVER FOREST	9.01		250,702	2
500	Total reclassifications				113,303	714,065	500
	Code Letter - J						
1	RIVER FOREST DEPRECIATION	K	CAP REL COSTS-BLDG & FIXT RIV	1.01		51,604	1
500	Total reclassifications					51,604	500
	Code Letter - K						
	GRAND TOTAL (Increases)				1,660,008	23,763,710	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A	Administrative & General	5		5,221,280	9	
2	DEPRECIATION EXPENSE	A	Administrative & General	5		1,985,218	9	
500	Total reclassifications					7,206,498	500	
	Code letter - A							
1	RENTS LEASES	B					10	
2	RENTS LEASES	B					10	
3	RENTS LEASES	B	Administrative & General	5		248,500	3	
4	RENTS LEASES	B	Employee Benefits Department	4		3,388	4	
5	RENTS LEASES	B	Operation of Plant	7		2,313	5	
6	RENTS LEASES	B	Housekeeping	9		1,207	6	
7	RENT LEASES	B	Dietary	10		8,813	7	
8	RENTS LEASES	B	Nursing Administration	13		988	8	
9	RENTS LEASES	B	Central Services & Supply	14		61,718	9	
10	RENTS LEASES	B	Pharmacy	15		2,151	10	
11	RENTS LEASES	B	Medical Records & Library	16		2,890	11	
12	RENTS LEASES	B	I&R Services-Other Prgm Costs	22		3,550	12	
13	RENTS LEASES	B	Adults & Pediatrics	30		20,777	13	
14	RENTS LEASES	B	Intensive Care Unit	31		17,550	14	
15	RENTS LEASES	B	Nursery	43		538	15	
16	RENTS LEASES	B	Skilled Nursing Facility	44		49,694	16	
17	RENTS LEASES	B	Operating Room	50		162,381	17	
18	RENTS LEASES	B	Delivery Room & Labor Room	52		4,088	18	
19	RENTS LEASES	B	Radiology-Diagnostic	54		39,753	19	
20	RENTS LEASES	B	GASTRO INTESTINAL SERVICES	55.01		2,313	20	
21	RENTS LEASES	B	CT Scan	57		538	21	
22	RENTS LEASES	B	MRI	58		2,851	22	
23	RENTS LEASES	B	Respiratory Therapy	65		70,032	23	
24	RENTS LEASES	B	Physical Therapy	66		1,613	24	
25	RENTS LEASES	B	Speech Pathology	68		538	25	
26	RENTS LEASES	B	Clinic	90		42,051	26	
27	RENTS LEASES	B	Electrocardiology	69		4,088	27	
28	RENTS LEASES	B	DIABETOLOGY	90.01		451	28	
29	RENTS LEASES	B	CANCER CENTER	90.02		2,457	29	
30	RENTS LEASES	B	WOUND CARE	90.03		237	30	
31	RENTS LEASES	B	Emergency	91		1,435	31	
32			COMMUNITY RELATIONS	194.03		538	32	
33	RENTS LEASES	B	PHYSICIAN CLINICS	194.04		1,775	33	
500	Total reclassifications					761,216	500	
	Code letter - B							
1	PROPERTY TAXES	C	Administrative & General	5		299,509	13	
500	Total reclassifications					299,509	500	
	Code letter - C							
1	PHARMACY COGS	D	Employee Benefits Department	4		9,661	1	
2	PHARMACY COGS	D	Administrative & General	5		1,010	2	
3	PHARMACY COGS	D	Operation of Plant	7		58	3	
4	PHARMACY COGS	D	Central Services & Supply	14		602	4	
5	PHARMACY COGS	D	Pharmacy	15		1,585,754	5	
6	PHARMACY COGS	D	Adults & Pediatrics	30		74,160	6	
7	PHARMACY COGS	D	Intensive Care Unit	31		29,143	7	
8	PHARMACY COGS	D	Nursery	43		2,950	8	
9	PHARMACY COGS	D	Skilled Nursing Facility	44		3,671	9	
10	PHARMACY COGS	D	Operating Room	50		64,293	10	
11	PHARMACY COGS	D	Recovery Room	51		7,404	11	
12	PHARMACY COGS	D	Delivery Room & Labor Room	52		41,714	12	
13	PHARMACY COGS	D	Anesthesiology	53		32,496	13	
14	PHARMACY COGS	D	Radiology-Diagnostic	54		3,613	14	
15	PHARMACY COGS	D	GASTRO INTESTINAL SERVICES	55.01		18,223	15	
16	PHARMACY COGS	D	ULTRA SOUND	55.02		378	16	
17	PHARMACY COGS	D	Radioisotope	56		200,323	17	
18	PHARMACY COGS	D	CT Scan	57		2,209	18	
19	PHARMACY COGS	D	MRI	58		1,354	19	
20	PHARMACY COGS	D	Cardiac Catheterization	59		3,019	20	
21	PHARMACY COGS	D	Blood Storing, Processing & T	63		1,103	21	
22	PHARMACY COGS	D	Respiratory Therapy	65		3,905	22	
23	PHARMACY COGS	D	Electrocardiology	69		611	23	
24	PHARMACY COGS	D	Renal Dialysis	74		3,012	24	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
25	PHARMACY COGS	D	Clinic	90		167,706	25
26	PHARMACY COGS	D	CANCER CENTER	90.02		3,788,756	26
27	PHARMACY COGS	D	WOUND CARE	90.03		15,962	27
28	PHARMACY COGS	D	Emergency	91		128,667	28
29	PHARMACY COGS	D	RETAIL PHARMACY	194.02		321,063	29
30	PHARMACY COGS	D	PHYSICIAN CLINICS	194.04		21,036	30
500	Total reclassifications					6,533,856	500
	Code letter - D						
1	LAUNDRY	E	Central Services & Supply	14		19	1
2	LAUNDRY	E	I&R Services-Other Prgm Costs	22		755	2
3	LAUNDRY	E	Adults & Pediatrics	30		9,545	3
4	LAUNDRY	E	Intensive Care Unit	31		2,682	4
5	LAUNDRY	E	Skilled Nursing Facility	44		906	5
6	LAUNDRY	E	Operating Room	50		61,764	6
7	LAUNDRY	E	Recovery Room	51		84	7
8	LAUNDRY	E	Delivery Room & Labor Room	52		951	8
9	LAUNDRY	E	Radiology-Diagnostic	54		10,412	9
10	LAUNDRY	E	ULTRA SOUND	55.02		684	10
11	LAUNDRY	E	CT Scan	57		5,059	11
12	LAUNDRY	E	MRI	58		2,381	12
13	LAUNDRY	E	Cardiac Catheterization	59		150	13
14	LAUNDRY	E	Laboratory	60		660	14
15	LAUNDRY	E	Physical Therapy	66		17,533	15
16	LAUNDRY	E	Electrocardiology	69		1,683	16
17	LAUNDRY	E	Renal Dialysis	74		92	17
18	LAUNDRY	E	Emergency	91		1,037	18
500	Total reclassifications					116,397	500
	Code letter - E						
1	MEDICAL SUPPLIES COGS	F	Employee Benefits Department	4		578	1
2	MEDICAL SUPPLIES COGS	F	Administrative & General	5		4,194	2
3	MEDICAL SUPPLIES COGS	F	Operation of Plant	7		174	3
4	MEDICAL SUPPLIES COGS	F	Housekeeping	9		9,257	4
5	MEDICAL SUPPLIES COGS	F	Dietary	10		16	5
6	MEDICAL SUPPLIES COGS	F	Nursing Administration	13		12	6
7	MEDICAL SUPPLIES COGS	F	Pharmacy	15		12,294	7
8	MEDICAL SUPPLIES COGS	F	I&R Services-Other Prgm Costs	22		147	8
9	MEDICAL SUPPLIES COGS	F	Adults & Pediatrics	30		260,774	9
10	MEDICAL SUPPLIES COGS	F	Intensive Care Unit	31		129,682	10
11	MEDICAL SUPPLIES COGS	F	Nursery	43		51,916	11
12	MEDICAL SUPPLIES COGS	F	Skilled Nursing Facility	44		72,241	12
13	MEDICAL SUPPLIES COGS	F	Operating Room	50		667,691	13
14	MEDICAL SUPPLIES COGS	F	Recovery Room	51		87,036	14
15	MEDICAL SUPPLIES COGS	F	Delivery Room & Labor Room	52		158,298	15
16	MEDICAL SUPPLIES COGS	F	Anesthesiology	53		87,311	16
17	MEDICAL SUPPLIES COGS	F	Radiology-Diagnostic	54		223,060	17
18	MEDICAL SUPPLIES COGS	F	GASTRO INTESTINAL SERVICES	55.01		78,022	18
19	MEDICAL SUPPLIES COGS	F	ULTRA SOUND	55.02		15,440	19
20	MEDICAL SUPPLIES COGS	F	Radioisotope	56		4,834	20
21	MEDICAL SUPPLIES COGS	F	CT Scan	57		8,516	21
22	MEDICAL SUPPLIES COGS	F	MRI	58		10,098	22
23	MEDICAL SUPPLIES COGS	F	Cardiac Catheterization	59		29,303	23
24	MEDICAL SUPPLIES COGS	F	Laboratory	60		606	24
25	MEDICAL SUPPLIES COGS	F	Blood Storing, Processing & T	63		392	25
26	MEDICAL SUPPLIES COGS	F	Respiratory Therapy	65		42,811	26
27	MEDICAL SUPPLIES COGS	F	Physical Therapy	66		6,871	27
28	MEDICAL SUPPLIES COGS	F	Speech Pathology	68		856	28
29	MEDICAL SUPPLIES COGS	F	Electrocardiology	69		5,857	29
30	MEDICAL SUPPLIES COGS	F	Renal Dialysis	74		2,069	30
31	MEDICAL SUPPLIES COGS	F	Clinic	90		10,024	31
32	MEDICAL SUPPLIES COGS	F	DIABETOLOGY	90.01		7	32
33	MEDICAL SUPPLIES COGS	F	CANCER CENTER	90.02		13,063	33
34	MEDICAL SUPPLIES COGS	F	WOUND CARE	90.03		35,852	34
35	MEDICAL SUPPLIES COGS	F	Emergency	91		262,385	35
36	MEDICAL SUPPLIES COGS	F	RETAIL PHARMACY	194.02		232	36
500	Total reclassifications					2,291,919	500
	Code letter - F						

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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	IMPLANTABLE DEVICES	G	Intensive Care Unit	31		464	1
2	IMPLANTABLE DEVICES	G	Operating Room	50		2,068,156	2
3	IMPLANTS DEVICES	G	Delivery Room & Labor Room	52		1,574	3
4	IMPLANTABLE DEVICES	G	Anesthesiology	53		5,512	4
5	IMPLANTABLE DEVICES	G	Radiology-Diagnostic	54		395,539	5
6	IMPLANTABLE DEVICES	G	GASTRO INTESTINAL SERVICES	55,01		13,852	6
7	IMPLANTABLE DEVICES	G	CT Scan	57		34,465	7
8			MRI	58		4,588	8
9			Cardiac Catheterization	59		3,147,820	9
10			Clinic	90		26,871	10
11			Emergency	91		1,489	11
500	Total reclassifications					5,700,330	500
	Code letter - G						
1	TRANSCRIPTION FEES	H	Clinic	90		7,772	1
2	TRANSCRIPTION FEES	H	RETAIL PHARMACY	194.02		240	2
500	Total reclassifications					8,012	500
	Code letter - H						
1	CHICAGO MARKET (DEPT 5575)	I	Administrative & General	5	1,546,705	80,304	1
2	CHICAGO MARKET (DEPT 5575)	I					2
3	CHICAGO MARKET (DEPT 5575)	I					3
4	CHICAGO MARKET (DEPT 5575)	I					4
5	CHICAGO MARKET (DEPT 5575)	I					5
500	Total reclassifications				1,546,705	80,304	500
	Code letter - I						
1	RIVER FOREST COSTS	J	Operation of Plant	7	113,303	463,363	1
2	RIVER FOREST COSTS	J	Housekeeping	9		250,702	2
500	Total reclassifications				113,303	714,065	500
	Code letter - J						
1	RIVER FOREST DEPRECIATION	K	Cap Rel Costs-Bldg & Fixt	1		51,604	9 1
500	Total reclassifications					51,604	500
	Code letter - K						
	GRAND TOTAL (Decreases)				1,660,008	23,763,710	

(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	1,930,352					1,930,352		1
2	Land Improvements	2,360,389					2,360,389		2
3	Buildings and Fixtures	153,750,737	263,453		263,453		154,014,190		3
4	Building Improvements								4
5	Fixed Equipment	20,640,059					20,640,059		5
6	Movable Equipment	99,773,353	2,679,538		2,679,538		102,452,891		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	278,454,890	2,942,991		2,942,991		281,397,881		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	278,454,890	2,942,991		2,942,991		281,397,881		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt									1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR									1.01
2	Cap Rel Costs-Mvble Equip									2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE									2.01
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 instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	156,374,579		156,374,579	0.559545					1
1.01	CAP REL COSTS-BLDG & FI				0.000000					1.01
2	Cap Rel Costs-Mvble Equ	123,092,950		123,092,950	0.440455					2
2.01	CAP REL CSTS-MVBLE EQUI				0.000000					2.01
3	Total (sum of lines 1-2)	279,467,529		279,467,529	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	5,439,415	261,520			215,476		5,916,411	1	
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	562,345						562,345	1.01	
2	Cap Rel Costs-Mvble Equip	6,276,893	499,696					6,776,589	2	
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE								2.01	
3	Total (sum of lines 1-2)	12,278,653	761,216			215,476		13,255,345	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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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital- Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	

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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
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	Trace, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-4,907,806			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	173,266			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-419,307	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-1,408,410	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	4,309,590	Cap Rel Costs-Mvble Equip	2	9 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					32
33	DIRECT PHONE COSTS	A	-139,578	Administrative & General	5	33
33.01	PBX SALARY	A	-154,658	Administrative & General	5	33.01
33.02	PBX BENEFITS	A	-53,571	Employee Benefits Department	4	33.02
33.03	TELEPHONE DEPRECIATION	A	-8,500	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION DEPRECIATION	A	-9,415	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	TELEVISION CABLE & SATELITE	A	-2,542	Operation of Plant	7	33.05
33.06	TELEVISION CABLE & SATELITE	A	-3,624	CANCER CENTER	90.02	33.06
33.07	BADGE REPLACEMENT	B	-400	Employee Benefits Department	4	33.07
33.08	WSPH RECEIVABLE	B	-234,363	Administrative & General	5	33.08
33.09	INTEREST & PAYMENTS	B	-9,666	Administrative & General	5	33.09
33.10	MEDICAL STIPEND FEES	B	-15,215	Administrative & General	5	33.10
33.11	TRIAL SUBPEONA	B	-21,401	Medical Records & Library	16	33.11
33.12	RESIDENT STIPENDS	B	-22,059	I&R Services-Other Prgm Costs Apprvd	22	33.12
33.13	MATERNAL CHILD CARE CLASSES	B	-9,933	Adults & Pediatrics	30	33.13
33.14	SURGICAL ASST	B	-364	Operating Room	50	33.14
33.15	COPY OF X-RAYS	B	-5,690	Radiology-Diagnostic	54	33.15
33.17	RENTAL INCOME	B	-16,297	GASTRO INTESTINAL SERVICES	55.01	33.17
33.18	INTEREST PAYMENTS	B	-53	Electrocardiology	69	33.18
33.19	INTEREST PAYMENTS	B	-58,094	Clinic	90	33.19
33.20	RENTAL INCOME	B	-1,324	Administrative & General	5	33.20
33.21	ADVERTISING	A	-112,059	Administrative & General	5	33.21
33.22	ADVERTISING	A	-3,290	I&R Services-Other Prgm Costs Apprvd	22	33.22
33.24	OTHER EXPENSE	A	-1,542	Administrative & General	5	33.24
33.27	OTHER EXPENSE	A	-2,635	I&R Services-Other Prgm Costs Apprvd	22	33.27
33.30	OTHER EXPENSE	A	-717	Emergency	91	33.30

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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
33.32	PURCHASED SVCS	A	-33,832	Administrative & General	5	33.32
33.33	PURCHASED SVCS	A	-52,986	Operation of Plant	7	33.33
33.34	PURCHASED SVCS	A	-1,204	Radiology-Diagnostic	54	33.34
33.35	PURCHASED SVCS	A	-4,068	Radioisotope	56	33.35
33.36	PURCHASED SVCS	A	-11,171	CT Scan	57	33.36
33.37	PURCHASED SVCS	A	-5,700	MRI	58	33.37
33.38	PURCHASED SVCS- CHICAGO MKT	A	-12,785	Administrative & General	5	33.38
33.40	PHYSICIAN INCENTIVES	A	-5,796	Administrative & General	5	33.40
33.42	TRAVEL	A	-245	Administrative & General	5	33.42
33.43	TRAVEL	A	-253	Dietary	10	33.43
33.44	TRAVEL	A	-2,152	Electrocardiology	69	33.44
33.45	ALCOHOL	A	-2,100	Administrative & General	5	33.45
33.46	MEALS	A	-7,109	Administrative & General	5	33.46
33.47	MEALS	A	-5,864	I&R Services-Other Prgm Costs Apprvd	22	33.47
33.48	PROPERTY TAXES	A	-84,033	Cap Rel Costs-Bldg & Fixt	1	13 33.48
33.49	DONATIONS/CONTRIBUTIONS	A	-27,774	Administrative & General	5	33.49
33.50	DUES & SUBSCRIPTION	A	-1,264	Administrative & General	5	33.50
33.51	DUES & SUBSCRIPTION	A	-225	I&R Services-Other Prgm Costs Apprvd	22	33.51
33.53	LOBBYING	A	-21,584	Administrative & General	5	33.53
33.55	IDPA TAX ASSESSMENT	A	-9,333	Administrative & General	5	33.55
33.56	PENALTIES & FINES	A	-890	Administrative & General	5	33.56
33.57	NON-PATIENT BAD DEBT EXPENSE	A	-3,381	Administrative & General	5	33.57
33.58	RIVER FOREST PROPERTY TAXES	A	482,543	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9 33.58
33.59	RIVER FOREST DEPRECIATION EXP	A	28,198	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9 33.59
34	ILL AHA	A	-1,500	Administrative & General	5	34
35	WELLNESS	A	-541,150	Administrative & General	5	35
36	ILL HOSP ASS	A	-1,325	Administrative & General	5	36
37	WSH RECEIV	A	-1,000	Radiology-Diagnostic	54	37
38	TRAVEL	A	-1,419	WOUND CARE	90.03	38
39	TRANSPORT	A	-27,474	Administrative & General	5	39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-3,496,533			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	AUTO INSURANCE		-4,109	4,109	1
2	5	Administrative & General	OTHER INSURANCE		1,314	-1,314	2
3	5	Administrative & General	PROPERTY INSURANCE		53,485	-53,485	3
3.01	5	Administrative & General	MALPRACTICE		2,787,264	-2,787,264	3.01
3.02	4	Employee Benefits Department	WORK COMP		585,712	-585,712	3.02
3.03	5	Administrative & General	INTEREST EXP		2,618,896	-2,618,896	3.03
3.04	5	Administrative & General	CORP ALLOCATION		1,114,583	-1,114,583	3.04
3.05	1	Cap Rel Costs-Bldg & Fixt	CORP POOL CAPITAL	1,678,149		1,678,149	9
3.06	5	Administrative & General	CORP NON CAPITAL POOL	5,652,262		5,652,262	3.06
3.07	60	Laboratory	GENSIS LAB	3,377,225	3,377,225		3.07
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			10,707,636	10,534,370	173,266	5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B			TENET HEALTHCAR		HLTHCARE	6
7	G			GENESIS LAB		LAB	7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider/ Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
	1	Administrative & Gen ADMINISTRATIVE	55,682	55,682		177,200				1
	2	Adults & Pediatrics ADULTS & PEDIAT	1,508,551	1,481,465	27,086	177,200	166	14,142	707	2
	3	Intensive Care Unit INTENSIVE CARE	102,250	16,145	86,105	177,200	447	38,081	1,904	3
	4	Skilled Nursing Faci SKILLED NURSING	24,500	10,000	14,500	177,200	130	11,075	554	4
	5	Operating Room OPERATING ROOM	519,983	519,983		177,200				5
	6	Anesthesiology ANESTHESIOLOGY	655,683	655,683		177,200				6
	7	Respiratory Therapy RESPIRATORY THE	12,739	3,189	9,550	177,200	48	4,089	204	7
	8	Electrocardiology ELECTROCARDIOLO	123,956	119,383	4,573	177,200	21	1,789	89	8
	9	Clinic CLINIC	612,079	612,079		177,200				9
	10	90.03 WOUND CARE WOUND CARE	19,500	19,500		177,200				10
	11	91 Emergency EMERGENCY	1,320,455	1,320,455		177,200				11
	12	4 Employee Benefits De HUMAN RES	118	118		177,200				12
	13	15 Pharmacy PHARMACY	16,000	16,000		177,200				13
	14	54 Radiology-Diagnostic BREAST CENTER	4,094	4,094		177,200				14
	15	57 CT Scan ODGEN	2,670		2,670	177,200	15	1,278	64	15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL	4,978,260	4,833,776	144,484		827	70,454	3,522	200

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE							55,682	1
2	30	Adults & Pediatrics ADULTS & PEDIAT					14,142	12,944	1,494,409	2
3	31	Intensive Care Unit INTENSIVE CARE					38,081	48,024	64,169	3
4	44	Skilled Nursing Faci SKILLED NURSING					11,075	3,425	13,425	4
5	50	Operating Room OPERATING ROOM							519,983	5
6	53	Anesthesiology ANESTHESIOLOGY							655,683	6
7	65	Respiratory Therapy RESPIRATORY THE					4,089	5,461	8,650	7
8	69	Electrocardiology ELECTROCARDIOLO					1,789	2,784	122,167	8
9	90	Clinic CLINIC							612,079	9
10	90.03	WOUND CARE WOUND CARE							19,500	10
11	91	Emergency EMERGENCY							1,320,455	11
12	4	Employee Benefits De HUMAN RES							118	12
13	15	Pharmacy PHARMACY							16,000	13
14	54	Radiology-Diagnostic BREAST CENTER							4,094	14
15	57	CT Scan ODGEN					1,278	1,392	1,392	15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					70,454	74,030	4,907,806	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	5,916,411	5,916,411					1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	562,345		562,345				1.01
2	Cap Rel Costs-Mvble Equip	6,776,589			6,776,589			2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department	11,670,620				11,670,620		4
5	Administrative & General	18,234,065	383,880		439,691	1,502,388	20,560,024	5
6	Maintenance & Repairs							6
7	Operation of Plant	5,165,395	1,531,428		1,754,079	273,995	8,724,897	7
7.01	OPERATION OF PLANT-RIVER FOREST	576,666				22,328	598,994	7.01
8	Laundry & Linen Service	795,816	19,831		22,714		838,361	8
9	Housekeeping	1,543,511	43,903		50,286	233,177	1,870,877	9
9.01	HOUSEKEEPING-RIVER FOREST	250,702	198,564		227,433		676,699	9.01
10	Dietary	1,271,875				211,859	1,483,734	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,256,299	17,151		19,644	227,013	1,520,107	13
14	Central Services & Supply	1,001,599	71,878		82,328	46,908	1,202,713	14
15	Pharmacy	3,656,899	42,982		49,231	274,019	4,023,131	15
16	Medical Records & Library	1,451,906	8,412		9,635	254,526	1,724,479	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,817,477				949,346	5,766,823	21
22	I&R Services-Other Prgm Costs Apprvd	997,913	94,784		108,565		1,201,262	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,827,163	749,607		858,591	1,956,050	14,391,411	30
31	Intensive Care Unit	2,340,388	183,487		210,164	418,843	3,152,882	31
43	Nursery	914,695	9,531		10,917	174,508	1,109,651	43
44	Skilled Nursing Facility	2,382,557	188,543		215,956	435,829	3,222,885	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,494,257	331,763		379,997	706,385	7,912,402	50
51	Recovery Room	684,024				130,703	814,727	51
52	Delivery Room & Labor Room	2,509,788	205,007		234,813	458,144	3,407,752	52
53	Anesthesiology	176,541	8,284		9,489	23,826	218,140	53
54	Radiology-Diagnostic	3,451,581	239,192	98,138	273,968	525,732	4,588,611	54
55.01	GASTRO INTESTINAL SERVICES	1,138,735	227,354		260,409	149,248	1,775,746	55.01
55.02	ULTRA SOUND	626,114				112,935	739,049	55.02
56	Radioisotope	268,913	33,533		38,408	37,569	378,423	56
57	CT Scan	1,323,817				168,572	1,492,389	57
58	MRI	545,676				49,184	594,860	58
59	Cardiac Catheterization	904,278	35,723		40,917	109,355	1,090,273	59
60	Laboratory	4,530,221	171,171	2,262	196,058	19,834	4,919,546	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	630,522	7,888		9,035		647,445	63
65	Respiratory Therapy	1,071,607	40,675		46,589	188,096	1,346,967	65
66	Physical Therapy	2,150,272	28,663	29,940	32,830	415,272	2,656,977	66
67	Occupational Therapy	140,939				27,755	168,694	67
68	Speech Pathology	170,191	17,431		19,965	33,361	240,948	68
69	Electrocardiology	648,102	32,892	24,730	37,674	99,820	843,218	69
71	Medical Supplies Charged to Patients	2,120,917					2,120,917	71
72	Impl. Dev. Charged to Patients	5,700,330					5,700,330	72
73	Drugs Charged to Patients	6,533,856					6,533,856	73
74	Renal Dialysis	554,985	6,234		7,140		568,359	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,213,406	72,868		83,462	376,334	2,746,070	90
90.01	DIABETOLOGY	102,447				20,064	122,511	90.01
90.02	CANCER CENTER	1,251,943		83,107		75,360	1,410,410	90.02
90.03	WOUND CARE	725,616				152	725,768	90.03
91	Emergency	4,730,353	440,424		504,457	810,803	6,486,037	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	133,810,322	5,443,083	238,177	6,234,445	11,519,293	132,319,355	118

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,571	25,668		29,400		56,639	190
192	Physicians' Private Offices		409,886		469,478		879,364	192
194	MARKETING	495,074				48,450	543,524	194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	286,295		2,262		42,866	331,423	194.0
2								2
194.0	COMMUNITY RELATIONS	117,207				11,638	128,845	194.0
3								3
194.0	PHYSICIAN CLINICS	174,863	37,774		43,266	24,121	280,024	194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	125,221		321,906		24,252	471,379	194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	135,010,553	5,916,411	562,345	6,776,589	11,670,620	135,010,553	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General	20,560,024						5
6	Maintenance & Repairs							6
7	Operation of Plant	1,567,349	10,292,246					7
7.01	OPERATION OF PLANT-RIVER FOREST	107,604		706,598				7.01
8	Laundry & Linen Service	150,604	51,012		1,039,977			8
9	Housekeeping	336,086	112,933			2,319,896		9
9.01	HOUSEKEEPING-RIVER FOREST	121,563	510,776			116,994	1,426,032	9.01
10	Dietary	266,539						10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	273,074	44,118			10,105		13
14	Central Services & Supply	216,057	184,895		845	42,350		14
15	Pharmacy	722,719	110,565			25,325		15
16	Medical Records & Library	309,787	21,639			4,957		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,035,958						21
22	I&R Services-Other Prgm Costs Apprvd	215,796	243,819			55,847		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,585,303	1,928,252		464,474	441,665		30
31	Intensive Care Unit	566,387	471,993		99,335	108,110		31
43	Nursery	199,339	24,517			5,616		43
44	Skilled Nursing Facility	578,962	485,000		119,687	111,090		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,421,392	853,411		111,367	195,475		50
51	Recovery Room	146,358						51
52	Delivery Room & Labor Room	612,172	527,350		5,026	120,790		52
53	Anesthesiology	39,187	21,310			4,881		53
54	Radiology-Diagnostic	824,303	615,287	123,313	57,243	140,932	248,866	54
55.01	GASTRO INTESTINAL SERVICES	318,997	584,836		1,747	133,957		55.01
55.02	ULTRA SOUND	132,764						55.02
56	Radioisotope	67,980	86,258			19,758		56
57	CT Scan	268,094						57
58	MRI	106,861						58
59	Cardiac Catheterization	195,858	91,893		4,534	21,048		59
60	Laboratory	883,752	440,313	2,842		100,854	5,736	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	116,308	20,291			4,648		63
65	Respiratory Therapy	241,970	104,631		16,844	23,966		65
66	Physical Therapy	477,302	73,730	37,620	1,916	16,888	75,924	66
67	Occupational Therapy	30,304						67
68	Speech Pathology	43,284	44,838			10,270		68
69	Electrocardiology	151,477	84,610	31,073	1,764	19,380	62,711	69
71	Medical Supplies Charged to Patients	381,004						71
72	Impl. Dev. Charged to Patients	1,024,013						72
73	Drugs Charged to Patients	1,173,748						73
74	Renal Dialysis	102,101	16,035		5,371	3,673		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	493,307	187,442		833	42,934		90
90.01	DIABETOLOGY	22,008						90.01
90.02	CANCER CENTER	253,367		104,426			210,748	90.02
90.03	WOUND CARE	130,378						90.03
91	Emergency	1,165,158	1,132,926		148,991	259,498		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	20,076,574	9,074,680	299,274	1,039,977	2,041,011	603,985	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	
		5	7	7.01	8	9	9.01	
190	Gift, Flower, Coffee Shop & Canteen	10,175	66,027			15,124		190
192	Physicians' Private Offices	157,970	1,054,371			241,505		192
194	MARKETING	97,639						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	59,537		2,842			5,736	194.0
2								2
194.0	COMMUNITY RELATIONS	23,146						194.0
3								3
194.0	PHYSICIAN CLINICS	50,304	97,168			22,256		194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	84,679		404,482			816,311	194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	20,560,024	10,292,246	706,598	1,039,977	2,319,896	1,426,032	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary	1,750,273						10
11	Cafeteria	930,973	930,973					11
12	Maintenance of Personnel							12
13	Nursing Administration		22,419	1,869,823				13
14	Central Services & Supply		4,632		1,651,492			14
15	Pharmacy		27,061			4,908,801		15
16	Medical Records & Library		25,136				2,085,998	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		93,753					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	524,154	193,190	667,238			236,416	30
31	Intensive Care Unit	59,132	41,363	132,037			33,856	31
43	Nursery		17,234	43,862			36,210	43
44	Skilled Nursing Facility	217,917	43,040	172,829			13,407	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		69,759	229,269			216,008	50
51	Recovery Room		12,908	32,163			38,794	51
52	Delivery Room & Labor Room		45,244	129,188			39,903	52
53	Anesthesiology		2,353	10,449			29,534	53
54	Radiology-Diagnostic		51,919				107,978	54
55.01	GASTRO INTESTINAL SERVICES		14,739	49,686			77,965	55.01
55.02	ULTRA SOUND		11,153				36,745	55.02
56	Radioisotope		3,710				15,178	56
57	CT Scan		16,647				129,158	57
58	MRI		4,857				31,559	58
59	Cardiac Catheterization		10,799	23,647			76,709	59
60	Laboratory		1,959				211,162	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						16,676	63
65	Respiratory Therapy		18,576	64,519			42,776	65
66	Physical Therapy		41,010				46,231	66
67	Occupational Therapy		2,741				5,639	67
68	Speech Pathology		3,295				2,984	68
69	Electrocardiology		9,858	36,419			47,858	69
71	Medical Supplies Charged to Patients				445,903		84,191	71
72	Impl. Dev. Charged to Patients				1,205,589		47,290	72
73	Drugs Charged to Patients					4,908,801	194,635	73
74	Renal Dialysis						4,599	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		37,165				22,513	90
90.01	DIABETOLOGY		1,981				129	90.01
90.02	CANCER CENTER		7,442				8,745	90.02
90.03	WOUND CARE		15	278,517			8,475	90.03
91	Emergency		80,071				222,675	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,732,176	916,029	1,869,823	1,651,492	4,908,801	2,085,998	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices	4,567						192
194	MARKETING		4,785					194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		4,233					194.0
2								2
194.0	COMMUNITY RELATIONS		1,149					194.0
3								3
194.0	PHYSICIAN CLINICS		2,382					194.0
4								4
194.0	GUEST MEALS	13,530						194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		2,395					194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,750,273	930,973	1,869,823	1,651,492	4,908,801	2,085,998	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		21	22	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
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	6,896,534					21
22	I&R Services-Other Prgm Costs Apprvd		1,716,724				22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	6,755,048	1,681,505	29,868,656	-8,436,553	21,432,103	30
31	Intensive Care Unit			4,665,095		4,665,095	31
43	Nursery			1,436,429		1,436,429	43
44	Skilled Nursing Facility			4,964,817		4,964,817	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room			11,009,083		11,009,083	50
51	Recovery Room			1,044,950		1,044,950	51
52	Delivery Room & Labor Room			4,887,425		4,887,425	52
53	Anesthesiology			325,854		325,854	53
54	Radiology-Diagnostic			6,758,452		6,758,452	54
55.01	GASTRO INTESTINAL SERVICES			2,957,673		2,957,673	55.01
55.02	ULTRA SOUND			919,711		919,711	55.02
56	Radioisotope			571,307		571,307	56
57	CT Scan			1,906,288		1,906,288	57
58	MRI			738,137		738,137	58
59	Cardiac Catheterization			1,514,761		1,514,761	59
60	Laboratory			6,566,164		6,566,164	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			805,368		805,368	63
65	Respiratory Therapy			1,860,249		1,860,249	65
66	Physical Therapy			3,427,598		3,427,598	66
67	Occupational Therapy			207,378		207,378	67
68	Speech Pathology			345,619		345,619	68
69	Electrocardiology			1,288,368		1,288,368	69
71	Medical Supplies Charged to Patients			3,032,015		3,032,015	71
72	Impl. Dev. Charged to Patients			7,977,222		7,977,222	72
73	Drugs Charged to Patients			12,811,040		12,811,040	73
74	Renal Dialysis			700,138		700,138	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic			3,530,264		3,530,264	90
90.01	DIABETOLOGY			146,629		146,629	90.01
90.02	CANCER CENTER			1,995,138		1,995,138	90.02
90.03	WOUND CARE			1,143,153		1,143,153	90.03
91	Emergency	141,486	35,219	9,672,061	-176,705	9,495,356	91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	6,896,534	1,716,724	129,077,042	-8,613,258	120,463,784	118
	NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		21	22	24	25	26	
190	Gift, Flower, Coffee Shop & Canteen			147,965		147,965	190
192	Physicians' Private Offices			2,337,777		2,337,777	192
194	MARKETING			645,948		645,948	194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY			403,771		403,771	194.0
2							2
194.0	COMMUNITY RELATIONS			153,140		153,140	194.0
3							3
194.0	PHYSICIAN CLINICS			452,134		452,134	194.0
4							4
194.0	GUEST MEALS			13,530		13,530	194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB			1,779,246		1,779,246	194.0
7							7
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	6,896,534	1,716,724	135,010,553	-8,613,258	126,397,295	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General		383,880		439,691	823,571	823,571	5
6	Maintenance & Repairs							6
7	Operation of Plant		1,531,428		1,754,079	3,285,507	62,784	7
7.01	OPERATION OF PLANT-RIVER FOREST						4,310	7.01
8	Laundry & Linen Service		19,831		22,714	42,545	6,033	8
9	Housekeeping		43,903		50,286	94,189	13,463	9
9.01	HOUSEKEEPING-RIVER FOREST		198,564		227,433	425,997	4,870	9.01
10	Dietary						10,677	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		17,151		19,644	36,795	10,939	13
14	Central Services & Supply		71,878		82,328	154,206	8,655	14
15	Pharmacy		42,982		49,231	92,213	28,950	15
16	Medical Records & Library		8,412		9,635	18,047	12,409	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						41,498	21
22	I&R Services-Other Prgm Costs Apprvd		94,784		108,565	203,349	8,644	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		749,607		858,591	1,608,198	103,542	30
31	Intensive Care Unit		183,487		210,164	393,651	22,688	31
43	Nursery		9,531		10,917	20,448	7,985	43
44	Skilled Nursing Facility		188,543		215,956	404,499	23,192	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		331,763		379,997	711,760	56,938	50
51	Recovery Room						5,863	51
52	Delivery Room & Labor Room		205,007		234,813	439,820	24,522	52
53	Anesthesiology		8,284		9,489	17,773	1,570	53
54	Radiology-Diagnostic		239,192	98,138	273,968	611,298	33,020	54
55.01	GASTRO INTESTINAL SERVICES		227,354		260,409	487,763	12,778	55.01
55.02	ULTRA SOUND						5,318	55.02
56	Radioisotope		33,533		38,408	71,941	2,723	56
57	CT Scan						10,739	57
58	MRI						4,281	58
59	Cardiac Catheterization		35,723		40,917	76,640	7,846	59
60	Laboratory		171,171	2,262	196,058	369,491	35,401	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		7,888		9,035	16,923	4,659	63
65	Respiratory Therapy		40,675		46,589	87,264	9,693	65
66	Physical Therapy		28,663	29,940	32,830	91,433	19,120	66
67	Occupational Therapy						1,214	67
68	Speech Pathology		17,431		19,965	37,396	1,734	68
69	Electrocardiology		32,892	24,730	37,674	95,296	6,068	69
71	Medical Supplies Charged to Patients						15,262	71
72	Impl. Dev. Charged to Patients						41,020	72
73	Drugs Charged to Patients						47,018	73
74	Renal Dialysis		6,234		7,140	13,374	4,090	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		72,868		83,462	156,330	19,761	90
90.01	DIABETOLOGY						882	90.01
90.02	CANCER CENTER			83,107		83,107	10,149	90.02
90.03	WOUND CARE						5,223	90.03
91	Emergency		440,424		504,457	944,881	46,674	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		5,443,083	238,177	6,234,445	11,915,705	804,205	118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
190	Gift, Flower, Coffee Shop & Canteen		25,668		29,400	55,068	408	190
192	Physicians' Private Offices		409,886		469,478	879,364	6,328	192
194	MARKETING						3,911	194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY			2,262		2,262	2,385	194.0
2								2
194.0	COMMUNITY RELATIONS						927	194.0
3								3
194.0	PHYSICIAN CLINICS		37,774		43,266	81,040	2,015	194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB			321,906		321,906	3,392	194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		5,916,411	562,345	6,776,589	13,255,345	823,571	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	DIETARY	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	3,348,291						7
7.01	OPERATION OF PLANT-RIVER FOREST		4,310					7.01
8	Laundry & Linen Service	16,595		65,173				8
9	Housekeeping	36,740			144,392			9
9.01	HOUSEKEEPING-RIVER FOREST	166,167			7,282	604,316		9.01
10	Dietary						10,677	10
11	Cafeteria						5,679	11
12	Maintenance of Personnel							12
13	Nursing Administration	14,353			629			13
14	Central Services & Supply	60,150		53	2,636			14
15	Pharmacy	35,969			1,576			15
16	Medical Records & Library	7,040			308			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	79,320			3,476			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	627,301		29,107	27,491		3,197	30
31	Intensive Care Unit	153,549		6,225	6,729		361	31
43	Nursery	7,976			350			43
44	Skilled Nursing Facility	157,781		7,501	6,914		1,329	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	277,633		6,979	12,166			50
51	Recovery Room							51
52	Delivery Room & Labor Room	171,558		315	7,518			52
53	Anesthesiology	6,933			304			53
54	Radiology-Diagnostic	200,166	752	3,587	8,772	105,463		54
55.01	GASTRO INTESTINAL SERVICES	190,260		109	8,338			55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope	28,062			1,230			56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	29,895		284	1,310			59
60	Laboratory	143,243	17		6,277	2,431		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,601			289			63
65	Respiratory Therapy	34,039		1,056	1,492			65
66	Physical Therapy	23,986	229	120	1,051	32,175		66
67	Occupational Therapy							67
68	Speech Pathology	14,587			639			68
69	Electrocardiology	27,525	190	111	1,206	26,575		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	5,216		337	229			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	60,979		52	2,672			90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER		637			89,310		90.02
90.03	WOUND CARE							90.03
91	Emergency	368,566		9,337	16,151			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,952,190	1,825	65,173	127,035	255,954	10,566	118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	DIETARY	
		7	7.01	8	9	9.01	10	
190	Gift, Flower, Coffee Shop & Canteen	21,480			941			190
192	Physicians' Private Offices	343,010			15,031		28	192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		17			2,431		194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS	31,611			1,385			194.0
4								4
194.0	GUEST MEALS						83	194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		2,468			345,931		194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,348,291	4,310	65,173	144,392	604,316	10,677	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria	5,679						11
12	Maintenance of Personnel							12
13	Nursing Administration	137	62,853					13
14	Central Services & Supply	28		225,728				14
15	Pharmacy	165			158,873			15
16	Medical Records & Library	154				37,958		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	573					42,071	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,167	22,429			4,490		30
31	Intensive Care Unit	253	4,438			613		31
43	Nursery	105	1,474			655		43
44	Skilled Nursing Facility	263	5,810			243		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	427	7,707			3,909		50
51	Recovery Room	79	1,081			702		51
52	Delivery Room & Labor Room	277	4,343			722		52
53	Anesthesiology	14	351			534		53
54	Radiology-Diagnostic	317				1,954		54
55.01	GASTRO INTESTINAL SERVICES	90	1,670			1,411		55.01
55.02	ULTRA SOUND	68				665		55.02
56	Radioisotope	23				275		56
57	CT Scan	102				2,337		57
58	MRI	30				571		58
59	Cardiac Catheterization	66	795			1,388		59
60	Laboratory	12				3,821		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					302		63
65	Respiratory Therapy	114	2,169			774		65
66	Physical Therapy	251				837		66
67	Occupational Therapy	17				102		67
68	Speech Pathology	20				54		68
69	Electrocardiology	60	1,224			866		69
71	Medical Supplies Charged to Patients			60,947		1,523		71
72	Impl. Dev. Charged to Patients			164,781		856		72
73	Drugs Charged to Patients				158,873	3,522		73
74	Renal Dialysis					83		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	227				407		90
90.01	DIABETOLOGY	12				2		90.01
90.02	CANCER CENTER	46				158		90.02
90.03	WOUND CARE		9,362			153		90.03
91	Emergency	490				4,029		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,587	62,853	225,728	158,873	37,958		118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	MARKETING	29						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	26						194.0
2								2
194.0	COMMUNITY RELATIONS	7						194.0
3								3
194.0	PHYSICIAN CLINICS	15						194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	15						194.0
7								7
200	Cross Foot Adjustments						42,071	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,679	62,853	225,728	158,873	37,958	42,071	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		22	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
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	294,789					22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		2,426,922		2,426,922		30
31	Intensive Care Unit		588,507		588,507		31
43	Nursery		38,993		38,993		43
44	Skilled Nursing Facility		607,532		607,532		44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		1,077,519		1,077,519		50
51	Recovery Room		7,725		7,725		51
52	Delivery Room & Labor Room		649,075		649,075		52
53	Anesthesiology		27,479		27,479		53
54	Radiology-Diagnostic		965,329		965,329		54
55.01	GASTRO INTESTINAL SERVICES		702,419		702,419		55.01
55.02	ULTRA SOUND		6,051		6,051		55.02
56	Radioisotope		104,254		104,254		56
57	CT Scan		13,178		13,178		57
58	MRI		4,882		4,882		58
59	Cardiac Catheterization		118,224		118,224		59
60	Laboratory		560,693		560,693		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		28,774		28,774		63
65	Respiratory Therapy		136,601		136,601		65
66	Physical Therapy		169,202		169,202		66
67	Occupational Therapy		1,333		1,333		67
68	Speech Pathology		54,430		54,430		68
69	Electrocardiology		159,121		159,121		69
71	Medical Supplies Charged to Patients		77,732		77,732		71
72	Impl. Dev. Charged to Patients		206,657		206,657		72
73	Drugs Charged to Patients		209,413		209,413		73
74	Renal Dialysis		23,329		23,329		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		240,428		240,428		90
90.01	DIABETOLOGY		896		896		90.01
90.02	CANCER CENTER		183,407		183,407		90.02
90.03	WOUND CARE		14,738		14,738		90.03
91	Emergency		1,390,128		1,390,128		91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		10,794,971		10,794,971		118
	NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		22	24	25	26		
190	Gift, Flower, Coffee Shop & Canteen		77,897		77,897		190
192	Physicians' Private Offices		1,243,761		1,243,761		192
194	MARKETING		3,940		3,940		194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY		7,121		7,121		194.0
2							2
194.0	COMMUNITY RELATIONS		934		934		194.0
3							3
194.0	PHYSICIAN CLINICS		116,066		116,066		194.0
4							4
194.0	GUEST MEALS		83		83		194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB		673,712		673,712		194.0
7							7
200	Cross Foot Adjustments	294,789	336,860		336,860		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	294,789	13,255,345		13,255,345		202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	CAPITAL RELATED COSTS CAP REL SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	
		1	1.01	2	2.01	4	5A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	507,784						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR		77,815					1.01
2	Cap Rel Costs-Mvble Equip			507,784				2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE				77,815			2.01
4	Employee Benefits Department					59,222,725		4
5	Administrative & General	32,947		32,947		7,623,897	-20,560,024	5
6	Maintenance & Repairs							6
7	Operation of Plant	131,437		131,437		1,390,394		7
7.01	OPERATION OF PLANT-RIVER FOREST					113,303		7.01
8	Laundry & Linen Service	1,702		1,702				8
9	Housekeeping	3,768		3,768		1,183,261		9
9.01	HOUSEKEEPING-RIVER FOREST	17,042		17,042				9.01
10	Dietary					1,075,081		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,472		1,472		1,151,983		13
14	Central Services & Supply	6,169		6,169		238,034		14
15	Pharmacy	3,689		3,689		1,390,517		15
16	Medical Records & Library	722		722		1,291,597		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					4,817,477		21
22	I&R Services-Other Prgm Costs Apprvd	8,135		8,135				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,336		64,336		9,925,940		30
31	Intensive Care Unit	15,748		15,748		2,125,429		31
43	Nursery	818		818		885,546		43
44	Skilled Nursing Facility	16,182		16,182		2,211,624		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,474		28,474		3,584,563		50
51	Recovery Room					663,255		51
52	Delivery Room & Labor Room	17,595		17,595		2,324,863		52
53	Anesthesiology	711		711		120,904		53
54	Radiology-Diagnostic	20,529	13,580	20,529	13,580	2,667,837		54
55.01	GASTRO INTESTINAL SERVICES	19,513		19,513		757,362		55.01
55.02	ULTRA SOUND					573,091		55.02
56	Radioisotope	2,878		2,878		190,645		56
57	CT Scan					855,423		57
58	MRI					249,586		58
59	Cardiac Catheterization	3,066		3,066		554,924		59
60	Laboratory	14,691	313	14,691	313	100,650		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	677		677				63
65	Respiratory Therapy	3,491		3,491		954,499		65
66	Physical Therapy	2,460	4,143	2,460	4,143	2,107,307		66
67	Occupational Therapy					140,842		67
68	Speech Pathology	1,496		1,496		169,289		68
69	Electrocardiology	2,823	3,422	2,823	3,422	506,539		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	535		535				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,254		6,254		1,909,715		90
90.01	DIABETOLOGY					101,813		90.01
90.02	CANCER CENTER		11,500		11,500	382,416		90.02
90.03	WOUND CARE					772		90.03
91	Emergency	37,800		37,800		4,114,438		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	CAPITAL RELATED COSTS CAP REL SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	
		1	1.01	2	2.01	4	5A	
118	SUBTOTALS (sum of lines 1-117)	467,160	32,958	467,160	32,958	58,454,816	-20,560,024	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,203		2,203				190
192	Physicians' Private Offices	35,179		35,179				192
194	MARKETING					245,860		194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		313		313	217,525		194.0
2								2
194.0	COMMUNITY RELATIONS					59,057		194.0
3								3
194.0	PHYSICIAN CLINICS	3,242		3,242		122,402		194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		44,544		44,544	123,065		194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,916,411	562,345	6,776,589		11,670,620		202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.651432	7.226692	13.345417		0.197063		203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-R IVER FORES SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	HOUSEKEEPI NG-RIVER F OREST SQUARE FEET	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General	114,450,529						5
6	Maintenance & Repairs							6
7	Operation of Plant	8,724,897	343,400					7
7.01	OPERATION OF PLANT-RIVER FOREST	598,994		77,815				7.01
8	Laundry & Linen Service	838,361	1,702		1,110,333			8
9	Housekeeping	1,870,877	3,768			337,930		9
9.01	HOUSEKEEPING-RIVER FOREST	676,699	17,042			17,042	77,815	9.01
10	Dietary	1,483,734						10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,520,107	1,472			1,472		13
14	Central Services & Supply	1,202,713	6,169		902	6,169		14
15	Pharmacy	4,023,131	3,689			3,689		15
16	Medical Records & Library	1,724,479	722			722		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,766,823						21
22	I&R Services-Other Prgm Costs Apprvd	1,201,262	8,135			8,135		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	14,391,411	64,336		495,898	64,336		30
31	Intensive Care Unit	3,152,882	15,748		106,055	15,748		31
43	Nursery	1,109,651	818			818		43
44	Skilled Nursing Facility	3,222,885	16,182		127,784	16,182		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,912,402	28,474		118,901	28,474		50
51	Recovery Room	814,727						51
52	Delivery Room & Labor Room	3,407,752	17,595		5,366	17,595		52
53	Anesthesiology	218,140	711			711		53
54	Radiology-Diagnostic	4,588,611	20,529	13,580	61,116	20,529	13,580	54
55.01	GASTRO INTESTINAL SERVICES	1,775,746	19,513		1,865	19,513		55.01
55.02	ULTRA SOUND	739,049						55.02
56	Radioisotope	378,423	2,878			2,878		56
57	CT Scan	1,492,389						57
58	MRI	594,860						58
59	Cardiac Catheterization	1,090,273	3,066		4,841	3,066		59
60	Laboratory	4,919,546	14,691	313		14,691	313	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	647,445	677			677		63
65	Respiratory Therapy	1,346,967	3,491		17,983	3,491		65
66	Physical Therapy	2,656,977	2,460	4,143	2,046	2,460	4,143	66
67	Occupational Therapy	168,694						67
68	Speech Pathology	240,948	1,496			1,496		68
69	Electrocardiology	843,218	2,823	3,422	1,883	2,823	3,422	69
71	Medical Supplies Charged to Patients	2,120,917						71
72	Impl. Dev. Charged to Patients	5,700,330						72
73	Drugs Charged to Patients	6,533,856						73
74	Renal Dialysis	568,359	535		5,734	535		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,746,070	6,254		889	6,254		90
90.01	DIABETOLOGY	122,511						90.01
90.02	CANCER CENTER	1,410,410		11,500			11,500	90.02
90.03	WOUND CARE	725,768						90.03
91	Emergency	6,486,037	37,800		159,070	37,800		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	111,759,331	302,776	32,958	1,110,333	297,306	32,958	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-R IVER FORES SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	HOUSEKEEPI NG-RIVER F OREST SQUARE FEET	
		5	7	7.01	8	9	9.01	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	56,639	2,203			2,203		190
192	Physicians' Private Offices	879,364	35,179			35,179		192
194	MARKETING	543,524						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	331,423		313			313	194.0
2								2
194.0	COMMUNITY RELATIONS	128,845						194.0
3								3
194.0	PHYSICIAN CLINICS	280,024	3,242			3,242		194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	471,379		44,544			44,544	194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	20,560,024	10,292,246	706,598	1,039,977	2,319,896	1,426,032	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.179641	29.971596	9.080486	0.936635	6.865019	18.325927	203
204	Cost to be allocated (Per Wkst. B, Part II)	823,571	3,348,291	4,310	65,173	144,392	604,316	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.007196	9.750411	0.055388	0.058697	0.427284	7.766061	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		MEALS SERVED	GROSS SALARIES	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary	329,619						10
11	Cafeteria	175,325	47,836,789					11
12	Maintenance of Personnel							12
13	Nursing Administration		1,151,983	885,281				13
14	Central Services & Supply		238,034		100			14
15	Pharmacy		1,390,517			100		15
16	Medical Records & Library		1,291,597				712,266,633	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		4,817,477					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	98,711	9,925,940	315,908			80,794,208	30
31	Intensive Care Unit	11,136	2,125,429	62,514			11,558,840	31
43	Nursery		885,546	20,767			12,362,706	43
44	Skilled Nursing Facility	41,039	2,211,624	81,827			4,577,165	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,584,563	108,549			73,748,029	50
51	Recovery Room		663,255	15,228			13,244,779	51
52	Delivery Room & Labor Room		2,324,863	61,165			13,623,508	52
53	Anesthesiology		120,904	4,947			10,083,250	53
54	Radiology-Diagnostic		2,667,837				36,865,220	54
55.01	GASTRO INTESTINAL SERVICES		757,362	23,524			26,618,436	55.01
55.02	ULTRA SOUND		573,091				12,545,390	55.02
56	Radioisotope		190,645				5,181,823	56
57	CT Scan		855,423				44,096,405	57
58	MRI		249,586				10,774,590	58
59	Cardiac Catheterization		554,924	11,196			26,189,446	59
60	Laboratory		100,650				72,093,662	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						5,693,479	63
65	Respiratory Therapy		954,499	30,547			14,604,375	65
66	Physical Therapy		2,107,307				15,783,854	66
67	Occupational Therapy		140,842				1,925,195	67
68	Speech Pathology		169,289				1,018,647	68
69	Electrocardiology		506,539	17,243			16,339,381	69
71	Medical Supplies Charged to Patients				27		28,743,861	71
72	Impl. Dev. Charged to Patients				73		16,145,608	72
73	Drugs Charged to Patients					100	66,451,161	73
74	Renal Dialysis						1,570,173	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,909,715				7,686,268	90
90.01	DIABETOLOGY		101,813				43,977	90.01
90.02	CANCER CENTER		382,416				2,985,512	90.02
90.03	WOUND CARE		772	131,866			2,893,423	90.03
91	Emergency		4,114,438				76,024,262	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	326,211	47,068,880	885,281	100	100	712,266,633	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY MEALS SERVED	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		10	11	13	14	15	16	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices	860						192
194	MARKETING		245,860					194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		217,525					194.0
2								2
194.0	COMMUNITY RELATIONS		59,057					194.0
3								3
194.0	PHYSICIAN CLINICS		122,402					194.0
4								4
194.0	GUEST MEALS	2,548						194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		123,065					194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,750,273	930,973	1,869,823	1,651,492	4,908,801	2,085,998	202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.309988	0.019461	2.112124	16,514.920000	49,088.010000	0.002929	203
204	Cost to be allocated (Per Wkst. B, Part II)	10,677	5,679	62,853	225,728	158,873	37,958	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.032392	0.000119	0.070998	2,257.280000	1,588.730000	0.000053	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME					
	21	22					

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
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	5,703					21
22	I&R Services-Other Prgm Costs Apprvd		5,703				22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,586	5,586				30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55.01	GASTRO INTESTINAL SERVICES						55.01
55.02	ULTRA SOUND						55.02
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
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	DIABETOLOGY						90.01
90.02	CANCER CENTER						90.02
90.03	WOUND CARE						90.03
91	Emergency	117	117				91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22				
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	5,703	5,703				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	MARKETING						194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY						194.0
2							2
194.0	COMMUNITY RELATIONS						194.0
3							3
194.0	PHYSICIAN CLINICS						194.0
4							4
194.0	GUEST MEALS						194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB						194.0
7							7
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	6,896,534	1,716,724				202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,209.281782	301.021217				203
204	Cost to be allocated (Per Wkst. B, Part II)	42,071	294,789				204
205	Unit Cost Multiplier (Wkst. B, Part II)	7.376995	51.690163				205

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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		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	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	21,432,103		21,432,103	12,944	21,445,047	30
31	Intensive Care Unit	4,665,095		4,665,095	48,024	4,713,119	31
43	Nursery	1,436,429		1,436,429		1,436,429	43
44	Skilled Nursing Facility	4,964,817		4,964,817	3,425	4,968,242	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,009,083		11,009,083		11,009,083	50
51	Recovery Room	1,044,950		1,044,950		1,044,950	51
52	Delivery Room & Labor Room	4,887,425		4,887,425		4,887,425	52
53	Anesthesiology	325,854		325,854		325,854	53
54	Radiology-Diagnostic	6,758,452		6,758,452		6,758,452	54
55.01	GASTRO INTESTINAL SERVICES	2,957,673		2,957,673		2,957,673	55.01
55.02	ULTRA SOUND	919,711		919,711		919,711	55.02
56	Radioisotope	571,307		571,307		571,307	56
57	CT Scan	1,906,288		1,906,288	1,392	1,907,680	57
58	MRI	738,137		738,137		738,137	58
59	Cardiac Catheterization	1,514,761		1,514,761		1,514,761	59
60	Laboratory	6,566,164		6,566,164		6,566,164	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	805,368		805,368		805,368	63
65	Respiratory Therapy	1,860,249		1,860,249	5,461	1,865,710	65
66	Physical Therapy	3,427,598		3,427,598		3,427,598	66
67	Occupational Therapy	207,378		207,378		207,378	67
68	Speech Pathology	345,619		345,619		345,619	68
69	Electrocardiology	1,288,368		1,288,368	2,784	1,291,152	69
71	Medical Supplies Charged to Patients	3,032,015		3,032,015		3,032,015	71
72	Impl. Dev. Charged to Patients	7,977,222		7,977,222		7,977,222	72
73	Drugs Charged to Patients	12,811,040		12,811,040		12,811,040	73
74	Renal Dialysis	700,138		700,138		700,138	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,530,264		3,530,264		3,530,264	90
90.01	DIABETOLOGY	146,629		146,629		146,629	90.01
90.02	CANCER CENTER	1,995,138		1,995,138		1,995,138	90.02
90.03	WOUND CARE	1,143,153		1,143,153		1,143,153	90.03
91	Emergency	9,495,356		9,495,356		9,495,356	91
92	Observation Beds (Non-Distinct Part)	1,472,357		1,472,357		1,472,357	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	121,936,141		121,936,141	74,030	122,010,171	200
201	Less Observation Beds	1,472,357		1,472,357		1,472,357	201
202	Total (line 200 minus line 201)	120,463,784		120,463,784		120,537,814	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 SERVICE COST CENTERS							
30	Adults & Pediatrics	76,008,651		76,008,651				30
31	Intensive Care Unit	11,558,840		11,558,840				31
43	Nursery	12,362,706		12,362,706				43
44	Skilled Nursing Facility	4,577,165		4,577,165				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	32,333,349	41,414,680	73,748,029	0.149280	0.149280	0.149280	50
51	Recovery Room	6,047,043	7,197,736	13,244,779	0.078895	0.078895	0.078895	51
52	Delivery Room & Labor Room	12,395,701	1,227,807	13,623,508	0.358749	0.358749	0.358749	52
53	Anesthesiology	3,679,887	6,403,363	10,083,250	0.032316	0.032316	0.032316	53
54	Radiology-Diagnostic	6,051,803	30,813,417	36,865,220	0.183329	0.183329	0.183329	54
55.01	GASTRO INTESTINAL SERVICES	3,690,257	22,928,179	26,618,436	0.111114	0.111114	0.111114	55.01
55.02	ULTRA SOUND	2,506,728	10,038,662	12,545,390	0.073311	0.073311	0.073311	55.02
56	Radioisotope	2,223,305	2,958,518	5,181,823	0.110252	0.110252	0.110252	56
57	CT Scan	12,460,008	31,636,397	44,096,405	0.043230	0.043230	0.043230	57
58	MRI	1,707,968	9,066,622	10,774,590	0.068507	0.068507	0.068507	58
59	Cardiac Catheterization	10,425,382	15,764,064	26,189,446	0.057839	0.057839	0.057839	59
60	Laboratory	47,518,961	24,574,701	72,093,662	0.091078	0.091078	0.091078	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,879,903	813,576	5,693,479	0.141454	0.141454	0.141454	63
65	Respiratory Therapy	11,362,520	3,241,855	14,604,375	0.127376	0.127376	0.127376	65
66	Physical Therapy	9,241,126	6,542,728	15,783,854	0.217158	0.217158	0.217158	66
67	Occupational Therapy	1,828,531	96,664	1,925,195	0.107718	0.107718	0.107718	67
68	Speech Pathology	960,909	57,738	1,018,647	0.339292	0.339292	0.339292	68
69	Electrocardiology	8,336,171	8,003,210	16,339,381	0.078850	0.078850	0.079021	69
71	Medical Supplies Charged to Patients	13,824,519	14,919,342	28,743,861	0.105484	0.105484	0.105484	71
72	Impl. Dev. Charged to Patients	7,969,364	8,176,244	16,145,608	0.494080	0.494080	0.494080	72
73	Drugs Charged to Patients	26,165,953	40,285,208	66,451,161	0.192789	0.192789	0.192789	73
74	Renal Dialysis	1,477,372	92,801	1,570,173	0.445899	0.445899	0.445899	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		7,686,268	7,686,268	0.459295	0.459295	0.459295	90
90.01	DIABETOLOGY	43,977		43,977	3.334220	3.334220	3.334220	90.01
90.02	CANCER CENTER	1,746	2,983,766	2,985,512	0.668273	0.668273	0.668273	90.02
90.03	WOUND CARE	11,139	2,882,284	2,893,423	0.395087	0.395087	0.395087	90.03
91	Emergency	18,088,298	57,935,964	76,024,262	0.124899	0.124899	0.124899	91
92	Observation Beds (Non-Distinct Part)	78,704	4,706,853	4,785,557	0.307667	0.307667	0.307667	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	349,817,986	362,448,647	712,266,633				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	349,817,986	362,448,647	712,266,633				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	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,426,922		2,426,922	27,703	87.61	7,903	692,382	30
31	Intensive Care Unit	588,507		588,507	2,911	202.17	1,119	226,228	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	38,993		38,993	4,465	8.73			43
44	Skilled Nursing Facility	607,532		607,532	10,742	56.56	7,045	398,465	44
45	Nursing Facility								45
200	Total (lines 30-199)	3,661,954		3,661,954	45,821		16,067	1,317,075	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable 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	6	7	8
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,077,519	73,748,029	0.014611	10,367,517	151,480	50
51	Recovery Room	7,725	13,244,779	0.000583	1,514,127	883	51
52	Delivery Room & Labor Room	649,075	13,623,508	0.047644	29,855	1,422	52
53	Anesthesiology	27,479	10,083,250	0.002725	1,086,316	2,960	53
54	Radiology-Diagnostic	965,329	36,865,220	0.026185	1,674,515	43,847	54
55.01	GASTRO INTESTINAL SERVICES	702,419	26,618,436	0.026388	1,257,775	33,190	55.01
55.02	ULTRA SOUND	6,051	12,545,390	0.000482	292,647	141	55.02
56	Radioisotope	104,254	5,181,823	0.020119	766,634	15,424	56
57	CT Scan	13,178	44,096,405	0.000299	4,045,457	1,210	57
58	MRI	4,882	10,774,590	0.000453	556,254	252	58
59	Cardiac Catheterization	118,224	26,189,446	0.004514	4,211,864	19,012	59
60	Laboratory	560,693	72,093,662	0.007777	15,401,819	119,780	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	28,774	5,693,479	0.005054	883,469	4,465	63
65	Respiratory Therapy	136,601	14,604,375	0.009353	3,374,419	31,561	65
66	Physical Therapy	169,202	15,783,854	0.010720	1,105,118	11,847	66
67	Occupational Therapy	1,333	1,925,195	0.000692	774,030	536	67
68	Speech Pathology	54,430	1,018,647	0.053434	226,462	12,101	68
69	Electrocardiology	159,121	16,339,381	0.009738	3,630,107	35,350	69
71	Medical Supplies Charged to Patients	77,732	28,743,861	0.002704	4,343,147	11,744	71
72	Impl. Dev. Charged to Patients	206,657	16,145,608	0.012800	2,638,399	33,772	72
73	Drugs Charged to Patients	209,413	66,451,161	0.003151	7,316,293	23,054	73
74	Renal Dialysis	23,329	1,570,173	0.014858	841,292	12,500	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	240,428	7,686,268	0.031280			90
90.01	DIABETOLOGY	896	43,977	0.020374	227	5	90.01
90.02	CANCER CENTER	183,407	2,985,512	0.061432			90.02
90.03	WOUND CARE	14,738	2,893,423	0.005094	1,625	8	90.03
91	Emergency	1,390,128	76,024,262	0.018285	4,367,841	79,866	91
92	Observation Beds (Non-Distinct Part)	166,625	4,785,557	0.034818	42,100	1,466	92
OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	7,299,642	607,759,271		70,749,309	647,876	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 Other

(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 SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	27,703		7,903		30
31	Intensive Care Unit	2,911		1,119		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	4,465				43
44	Skilled Nursing Facility	10,742		7,045		44
45	Nursing Facility					45
200	Total (lines 30-199)	45,821		16,067		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
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	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	73,748,029			10,367,517		11,986,721		50
51	Recovery Room	13,244,779			1,514,127		2,221,966		51
52	Delivery Room & Labor Room	13,623,508			29,855		1,851		52
53	Anesthesiology	10,083,250			1,086,316		1,128,469		53
54	Radiology-Diagnostic	36,865,220			1,674,515		3,277,941		54
55.01	GASTRO INTESTINAL SERVICES	26,618,436			1,257,775		4,217,831		55.01
55.02	ULTRA SOUND	12,545,390			292,647		767,113		55.02
56	Radioisotope	5,181,823			766,634		806,316		56
57	CT Scan	44,096,405			4,045,457		6,049,190		57
58	MRI	10,774,590			556,254		1,760,142		58
59	Cardiac Catheterization	26,189,446			4,211,864		4,162,580		59
60	Laboratory	72,093,662			15,401,819		19,138,186		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	5,693,479			883,469		127,475		63
65	Respiratory Therapy	14,604,375			3,374,419		398,864		65
66	Physical Therapy	15,783,854			1,105,118		603		66
67	Occupational Therapy	1,925,195			774,030		874		67
68	Speech Pathology	1,018,647			226,462				68
69	Electrocardiology	16,339,381			3,630,107		2,675,705		69
71	Medical Supplies Charged to Patients	28,743,861			4,343,147		3,583,892		71
72	Impl. Dev. Charged to Patients	16,145,608			2,638,399		3,212,602		72
73	Drugs Charged to Patients	66,451,161			7,316,293		2,569,316		73
74	Renal Dialysis	1,570,173			841,292		39,114		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,686,268					372,904		90
90.01	DIABETOLOGY	43,977			227				90.01
90.02	CANCER CENTER	2,985,512							90.02
90.03	WOUND CARE	2,893,423			1,625		186,961		90.03
91	Emergency	76,024,262			4,367,841		5,943,677		91
92	Observation Beds (Non-Distinct Part)	4,785,557			42,100		1,169,480		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	607,759,271			70,749,309		75,799,773		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.149280	11,986,721			1,789,378			50
51	Recovery Room	0.078895	2,221,966			175,302			51
52	Delivery Room & Labor Room	0.358749	1,851			664			52
53	Anesthesiology	0.032316	1,128,469			36,468			53
54	Radiology-Diagnostic	0.183329	3,277,941			600,942			54
55.01	GASTRO INTESTINAL SERVICES	0.111114	4,217,831			468,660			55.01
55.02	ULTRA SOUND	0.073311	767,113			56,238			55.02
56	Radioisotope	0.110252	806,316			88,898			56
57	CT Scan	0.043230	6,049,190			261,506			57
58	MRI	0.068507	1,760,142			120,582			58
59	Cardiac Catheterization	0.057839	4,162,580			240,759			59
60	Laboratory	0.091078	19,138,186	235	60,209	1,743,068	21	5,484	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.141454	127,475			18,032			63
65	Respiratory Therapy	0.127376	398,864			50,806			65
66	Physical Therapy	0.217158	603			131			66
67	Occupational Therapy	0.107718	874			94			67
68	Speech Pathology	0.339292							68
69	Electrocardiology	0.078850	2,675,705			210,979			69
71	Medical Supplies Charged to Patients	0.105484	3,583,892	25,971		378,043	2,740		71
72	Impl. Dev. Charged to Patients	0.494080	3,212,602			1,587,282			72
73	Drugs Charged to Patients	0.192789	2,569,316			495,336			73
74	Renal Dialysis	0.445899	39,114			17,441			74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.459295	372,904			171,273			90
90.01	DIABETOLOGY	3.334220							90.01
90.02	CANCER CENTER	0.668273							90.02
90.03	WOUND CARE	0.395087	186,961			73,866			90.03
91	Emergency	0.124899	5,943,677			742,359			91
92	Observation Beds (Non-Distinct Part)	0.307667	1,169,480			359,810			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		75,799,773	26,206	60,209	9,687,917	2,761	5,484	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		75,799,773	26,206	60,209	9,687,917	2,761	5,484	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
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	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	73,748,029							50
51	Recovery Room	13,244,779							51
52	Delivery Room & Labor Room	13,623,508							52
53	Anesthesiology	10,083,250							53
54	Radiology-Diagnostic	36,865,220			43,900				54
55.01	GASTRO INTESTINAL SERVICES	26,618,436							55.01
55.02	ULTRA SOUND	12,545,390			9,099				55.02
56	Radioisotope	5,181,823			4,459				56
57	CT Scan	44,096,405			18,439				57
58	MRI	10,774,590			3,098				58
59	Cardiac Catheterization	26,189,446							59
60	Laboratory	72,093,662			2,369,872				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	5,693,479			40,039				63
65	Respiratory Therapy	14,604,375			403,326				65
66	Physical Therapy	15,783,854			4,370,937				66
67	Occupational Therapy	1,925,195							67
68	Speech Pathology	1,018,647			290,897				68
69	Electrocardiology	16,339,381			60,782				69
71	Medical Supplies Charged to Patients	28,743,861			441,516				71
72	Impl. Dev. Charged to Patients	16,145,608			4,913				72
73	Drugs Charged to Patients	66,451,161			2,080,398				73
74	Renal Dialysis	1,570,173			746				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,686,268							90
90.01	DIABETOLOGY	43,977							90.01
90.02	CANCER CENTER	2,985,512							90.02
90.03	WOUND CARE	2,893,423							90.03
91	Emergency	76,024,262							91
92	Observation Beds (Non-Distinct Part)	4,785,557			2,122				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	607,759,271			10,144,543				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5743

**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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.149280							50
51	Recovery Room	0.078895							51
52	Delivery Room & Labor Room	0.358749							52
53	Anesthesiology	0.032316							53
54	Radiology-Diagnostic	0.183329							54
55.01	GASTRO INTESTINAL SERVICES	0.111114							55.01
55.02	ULTRA SOUND	0.073311							55.02
56	Radioisotope	0.110252							56
57	CT Scan	0.043230							57
58	MRI	0.068507							58
59	Cardiac Catheterization	0.057839							59
60	Laboratory	0.091078							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.141454							63
65	Respiratory Therapy	0.127376							65
66	Physical Therapy	0.217158							66
67	Occupational Therapy	0.107718							67
68	Speech Pathology	0.339292							68
69	Electrocardiology	0.078850							69
71	Medical Supplies Charged to Patients	0.105484							71
72	Impl. Dev. Charged to Patients	0.494080							72
73	Drugs Charged to Patients	0.192789							73
74	Renal Dialysis	0.445899							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.459295							90
90.01	DIABETOLOGY	3.334220							90.01
90.02	CANCER CENTER	0.668273							90.02
90.03	WOUND CARE	0.395087							90.03
91	Emergency	0.124899							91
92	Observation Beds (Non-Distinct Part)	0.307667							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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,426,922		2,426,922	27,703	87.61	6,360	557,200	30
31	Intensive Care Unit	588,507		588,507	2,911	202.17	719	145,360	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	38,993		38,993	4,465	8.73	2,496	21,790	43
44	Skilled Nursing Facility	607,532		607,532	10,742	56.56			44
45	Nursing Facility								45
200	Total (lines 30-199)	3,661,954		3,661,954	45,821		9,575	724,350	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,077,519	73,748,029	0.014611			50
51	Recovery Room	7,725	13,244,779	0.000583			51
52	Delivery Room & Labor Room	649,075	13,623,508	0.047644			52
53	Anesthesiology	27,479	10,083,250	0.002725			53
54	Radiology-Diagnostic	965,329	36,865,220	0.026185			54
55.01	GASTRO INTESTINAL SERVICES	702,419	26,618,436	0.026388			55.01
55.02	ULTRA SOUND	6,051	12,545,390	0.000482			55.02
56	Radioisotope	104,254	5,181,823	0.020119			56
57	CT Scan	13,178	44,096,405	0.000299			57
58	MRI	4,882	10,774,590	0.000453			58
59	Cardiac Catheterization	118,224	26,189,446	0.004514			59
60	Laboratory	560,693	72,093,662	0.007777			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	28,774	5,693,479	0.005054			63
65	Respiratory Therapy	136,601	14,604,375	0.009353			65
66	Physical Therapy	169,202	15,783,854	0.010720			66
67	Occupational Therapy	1,333	1,925,195	0.000692			67
68	Speech Pathology	54,430	1,018,647	0.053434			68
69	Electrocardiology	159,121	16,339,381	0.009738			69
71	Medical Supplies Charged to Patients	77,732	28,743,861	0.002704			71
72	Impl. Dev. Charged to Patients	206,657	16,145,608	0.012800			72
73	Drugs Charged to Patients	209,413	66,451,161	0.003151			73
74	Renal Dialysis	23,329	1,570,173	0.014858			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	240,428	7,686,268	0.031280			90
90.01	DIABETOLOGY	896	43,977	0.020374			90.01
90.02	CANCER CENTER	183,407	2,985,512	0.061432			90.02
90.03	WOUND CARE	14,738	2,893,423	0.005094			90.03
91	Emergency	1,390,128	76,024,262	0.018285			91
92	Observation Beds (Non-Distinct Part)	166,625	4,785,557	0.034818			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,299,642	607,759,271				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 Other

(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 SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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 Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	27,703		6,360		30
31	Intensive Care Unit	2,911		719		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	4,465		2,496		43
44	Skilled Nursing Facility	10,742				44
45	Nursing Facility					45
200	Total (lines 30-199)	45,821		9,575		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
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	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	73,748,029							50
51	Recovery Room	13,244,779							51
52	Delivery Room & Labor Room	13,623,508							52
53	Anesthesiology	10,083,250							53
54	Radiology-Diagnostic	36,865,220							54
55.01	GASTRO INTESTINAL SERVICES	26,618,436							55.01
55.02	ULTRA SOUND	12,545,390							55.02
56	Radioisotope	5,181,823							56
57	CT Scan	44,096,405							57
58	MRI	10,774,590							58
59	Cardiac Catheterization	26,189,446							59
60	Laboratory	72,093,662							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	5,693,479							63
65	Respiratory Therapy	14,604,375							65
66	Physical Therapy	15,783,854							66
67	Occupational Therapy	1,925,195							67
68	Speech Pathology	1,018,647							68
69	Electrocardiology	16,339,381							69
71	Medical Supplies Charged to Patients	28,743,861							71
72	Impl. Dev. Charged to Patients	16,145,608							72
73	Drugs Charged to Patients	66,451,161							73
74	Renal Dialysis	1,570,173							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,686,268							90
90.01	DIABETOLOGY	43,977							90.01
90.02	CANCER CENTER	2,985,512							90.02
90.03	WOUND CARE	2,893,423							90.03
91	Emergency	76,024,262							91
92	Observation Beds (Non-Distinct Part)	4,785,557							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	607,759,271							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.149280							50
51	Recovery Room	0.078895							51
52	Delivery Room & Labor Room	0.358749							52
53	Anesthesiology	0.032316							53
54	Radiology-Diagnostic	0.183329							54
55.01	GASTRO INTESTINAL SERVICES	0.111114							55.01
55.02	ULTRA SOUND	0.073311							55.02
56	Radioisotope	0.110252							56
57	CT Scan	0.043230							57
58	MRI	0.068507							58
59	Cardiac Catheterization	0.057839							59
60	Laboratory	0.091078							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	0.141454							63
65	Respiratory Therapy	0.127376							65
66	Physical Therapy	0.217158							66
67	Occupational Therapy	0.107718							67
68	Speech Pathology	0.339292							68
69	Electrocardiology	0.078850							69
71	Medical Supplies Charged to Patients	0.105484							71
72	Impl. Dev. Charged to Patients	0.494080							72
73	Drugs Charged to Patients	0.192789							73
74	Renal Dialysis	0.445899							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.459295							90
90.01	DIABETOLOGY	3.334220							90.01
90.02	CANCER CENTER	0.668273							90.02
90.03	WOUND CARE	0.395087							90.03
91	Emergency	0.124899							91
92	Observation Beds (Non-Distinct Part)	0.307667							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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**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)	27,703	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	27,703	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)	25,801	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,903	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 XIX only)		15
16	Nursery days (title V or 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)	21,445,047	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 (line 21 minus line 26)	21,445,047	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 minus line 36)	21,445,047	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**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)					774.11		38
39	Program general inpatient routine service cost (line 9 x line 38)					6,117,791		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)					6,117,791		41
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	4,713,119	2,911	1,619.07	1,119	1,811,739		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,475,496		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					17,405,026		49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					918,610		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					647,876		51
52	Total Program excludable cost (sum of lines 50 and 51)					1,566,486		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					15,838,540		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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**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)					1,902	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					774.11	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,472,357	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,426,922	21,445,047	0.113169	1,472,357	166,625	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

**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)	10,742	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,742	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)	10,742	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,045	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 XIX only)		15
16	Nursery days (title V or 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)	4,968,242	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 (line 21 minus line 26)	4,968,242	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 minus line 36)	4,968,242	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/MR PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

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

70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,968,242	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	462.51	71
72	Program routine service cost (line 9 x line 71)	3,258,383	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	3,258,383	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	3,258,383	83
84	Program inpatient ancillary services (see instructions)	1,786,837	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	5,045,220	86

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**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)	27,703	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	27,703	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)	25,801	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	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	6,360	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 XIX only)	4,465	15
16	Nursery days (title V or XIX only)	2,496	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)	21,432,103	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 (line 21 minus line 26)	21,432,103	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 minus line 36)	21,432,103	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						773.64	38
39	Program general inpatient routine service cost (line 9 x line 38)						4,920,350	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)						4,920,350	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)	1,436,429	4,465	321.71	2,496	802,988		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	4,665,095	2,911	1,602.57	719	1,152,248		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						6,875,586	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						724,350	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						724,350	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

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**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)					1,902	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total 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						91
92	Allied Health						92
93	Other Medical Education						93

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/MR [] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		25,229,511		30
31	Intensive Care Unit		4,387,787		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.149280	10,367,517	1,547,663	50
51	Recovery Room	0.078895	1,514,127	119,457	51
52	Delivery Room & Labor Room	0.358749	29,855	10,710	52
53	Anesthesiology	0.032316	1,086,316	35,105	53
54	Radiology-Diagnostic	0.183329	1,674,515	306,987	54
55.01	GASTRO INTESTINAL SERVICES	0.111114	1,257,775	139,756	55.01
55.02	ULTRA SOUND	0.073311	292,647	21,454	55.02
56	Radioisotope	0.110252	766,634	84,523	56
57	CT Scan	0.043262	4,045,457	175,015	57
58	MRI	0.068507	556,254	38,107	58
59	Cardiac Catheterization	0.057839	4,211,864	243,610	59
60	Laboratory	0.091078	15,401,819	1,402,767	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141454	883,469	124,970	63
65	Respiratory Therapy	0.127750	3,374,419	431,082	65
66	Physical Therapy	0.217158	1,105,118	239,985	66
67	Occupational Therapy	0.107718	774,030	83,377	67
68	Speech Pathology	0.339292	226,462	76,837	68
69	Electrocardiology	0.079021	3,630,107	286,855	69
71	Medical Supplies Charged to Patients	0.105484	4,343,147	458,133	71
72	Impl. Dev. Charged to Patients	0.494080	2,638,399	1,303,580	72
73	Drugs Charged to Patients	0.192789	7,316,293	1,410,501	73
74	Renal Dialysis	0.445899	841,292	375,131	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.459295			90
90.01	DIABETOLOGY	3.334220	227	757	90.01
90.02	CANCER CENTER	0.668273			90.02
90.03	WOUND CARE	0.395087	1,625	642	90.03
91	Emergency	0.124899	4,367,841	545,539	91
92	Observation Beds (Non-Distinct Part)	0.307667	42,100	12,953	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		70,749,309	9,475,496	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		70,749,309		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5743

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.149280			50
51	Recovery Room	0.078895			51
52	Delivery Room & Labor Room	0.358749			52
53	Anesthesiology	0.032316			53
54	Radiology-Diagnostic	0.183329	43,900	8,048	54
55.01	GASTRO INTESTINAL SERVICES	0.111114			55.01
55.02	ULTRA SOUND	0.073311	9,099	667	55.02
56	Radioisotope	0.110252	4,459	492	56
57	CT Scan	0.043230	18,439	797	57
58	MRI	0.068507	3,098	212	58
59	Cardiac Catheterization	0.057839			59
60	Laboratory	0.091078	2,369,872	215,843	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141454	40,039	5,664	63
65	Respiratory Therapy	0.127376	403,326	51,374	65
66	Physical Therapy	0.217158	4,370,937	949,184	66
67	Occupational Therapy	0.107718			67
68	Speech Pathology	0.339292	290,897	98,699	68
69	Electrocardiology	0.078850	60,782	4,793	69
71	Medical Supplies Charged to Patients	0.105484	441,516	46,573	71
72	Impl. Dev. Charged to Patients	0.494080	4,913	2,427	72
73	Drugs Charged to Patients	0.192789	2,080,398	401,078	73
74	Renal Dialysis	0.445899	746	333	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.459295			90
90.01	DIABETOLOGY	3.334220			90.01
90.02	CANCER CENTER	0.668273			90.02
90.03	WOUND CARE	0.395087			90.03
91	Emergency	0.124899			91
92	Observation Beds (Non-Distinct Part)	0.307667	2,122	653	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		10,144,543	1,786,837	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,144,543		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

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
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.149280			50
51	Recovery Room	0.078895			51
52	Delivery Room & Labor Room	0.358749			52
53	Anesthesiology	0.032316			53
54	Radiology-Diagnostic	0.183329			54
55.01	GASTRO INTESTINAL SERVICES	0.111114			55.01
55.02	ULTRA SOUND	0.073311			55.02
56	Radioisotope	0.110252			56
57	CT Scan	0.043230			57
58	MRI	0.068507			58
59	Cardiac Catheterization	0.057839			59
60	Laboratory	0.091078			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141454			63
65	Respiratory Therapy	0.127376			65
66	Physical Therapy	0.217158			66
67	Occupational Therapy	0.107718			67
68	Speech Pathology	0.339292			68
69	Electrocardiology	0.078850			69
71	Medical Supplies Charged to Patients	0.105484			71
72	Impl. Dev. Charged to Patients	0.494080			72
73	Drugs Charged to Patients	0.192789			73
74	Renal Dialysis	0.445899			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.459295			90
90.01	DIABETOLOGY	3.334220			90.01
90.02	CANCER CENTER	0.668273			90.02
90.03	WOUND CARE	0.395087			90.03
91	Emergency	0.124899			91
92	Observation Beds (Non-Distinct Part)	0.307667			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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

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 (see instructions)	6,491,110			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,692,269			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	100,742			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	6,200,409			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	137.25			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)	55.47			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) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (8.01 and 8.02) (see instructions)	55.47			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	57.03			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	55.47			12
13	Total allowable FTE count for the prior year	55.24			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	54.09			14
15	Sum of lines 12 through 14 divided by 3	54.93			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	54.93			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.400219			19
20	Prior year resident to bed ratio (see instructions)	0.397350			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.397350			21
22	IME payment adjustment (see instructions)	4,385,074			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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)	1.56			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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	4,385,074			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0946			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3989			31
32	Sum of lines 30 and 31	0.4935			32
33	Allowable disproportionate share percentage (see instructions)	0.2993			33
34	Disproportionate share adjustment (see instructions)	1,210,921			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
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)	3,915,324	2,983,839		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,641,218	1,733,079		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,374,297			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
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)	25,254,413			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 (see instructions)	25,254,413			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,733,947			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	2,247,535			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	29,235,895			59
60	Primary payer payments	15,669			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	29,220,226			61
62	Deductibles billed to program beneficiaries	1,565,480			62
63	Coinsurance billed to program beneficiaries	44,465			63
64	Allowable bad debts (see instructions)	1,009,919			64
65	Adjusted reimbursable bad debts (see instructions)	656,447			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	725,124			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	28,266,728			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-41,747			70.93
70.94	HRR adjustment amount (see instructions)	-8,999			70.94
71	Amount due provider (see instructions)	28,215,982			71
71.01	Sequestration adjustment (see instructions)	564,320			71.01
72	Interim payments	26,133,876			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,517,786			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	360,073			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
-----	-------------------------------------	--	--	--	-----

HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**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)	8,245			1
2	Medical and other services reimbursed under OPPS (see instructions)	9,687,917			2
3	PPS payments	12,231,164			3
4	Outlier payment (see instructions)	16,614			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	8,245			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	86,415			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	86,415			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)	86,415			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	78,170			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)	8,245			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	12,247,778			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	82,997			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,345,068			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	9,827,958			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	902,563			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	10,730,521			30
31	Primary payer payments	11,807			31
32	Subtotal (line 30 minus line 31)	10,718,714			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,168,418			34
35	Adjusted reimbursable bad debts (see instructions)	759,472			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	920,930			36
37	Subtotal (see instructions)	11,478,186			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	11,478,186			40
40.01	Sequestration adjustment (see instructions)	229,564			40.01
41	Interim payments	11,526,982			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-278,360			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5743

**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)			1
2	Medical and other services reimbursed under OPPS (see instructions)			2
3	PPS payments			3
4	Outlier payment (see instructions)			4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of line 3 and line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	Ancillary service charges			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)			13
14	Total reasonable charges (sum of lines 12 and 13)			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)			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))			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)			21
22	Interns and residents (see instructions)			22
23	Cost of physicians' services in a teaching hospital (see instructions)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			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)			30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Wkst. I-5, line 11)			33
34	Allowable bad debts (see instructions)			34
35	Adjusted reimbursable bad debts (see instructions)			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)			36
37	Subtotal (see instructions)			37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
40	Subtotal (see instructions)			40
40.01	Sequestration adjustment (see instructions)			40.01
41	Interim payments			41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0049

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		26,095,089		11,526,982	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04	11/11/2014	257,204		3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50	12/31/2014	218,417		3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		38,787		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)			26,133,876	11,526,982	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		2,082,106		6.01
		.02			-48,796	6.02
7	Total Medicare program liability (see instructions)			28,215,982	11,478,186	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.

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5743

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		3,147,803			1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
		Program				3.03
		to				3.04
		Provider				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		Provider				3.52
		to				3.53
		Program				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,147,803			4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
		Program				5.03
		to				5.04
		Provider				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		Provider				5.52
		to				5.53
		Program				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	64,241			6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		3,212,044			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.

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**WORKSHEET E-1
PART II**

Check [XX] 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 (Wkst. S-3, Pt. I, col. 15, line 14)	8,007	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	9,022	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,485	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	28,712	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	712,266,633	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	11,973,646	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,120,214	8
9	Sequestration adjustment amount (see instructions)	22,404	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,097,810	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	Initial/interim HIT payment(s)	1,188,166	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-90,356	32

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	3,467,901	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	3,467,901	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	255,857	7
8	Allowable bad debts (see instructions)		8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	3,212,044	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	3,212,044	15
15.01	Sequestration adjustment (see instructions)	64,241	15.01
16	Interim payments	3,147,803	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)		18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/MR TEFRA
 Boxes: SNF 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	6,875,586		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	6,875,586		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	6,875,586		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 cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	6,875,586		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			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	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	6,875,586		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

Check [] Title V
Applicable [XX] Title XVIII
Box: [] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			57.10	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			-0.50	4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.39	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			57.99	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			57.03	6
7	Enter the lesser of line 5 or line 6			57.03	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	50.11	6.83	56.94	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	50.11	6.83	56.94	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	50.11	6.83		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	48.75	5.81		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	49.37	4.13		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	49.41	5.59		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	49.41	5.59		17
18	Per resident amount	140,057.77	132,689.46		18
19	Approved amount for resident costs	6,920,254	741,734	7,661,988	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			7,661,988	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	9,022	3,485		26
27	Total inpatient days (see instructions)	29,223	29,223		27
28	Ratio of inpatient days to total inpatient days	0.308729	0.119255		28
29	Program direct GME amount	2,365,478	913,730		29
30	Reduction for direct GME payments for Medicare Advantage		129,110		30
31	Net Program direct GME amount			3,150,098	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,570,173	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			24,131,310	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			15,669	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			24,115,641	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			9,696,162	42
43	Primary payer payments (see instructions)			11,807	43
44	Total Part B reasonable cost (line 42 minus line 43)			9,684,355	44
45	Total reasonable cost (sum of lines 41 and 44)			33,799,996	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.713481	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.286519	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			3,150,098	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			2,247,535	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			902,563	50

KPMG LLP Compu-Max 2552-10

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

WORKSHEET E-4

Check Title V
 Applicable Title XVIII
 Box: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		Primary Care	Other	Total	
		1	2	3	
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	7,374	3,567	26	
27	Total inpatient days (see instructions)	29,223	29,223	27	
28	Ratio of inpatient days to total inpatient days	0.252335	0.122061	28	
29	Program direct GME amount			29	
30	Reduction for direct GME payments for Medicare Advantage			30	
31	Net Program direct GME amount			31	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32	
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33	
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34	
35	Medicare outpatient ESRD charges (see instructions)			35	
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36	
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			37	
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38	
39	Cost of physicians' services in a teaching hospital (see instructions)			39	
40	Primary payer payments (see instructions)			40	
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41	
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			42	
43	Primary payer payments (see instructions)			43	
44	Total Part B reasonable cost (line 42 minus line 43)			44	
45	Total reasonable cost (sum of lines 41 and 44)			45	
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46	
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47	
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			48	
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49	
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50	

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-488,396				1
2	Temporary investments	-3,325				2
3	Notes receivable					3
4	Accounts receivable	27,461,012				4
5	Other receivables	1,091,579				5
6	Allowances for uncollectible notes and accounts receivable	-4,367,777				6
7	Inventory	3,123,479				7
8	Prepaid expenses	405,902				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	27,222,474				11
FIXED ASSETS						
12	Land	6,520,000				12
13	Land improvements	139,500				13
14	Accumulated depreciation					14
15	Buildings	43,558,781				15
16	Accumulated depreciation					16
17	Leasehold improvements	33,400				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	12,342,066				23
24	Accumulated depreciation	-10,122,165				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	29,401				29
30	Total fixed assets (sum of lines 12-29)	52,500,983				30
OTHER ASSETS						
31	Investments	2,526,564				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	303,750				34
35	Total other assets (sum of lines 31-34)	2,830,314				35
36	Total assets (sum of lines 11, 30 and 35)	82,553,771				36

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Liabilities and Fund Balances (Omit Cents)		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,495,832				37
38	Salaries, wages and fees payable	6,380,401				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	-97,579				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities					44
45	Total current liabilities (sum of lines 37 thru 44)	14,778,654				45
LONG TERM LIABILITIES						
46	Mortgage payable	52,419,892				46
47	Notes payable	2,889,512				47
48	Unsecured loans					48
49	Other long term liabilities	2,857,484				49
50	Total long term liabilities (sum of lines 46 thru 49)	58,166,888				50
51	Total liabilities (sum of lines 45 and 50)	72,945,542				51
CAPITAL ACCOUNTS						
52	General fund balance	9,608,229				52
53	Specific purpose fund					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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	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 thru 58)	9,608,229				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	82,553,771				60

KPMG LLP Compu-Max 2552-10

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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		-83,384			1
2	Net income (loss) (from Worksheet G-3, line 29)		9,691,613			2
3	Total (sum of line 1 and line 2)		9,608,229			3
4	Additions (credit adjustments) (specify)					4
5	RECONCILING ITEM					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		9,608,229			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		9,608,229			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) (specify)					4
5	RECONCILING ITEM					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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	76,008,651		76,008,651	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	4,577,165		4,577,165	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	80,585,816		80,585,816	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	11,558,840		11,558,840	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,558,840		11,558,840	16
17	Total inpatient routine care services (sum of lines 10 and 16)	92,144,656		92,144,656	17
18	Ancillary services	257,673,330	362,448,647	620,121,977	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.99	ROUNDING		6	6	27.99
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	349,817,986	362,448,653	712,266,639	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		138,507,086	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)		138,507,086	43

KPMG LLP Compu-Max 2552-10

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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)	712,266,639	1
2	Less contractual allowances and discounts on patients' accounts	569,217,672	2
3	Net patient revenues (line 1 minus line 2)	143,048,967	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	138,507,086	4
5	Net income from service to patients (line 3 minus line 4)	4,541,881	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	2,064,233	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	418,426	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	1,150,923	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	974,287	24
24.0	Other (RETAIL PHARMACY REVENUE)	541,863	24.0
1			1
24.0	Other (ROUNDING)		24.0
2			2
25	Total other income (sum of lines 6-24)	5,149,732	25
26	Total (line 5 plus line 25)	9,691,613	26
29	Net income (or loss) for the period (line 26 minus line 28)	9,691,613	29

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0049

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,293,615	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	28,057	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	80.06	3
4	Number of interns & residents (see instructions)	54.93	4
5	Indirect medical education percentage (see instructions)	21.36	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	276,316	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0946	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3989	8
9	Sum of lines 7 and 8	0.4935	9
10	Allowable disproportionate share percentage (see instructions)	0.1051	10
11	Disproportionate share adjustment (line 10 times column 1, sum of lines 1 and 1.01)	135,959	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,733,947	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
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-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55.01	GASTRO INTESTINAL SERVICES						55.01
55.02	ULTRA SOUND						55.02
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
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	DIABETOLOGY						90.01
90.02	CANCER CENTER						90.02
90.03	WOUND CARE						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2014 To: 04/30/2015	Run Date: 09/17/2015 Run Time: 08:29 Version: 2015.03 (09/14/2015)
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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		
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY							194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS							194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB							194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202