

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 02/26/2016 Time: 12:25
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

(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		475,350	-481,249	34,047		1
2	SUBPROVIDER - IPF		107,857	135			2
3	SUBPROVIDER - IRF		40,622	151			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		511	259			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		624,340	-480,704	34,047		200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 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: 5145 NORTH CALIFORNIA AVENUE	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60625	County: COOK

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	SWEDISH COVENANT HOSPITAL	14-0114	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	SCH PSYCHIATRIC UNIT	14-S114	16974	4	02 / 01 / 1989	N	P	O	4
5	Subprovider - IRF	SCH REHABILITATION UNIT	14-T114	16974	5	02 / 01 / 1984	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	SWEDISH COVENANT SKILLED CARE	14-5573	16974		04 / 22 / 1987	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	SCH HOME MED NORTH	14-7126	16974		03 / 15 / 1976	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2014	To: 09 / 30 / 2015	20
21	Type of control (see instructions)	1		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)	N	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.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	14,091				4,419	256	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.	531	575					25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**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
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	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	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete 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, chapter 21, 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)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

**ACA Provisions Affecting the Health Resources and Services Administration (HRSA)**

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

**Teaching Hospitals that Claim Residents in 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)	N			63
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**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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))		
65	1	2	3	4	5		65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)						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))		
67	1	2	3	4	5		67

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N		71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N		76

**Long Term Care Hospital PPS**

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
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
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		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	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID 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 is not made on Wkst. B, Pt. I, col. 25 and the program is 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.	Y	Y	Y	N
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

**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-I, chapter 22, 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:	6,913,020	3,177,772		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

**Transplant Center Information**

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	14H402	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: COVENANT MINISTRIES OF BENEVOL	Contractor's Name: WPS	Contractor's Number: 10000	141
142	Street: 5145 N. CALIFORNIA AVENUE	P.O. Box:		142
143	City: CITY: CHICAGO	State: IL	ZIP Code: 60625	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	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, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		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			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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)			168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.25		169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2014	09 / 30 / 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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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		
<b>Provider Organization and Operation</b>					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	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	
<b>Financial Data and Reports</b>					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

		Y/N	Y/N	
<b>Approved Educational Activities</b>				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/23/2016	Y	01/23/2016
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	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

Capital Related Cost			
22	Have assets been relieved for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's 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 services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: JENNY	Last name: DABROWSKI	Title: SR CONSULTANT
42	Employer: STRATEGIC REIMBURSEMENT GROUP LLC		
43	Phone number: 630-530-7100, EXT 104	E-mail Address: JENNY.DABROWSKI@SRGROUPLLC.COM	

**KPMG LLP Compu-Max 2552-10**

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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			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	198	72,270			18,635	10,647	47,241	1
2	HMO and other (see instructions)						5,100	4,419		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		198	72,270			18,635	10,647	47,241	7
8	Intensive Care Unit	31	18	6,570			1,276	695	3,510	8
8.01	SPECIAL CARE NURSERY	31.01	10	3,650				677	1,245	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						2,072	3,764	13
14	Total (see instructions)		226	82,490			19,911	14,091	55,760	14
15	CAH Visits									15
16	Subprovider - IPF	40	31	11,315			1,861	1,140	4,313	16
17	Subprovider - IRF	41	25	9,125			2,568	531	4,980	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	34	12,410			4,356		5,986	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					5,799		11,909	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		316							27
28	Observation Bed Days								6,470	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							256	574	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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)					3,934	3,934	12,574	1
2	HMO and other (see instructions)					988			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	SPECIAL CARE NURSERY								8.01
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	63.70	1,384.63			3,934	3,934	12,574	14
15	CAH Visits								15
16	Subprovider - IPF		18.59			203	233	627	16
17	Subprovider - IRF		20.66			175	42	353	17
18	Subprovider I								18
19	Skilled Nursing Facility		20.54						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		15.94						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)	63.70	1,460.36						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

# KPMG LLP Compu-Max 2552-10

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## HOSPITAL WAGE INDEX INFORMATION

## WORKSHEET S-3 PARTS II-III

### Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	Total salaries (see instructions)	200	98,380,809	98,380,809	3,037,550.00	32.39	1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetist Part B						3
4	Physician-Part A - Administrative		45,703	45,703	1,497.00	30.53	4
4.01	Physician-Part A - Teaching		549,832	549,832	5,004.00	109.88	4.01
5	Physician-Part B						5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21	2,927,658	2,927,658	102,343.00	28.61	7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office personnel						8
9	SNF	44	1,180,625	1,180,625	42,732.00	27.63	9
10	Excluded area salaries (see instructions)		4,851,831	4,851,831	131,265.00	36.96	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	Contract labor (see instructions)		1,951,848	1,951,848	27,300.00	71.50	11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative						13
14	Home office salaries & wage-related costs		1,214,351	1,214,351	8,393.87	144.67	14
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
<b>WAGE-RELATED COSTS</b>							
17	Wage-related costs (core)(see instructions)		18,515,962	18,515,962			17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas		913,953	913,953			19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative		9,732	9,732			22
22.01	Physician Part A - Teaching		61,039	61,039			22.01
23	Physician Part B						23
24	Wage-related costs (RHC/FOHC)						24
25	Interns & residents (in an approved program)		651,179	651,179			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	Employee Benefits Department		1,712,649	1,712,649	72,383.00	23.66	26
27	Administrative & General		17,827,845	17,827,845	487,300.00	36.58	27
28	Administrative & General under contract (see instructions)		202,531	202,531	618.57	327.42	28
29	Maintenance & Repairs						29
30	Operation of Plant		2,112,369	2,112,369	82,285.00	25.67	30
31	Laundry & Linen Service						31
32	Housekeeping		1,894,893	1,894,893	150,872.00	12.56	32
33	Housekeeping under contract (see instructions)						33
34	Dietary		345,516	345,516	13,073.00	26.43	34
35	Dietary under contract (see instructions)						35
36	Cafeteria						36
37	Maintenance of Personnel						37
38	Nursing Administration		1,313,679	1,313,679	47,628.00	27.58	38
39	Central Services and Supply						39
40	Pharmacy		2,112,242	2,112,242	53,042.00	39.82	40
41	Medical Records & Medical Records Library		1,311,433	1,311,433	49,695.00	26.39	41
42	Social Service		490,510	490,510	14,078.00	34.84	42
43	Other General Service						43

### Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		95,105,850	95,105,850	2,930,821.57	32.45	1
2	Excluded area salaries (see instructions)		6,032,456	6,032,456	173,997.00	34.67	2
3	Subtotal salaries (line 1 minus line 2)		89,073,394	89,073,394	2,756,824.57	32.31	3
4	Subtotal other wages & related costs (see instructions)		3,166,199	3,166,199	35,693.87	88.70	4
5	Subtotal wage-related costs (see instructions)		18,525,694	18,525,694		20.80%	5
6	Total (sum of lines 3 through 5)		110,765,287	110,765,287	2,792,518.44	39.67	6
7	Total overhead cost (see instructions)		29,323,667	29,323,667	970,974.57	30.20	7

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	1,819,457	3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	10,872,338	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	30,315	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	7,063,675	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	69,307	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	296,772	23
24	Total Wage Related cost (Sum of lines 1-23)	20,151,864	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
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
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
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	<b>DEPOSIT DATE(S)</b>	<b>CONTRIB-UTION(S)</b> 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 MOonths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
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

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA**

**HHA CCN: 14-7126**

**WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA

County: **COOK**

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		1,183		897	2,080	1
2	Unduplicated Census Count (see instructions)		190.00		874.00	975.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)		
		Staff	Contract	Total
		1	2	3
3	Administrator and Assistant Administrator(s)			3
4	Director(s) and Assistant Director(s)			4
5	Other Administrative Personnel		4.81	4.81
6	Direct Nursing Service		6.21	6.21
7	Nursing Supervisor		2.48	2.48
8	Physical Therapy Service		1.61	1.61
9	Physical Therapy Supervisor			9
10	Occupational Therapy Service			10
11	Occupational Therapy Supervisor		0.60	0.60
12	Speech Pathology Service			12
13	Speech Pathology Supervisor			13
14	Medical Social Service			14
15	Medical Social Service Supervisor			15
16	Home Health Aide		1.00	1.00
17	Home Health Aide Supervisor			17
18	Other (specify)			18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	16974	20

PPS ACTIVITY

	Description	Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits	955		112		1,067	21
22	Skilled Nursing Visit Charges	192,032		22,512		214,544	22
23	Physical Therapy Visits	783		18		801	23
24	Physical Therapy Visit Charges	157,383		3,618		161,001	24
25	Occupational Therapy Visits	364		9		373	25
26	Occupational Therapy Visit Charges	73,164		1,809		74,973	26
27	Speech Pathology Visits	32				32	27
28	Speech Pathology Visit Charges	6,432				6,432	28
29	Medical Social Service Visits	16				16	29
30	Medical Social Service Visit Charges	4,336				4,336	30
31	Home Health Aide Visits	79				79	31
32	Home Health Aide Visit Charges	10,665				10,665	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,229		139		2,368	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	444,012		27,939		471,951	35
36	Total Number of Episodes (standard/non-outlier)	171		43		214	36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges	3,359		480		3,839	38

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**

**WORKSHEET S-5**

**RENAL DIALYSIS STATISTICS**

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

**ESRD PPS**

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

**TRANSPLANT INFORMATION**

11	Number of patients on transplant list			11
12	Number of patients transplanted during the cost reporting period			12

**EPOETIN**

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

**ARANESP**

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

**PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))**

21	MCP	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

**KPMG LLP Compu-Max 2552-10**

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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				4
5	RVX	10		10	5
6	RVL	93		93	6
7	RHX				7
8	RHL	39		39	8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC				12
13	RUB	139		139	13
14	RUA	469		469	14
15	RVC	150		150	15
16	RVB	785		785	16
17	RVA	2,127		2,127	17
18	RHC	74		74	18
19	RHB	98		98	19
20	RHA	121		121	20
21	RMC				21
22	RMB				22
23	RMA	24		24	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	2		2	32
33	HC2	5		5	33
34	HC1	46		46	34
35	HB2				35
36	HB1	91		91	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	6		6	50
51	CB2				51
52	CB1	32		32	52
53	CA2				53
54	CA1	37		37	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
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71

**KPMG LLP Compu-Max 2552-10**

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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	
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	1		1	76
77	PA2				77
78	PA1	7		7	78
199	AAA				199
200	TOTAL	4,356		4,356	200

**SNF SERVICES**

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (0)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	7,952,897			207

# KPMG LLP Compu-Max 2552-10

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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)		0.150961	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		35,713,792	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		189,964,992	6
7	Medicaid cost (line 1 times line 6)		28,677,305	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.			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				18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				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	37,299,738	171,748,399	209,048,137	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,630,806	25,927,310	31,558,116	21
22	Partial payment by patients approved for charity care	729,365	406,328	1,135,693	22
23	Cost of charity care (line 21 minus line 22)	4,901,441	25,520,982	30,422,423	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			8,067,152	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,835,966	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,231,186	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			940,666	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			31,363,089	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			31,363,089	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- FICATIONS	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	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				15,656,510	15,656,510	-10,292,666	5,363,844	1
2	00200	Cap Rel Costs-Mvble Equip				10,245,076	10,245,076	-67,930	10,177,146	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,712,649	1,141,495	2,854,144	14,444,535	17,298,679	-1,119,852	16,178,827	4
5.01	00540	NON-PATIENT PHONES	200,846	400,280	601,126		601,126	-295,928	305,198	5.01
5.03	00560	PURCHASING	881,839	576,950	1,458,789		1,458,789		1,458,789	5.03
5.04	00570	ADMITTING	1,790,886	210,908	2,001,794		2,001,794		2,001,794	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,565,846	1,613,025	3,178,871		3,178,871	129,436	3,308,307	5.05
5.06	00590	ADMINISTRATION & GENERAL	13,388,428	78,485,445	91,873,873	-41,619,621	50,254,252	-16,426,137	33,828,115	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,112,369	6,072,578	8,184,947	13,410	8,198,357	-405,870	7,792,487	7
8	00800	Laundry & Linen Service		915,595	915,595		915,595		915,595	8
9	00900	Housekeeping	1,894,893	772,452	2,667,345		2,667,345	-78	2,667,267	9
10	01000	Dietary	345,516	31,198	376,714		376,714		376,714	10
11	01100	Cafeteria		3,050,855	3,050,855		3,050,855	-672,215	2,378,640	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,313,679	203,844	1,517,523		1,517,523	-387,373	1,130,150	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,112,242	5,328,352	7,440,594	-4,292,612	3,147,982		3,147,982	15
16	01600	Medical Records & Library	1,311,433	604,907	1,916,340		1,916,340	-769	1,915,571	16
17	01700	Social Service	490,510	52,055	542,565		542,565		542,565	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	2,927,658	1,449,828	4,377,486		4,377,486	-13,680	4,363,806	21
22	02200	I&R Services-Other Prgm Costs Apprvd	1,458,567	465,534	1,924,101		1,924,101	-1,155,580	768,521	22
23	02300	PARAMED ED PRGM-PHARMACY	403,883	40,477	444,360		444,360		444,360	23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	20,521,619	5,616,230	26,137,849	-5,386,167	20,751,682	-1,274,974	19,476,708	30
31	03100	Intensive Care Unit	3,447,538	774,023	4,221,561	-395,075	3,826,486		3,826,486	31
31.01	02060	SPECIAL CARE NURSERY				494,187	494,187		494,187	31.01
40	04000	Subprovider - IPF	1,280,588	133,736	1,414,324	-8,366	1,405,958	-22,700	1,383,258	40
41	04100	Subprovider - IRF	1,246,091	191,663	1,437,754	-49,527	1,388,227		1,388,227	41
43	04300	Nursery	467,784	593,902	1,061,686	812,626	1,874,312	-571,200	1,303,112	43
44	04400	Skilled Nursing Facility	1,180,625	147,552	1,328,177	-49,388	1,278,789		1,278,789	44
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	5,634,898	18,189,504	23,824,402	-12,863,496	10,960,906	-935,838	10,025,068	50
52	05200	Delivery Room & Labor Room				2,158,526	2,158,526		2,158,526	52
53	05300	Anesthesiology	192,969	530,920	723,889	-457,828	266,061	-44,166	221,895	53
54	05400	Radiology-Diagnostic	3,493,169	1,843,515	5,336,684	-94,572	5,242,112	-44,267	5,197,845	54
54.02	03480	CANCER TREATMENT CENTER	535,925	80,983	616,908	-2,772	614,136	-27,549	586,587	54.02
54.03	03630	ULTRASOUND	1,324,604	190,064	1,514,668	-44,935	1,469,733		1,469,733	54.03
54.04	05401	SPECIAL PROCEDURES	616,367	1,393,800	2,010,167	-1,023,598	986,569	-26,040	960,529	54.04
54.05	05402	OP ONCOLOGY								54.05
57	05700	CT Scan	718,157	844,039	1,562,196	-96,236	1,465,960		1,465,960	57
58	05800	MRI	336,537	394,547	731,084		731,084		731,084	58
59	05900	Cardiac Catheterization	815,928	3,631,151	4,447,079	-2,609,937	1,837,142	-103,782	1,733,360	59
60	06000	Laboratory	3,421,370	3,749,215	7,170,585		7,170,585	-89,826	7,080,759	60
60.01	03420	PATHOLOGY	707,709	603,096	1,310,805		1,310,805	-32,500	1,278,305	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	252,802	1,179,627	1,432,429	-939,386	493,043		493,043	63
65	06500	Respiratory Therapy	1,439,211	350,804	1,790,015	-92,958	1,697,057		1,697,057	65
66.01	06601	REHABILITATION MEDICINE	4,673,910	673,044	5,346,954	-9,967	5,336,987	-23,543	5,313,444	66.01
69	06900	Electrocardiology	556,255	430,864	987,119	-85,426	901,693	-102,721	798,972	69
69.02	03140	CARDIOLOGY	1,804,101	836,307	2,640,408	-40,704	2,599,704	-242,191	2,357,513	69.02
71	07100	Medical Supplies Charged to Patients	531,704	1,118,495	1,650,199		15,072,945		15,723,144	71
72	07200	Impl. Dev. Charged to Patients				8,525,385	8,525,385		8,525,385	72
73	07300	Drugs Charged to Patients				4,292,612	4,292,612		4,292,612	73
74	07400	Renal Dialysis		723,339	723,339		723,339		723,339	74
75	07500	ASC (Non-Distinct Part)	509,793	464,027	973,820	-541,141	432,679		432,679	75
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	04040	FAMILY PRACTICE CLINIC								90.01
90.02	09001	WOUND CARE	600,069	274,150	874,219	-129,535	744,684	-28,827	715,857	90.02
90.03	09002	PAIN MANAGEMENT	123,039	190,038	313,077	-1,691	311,386	-37,054	274,332	90.03
90.05	09004	WOMENS CENTER								90.05
90.06	09005	DIABETES CENTER	149,348	12,145	161,493		161,493	-440	161,053	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,210,861	6,761,247	7,972,108	-200,080	7,772,028	-53,398	7,718,630	90.07
91	09100	Emergency	4,755,325	1,917,111	6,672,436	-940,884	5,731,552	-237,316	5,494,236	91
92	09200	Observation Beds (Non-Distinct Part)								92

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	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	
93.01	04950	OCCUP HEALTH								93.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	1,337,860	233,456	1,571,316	34,338	1,605,654	-120	1,605,534	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	97,797,400	155,488,372	253,285,772	-1,225,752	252,060,020	-34,607,094	217,452,926	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen	41,325	23,077	64,402		64,402		64,402	190
190.02	19002	COVENANT RETIREMENT HOME								190.02
190.05	19005	BOARD OF BENEVOLENCE								190.05
190.07	19007	DENTAL		854	854		854		854	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY								190.08
190.09	19009	OP PHARMACY	203,996	12,678	216,674		216,674		216,674	190.09
190.10	19010	PLAZA		163,336	163,336	17,815	181,151		181,151	190.10
190.11	19011	G CAFETERIA								190.11
190.12	19012	G PHARMACY	311,488	22,316	333,804		333,804		333,804	190.12
190.13	19013	G SUITE								190.13
190.14	19014	OFFSITE CLINICS	26,600	3,668,198	3,694,798	1,207,937	4,902,735		4,902,735	190.14
191.01	19101	OCC HEALTH		4,507	4,507		4,507		4,507	191.01
200		TOTAL (sum of lines 118-199)	98,380,809	159,383,338	257,764,147		257,764,147	-34,607,094	223,157,053	200

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION	A	Cap Rel Costs-Bldg & Fixt	1		7,786,353	1
2			Cap Rel Costs-Mvble Equip	2		10,245,076	2
500	Total reclassifications					18,031,429	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		8,775,573	1
500	Total reclassifications					8,775,573	500
	Code Letter - B						
1	OB DEPT EXPENSES	C	Nursery	43	900,164	432,112	1
2			Delivery Room & Labor Room	52	1,458,428	700,098	2
500	Total reclassifications				2,358,592	1,132,210	500
	Code Letter - C						
1	HOSPITAL USE OF PLAZA	D	Operation of Plant	7		13,410	1
500	Total reclassifications					13,410	500
	Code Letter - D						
1	NON HOSP BLDG DEPR	E	Home Health Agency	101		34,338	1
2			PLAZA	190.10		31,225	2
3			OFFSITE CLINICS	190.14		1,207,937	3
500	Total reclassifications					1,273,500	500
	Code Letter - E						
1	EMPLOYEE BENEFITS	G	Employee Benefits Department	4		14,444,535	1
500	Total reclassifications					14,444,535	500
	Code Letter - G						
1	COST OF DRUGS SOLD (AC730380)	H	Drugs Charged to Patients	73		4,292,612	1
500	Total reclassifications					4,292,612	500
	Code Letter - H						
1	COLLECTION FEES	K					1
500	Total reclassifications						500
	Code Letter - K						
1	PROPERTY INSURANCE	M	Cap Rel Costs-Bldg & Fixt	1		368,084	1
500	Total reclassifications					368,084	500
	Code Letter - M						
1	OUTPATIENT SURG RE OR CASES	N	Operating Room	50	210,347		1
500	Total reclassifications				210,347		500
	Code Letter - N						
1	CHARGEABLE MEDICAL SUPPLIES	O	Medical Supplies Charged to P	71		14,074,286	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
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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	
33							33
34							34
500	Total reclassifications					14,074,286	500
	Code Letter - O						
1	IMPLANTABLE DEVICES	P	Impl. Dev. Charged to Patient	72		8,525,385	1
2							2
3							3
4							4
500	Total reclassifications					8,525,385	500
	Code Letter - P						
1	SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	467,784	26,403	1
500	Total reclassifications				467,784	26,403	500
	Code Letter - R						
	GRAND TOTAL (Increases)				3,036,723	70,957,427	

(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.

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.		
		1	6	7	8	9	10		
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		18,031,429	9	1	
2							9	2	
500	Total reclassifications					18,031,429		500	
	Code letter - A								
1	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		8,775,573	11	1	
500	Total reclassifications					8,775,573		500	
	Code letter - B								
1	OB DEPT EXPENSES	C	Adults & Pediatrics	30	2,358,592	1,132,210		1	
2								2	
500	Total reclassifications				2,358,592	1,132,210		500	
	Code letter - C								
1	HOSPITAL USE OF PLAZA	D	PLAZA	190.10		13,410		1	
500	Total reclassifications					13,410		500	
	Code letter - D								
1	NON HOSP BLDG DEPR	E	Cap Rel Costs-Bldg & Fixt	1		1,273,500	9	1	
2								2	
3								3	
500	Total reclassifications					1,273,500		500	
	Code letter - E								
1	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		14,444,535		1	
500	Total reclassifications					14,444,535		500	
	Code letter - G								
1	COST OF DRUGS SOLD (AC730380)	H	Pharmacy	15		4,292,612		1	
500	Total reclassifications					4,292,612		500	
	Code letter - H								
1	COLLECTION FEES	K						1	
500	Total reclassifications							500	
	Code letter - K								
1	PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		368,084	12	1	
500	Total reclassifications					368,084		500	
	Code letter - M								
1	OUTPATIENT SURG RE OR CASES	N	ASC (Non-Distinct Part)	75	210,347			1	
500	Total reclassifications				210,347			500	
	Code letter - N								
1	CHARGEABLE MEDICAL SUPPLIES	O						1	
2								2	
3								3	
4								4	
5			Adults & Pediatrics	30		1,895,365		5	
6			Intensive Care Unit	31		395,075		6	
7			Subprovider - IPF	40		8,366		7	
8			Subprovider - IRF	41		49,527		8	
9			Nursery	43		25,463		9	
10			Skilled Nursing Facility	44		49,388		10	
11			Operating Room	50		5,981,819		11	
12			Anesthesiology	53		457,828		12	
13			Radiology-Diagnostic	54		94,572		13	
14			CANCER TREATMENT CENTER	54.02		2,772		14	
15			ULTRASOUND	54.03		44,935		15	
16			SPECIAL PROCEDURES	54.04		1,023,598		16	
17			CT Scan	57		96,236		17	
18								18	
19			Cardiac Catheterization	59		1,186,289		19	
20								20	
21								21	
22			Blood Storing, Processing & T	63		939,386		22	
23			Respiratory Therapy	65		92,958		23	
24			REHABILITATION MEDICINE	66.01		9,967		24	
25			Electrocardiology	69		85,426		25	
26			CARDIOLOGY	69.02		40,704		26	
27								27	
28			ASC (Non-Distinct Part)	75		322,422		28	
29								29	
30			WOUND CARE	90.02		129,535		30	
31			PAIN MANAGMENT	90.03		1,691		31	

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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	
32							32	
33			EVANSTON INFUSION CENTER	90.07		200,080	33	
34			Emergency	91		940,884	34	
500	Total reclassifications					14,074,286	500	
	Code letter - O							
1	IMPLANTABLE DEVICES	P	Operating Room	50		7,092,024	1	
2			Cardiac Catheterization	59		1,423,648	2	
3			Medical Supplies Charged to P	71		1,341	3	
4			ASC (Non-Distinct Part)	75		8,372	4	
500	Total reclassifications					8,525,385	500	
	Code letter - P							
1	SPECIAL CARE NURSERY	R	Nursery	43	467,784	26,403	1	
500	Total reclassifications				467,784	26,403	500	
	Code letter - R							
	GRAND TOTAL (Decreases)				3,036,723	70,957,427		

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

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**RECONCILIATION OF CAPITAL COST CENTERS**

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

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,960,138					7,960,138		1
2	Land Improvements	3,499,153					3,499,153		2
3	Buildings and Fixtures	275,059,890	10,642,080		10,642,080		285,701,970		3
4	Building Improvements								4
5	Fixed Equipment	43,748,149	782,114		782,114		44,530,263		5
6	Movable Equipment	103,422,148	3,031,157		3,031,157		106,453,305		6
7	HIT-designated Assets	21,572,823	2,116,163		2,116,163		23,688,986		7
8	Subtotal (sum of lines 1-7)	455,262,301	16,571,514		16,571,514		471,833,815		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	455,262,301	16,571,514		16,571,514		471,833,815		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

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

\* All line 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				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,218,059		-1,222,299	368,084			5,363,844	1	
2	Cap Rel Costs-Mvble Equip	10,177,146						10,177,146	2	
3	Total (sum of lines 1-2)	16,395,205		-1,222,299	368,084			15,540,990	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
1	Investment income-buildings & fixtures (chapter 2)	B	-4,584,462	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	B	-63,496	NON-PATIENT PHONES	5.01		7
8	Television and radio service (chapter 21)	A	-55,453	Operation of Plant	7		8
9	Parking lot (chapter 21)	A	-223,762	ADMINISTRATION & GENERAL	5.06		9
10	Provider-based physician adjustment	Wkst A-8-2	-2,770,303				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-910,171				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-672,215	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	CHILD CARE REVENUE	B	-1,037,902	Employee Benefits Department	4		33
34							34
35	OTHER REVENUE	B	-103,590	Cardiac Catheterization	59		35
36	OTHER REVENUE	B	-78,016	PATIENT ACCOUNTS & CASHIERS	5.05		36
37	LCG DEV SVCS	A	-1,088,727	ADMINISTRATION & GENERAL	5.06		37
38							38
39							39
40	COST OF PHYSICIAN RECRUITMENT	A	-34,843	ADMINISTRATION & GENERAL	5.06		40
41							41
42	AMORT '81 CAPITAL INTEREST	A	-2,514	Cap Rel Costs-Bldg & Fixt	1	11	42
43							43
44	OTHER INCOME	B	-232,432	NON-PATIENT PHONES	5.01		44
44.01	OTHER INCOME	B	-22,113	Nursing Administration	13		44.01
44.03	OTHER INCOME	B	-769	Medical Records & Library	16		44.03
44.04	OTHER INCOME	B	-808,285	Operating Room	50		44.04
45	LOBBYIST FEES IHHA AND AHA	A	-44,842	ADMINISTRATION & GENERAL	5.06		45
45.03	MARKETING FEES	A	-685,527	ADMINISTRATION & GENERAL	5.06		45.03
45.09	OTHER OPERATING INCOME	B	-120	Home Health Agency	101		45.09
45.10	OTHER OPERATING REVENUE	B	-23,543	REHABILITATION MEDICINE	66.01		45.10
45.20	PRIVATE DUTY NURSES	A	-365,260	Nursing Administration	13		45.20
45.21	PDN FRINGE BENEFITS	A	-74,693	Employee Benefits Department	4		45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	-189,251	ADMINISTRATION & GENERAL	5.06		45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	Cap Rel Costs-Bldg & Fixt	1	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-67,930	Cap Rel Costs-Mvble Equip	2	9	45.27
45.36	COURTESY CAR	A	-121,698	ADMINISTRATION & GENERAL	5.06		45.36
45.37	COURTESY CARE FBS	A	-7,159	Employee Benefits Department	4		45.37
45.41	BANK CHARGES	B	360,488	ADMINISTRATION & GENERAL	5.06		45.41
45.42	DSR INCOME NETTED ON FS	A	290,127	Cap Rel Costs-Bldg & Fixt	1	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-1,637,972	Cap Rel Costs-Bldg & Fixt	1	11	45.43
45.44	NONALLOWABLE BORROWING	A	-4,063,051	Cap Rel Costs-Bldg & Fixt	1	11	45.44
45.45	LETTER OF CREDIT INTEREST	A	69,088	ADMINISTRATION & GENERAL	5.06		45.45
45.55	CANCER TREATMENT LEASE	B	-27,549	CANCER TREATMENT CENTER	54.02		45.55
45.57	CHEMO REV	B	-53,398	EVANSTON INFUSION CENTER	90.07		45.57

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref. 5
				COST CENTER	LINE#		
45.58	CREDIT SERVICE REVENUE	B	207,452	PATIENT ACCOUNTS & CASHIERS	5.05		45.58
45.59	OTHER A&G INCOME	B	-12,104,127	ADMINISTRATION & GENERAL	5.06		45.59
45.60	OTHER PLANT OPS INCOME	B	-241,172	Operation of Plant	7		45.60
45.62	LAB OTHER INCOME	B	-89,826	Laboratory	60		45.62
45.64	PHYSICIAN MALPRACTICE	A	-350,738	ADMINISTRATION & GENERAL	5.06		45.64
45.65	OTHER INCOME	B	-942,885	I&R Services-Other Prgm Costs Apprvd	22		45.65
45.67	MSO DEPR	B	-109,245	Operation of Plant	7		45.67
45.69	CARDIAC CATH MISC REV	B	-192	Cardiac Catheterization	59		45.69
45.70	A&P REST FUND	B	-134,608	Adults & Pediatrics	30		45.70
45.71	WC REST FUND	B	-416	WOUND CARE	90.02		45.71
45.73	REST FUND	B	-78	Housekeeping	9		45.73
45.74	REST FUND	B	-3,700	Nursery	43		45.74
45.75	REST FUND	B	-440	DIABETES CENTER	90.06		45.75
45.76	REST FUND	B	-7,900	Emergency	91		45.76
46							46
47	GOODWILL	A	-1,203,082	ADMINISTRATION & GENERAL	5.06		47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-34,607,094				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

**WORKSHEET A-8-1**

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,910,563	3,028,219	-1,117,656	1
2	5.06	ADMINISTRATION & GENERAL	LIFE CENTER RENTALS	1,080,105	604,305	475,800	2
3							3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	30,219	261,480	-231,261	3.01
3.02	90.03	PAIN MANAGMENT	LIFE CENTER RENTALS	53,342	90,396	-37,054	3.02
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			3,074,229	3,984,400	-910,171	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	
	1	2	3	4	5	6
6	B	COV MIN OF BENEV				6
7						7
8						8
9						9
10						10

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	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	5.06	ADMINISTRATION & GEN AGGREGATE	187,419	167,260	20,159	177,200	750	63,894	3,195	1
2										2
3	21	I&R Services-Salary AGGREGATE	120,000		120,000	177,200	1,248	106,320	5,316	3
4	22	I&R Services-Other P AGGREGATE	532,677	102,845	429,832	177,200	3,756	319,982	15,999	4
5	30	Adults & Pediatrics AGGREGATE	1,145,222	1,138,299	6,923	177,200	57	4,856	243	5
6	40	Subprovider - IPF AGGREGATE	22,700	22,700						6
7	43	Nursery AGGREGATE	567,500	567,500						7
8	50	Operating Room AGGREGATE	127,553	127,553						8
9	53	Anesthesiology AGGREGATE	44,166	44,166						9
10	54	Radiology-Diagnostic AGGREGATE	44,267	44,267						10
11	54.04	SPECIAL PROCEDURES AGGREGATE	26,040	26,040						11
12	60	Laboratory AGGREGATE								12
13										13
14										14
15	69	Electrocardiology AGGREGATE	102,721	102,721						15
16	69.02	CARDIOLOGY AGGREGATE	10,930	10,930						16
17										17
18	90.02	WOUND CARE AGGREGATE	28,411	28,411						18
19	91	Emergency AGGREGATE	229,416	229,416						19
20	60.01	PATHOLOGY AGGREGATE	32,500	32,500						20
22	4	Employee Benefits De AGGREGATE	98	98						22
23	4	Employee Benefits De AGGREGATE	18,620		18,620	177,200	690	58,783	2,939	23
200		TOTAL	3,240,240	2,644,706	595,534		6,501	553,835	27,692	200

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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 Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GEN AGGREGATE					63,894		167,260	1
2										2
3	21	I&R Services-Salary AGGREGATE					106,320	13,680	13,680	3
4	22	I&R Services-Other P AGGREGATE					319,982	109,850	212,695	4
5	30	Adults & Pediatrics AGGREGATE					4,856	2,067	1,140,366	5
6	40	Subprovider - IPF AGGREGATE							22,700	6
7	43	Nursery AGGREGATE							567,500	7
8	50	Operating Room AGGREGATE							127,553	8
9	53	Anesthesiology AGGREGATE							44,166	9
10	54	Radiology-Diagnostic AGGREGATE							44,267	10
11	54.04	SPECIAL PROCEDURES AGGREGATE							26,040	11
12	60	Laboratory AGGREGATE								12
13										13
14										14
15	69	Electrocardiology AGGREGATE							102,721	15
16	69.02	CARDIOLOGY AGGREGATE							10,930	16
17										17
18	90.02	WOUND CARE AGGREGATE							28,411	18
19	91	Emergency AGGREGATE							229,416	19
20	60.01	PATHOLOGY AGGREGATE							32,500	20
22	4	Employee Benefits De AGGREGATE							98	22
23	4	Employee Benefits De AGGREGATE					58,783			23
200		TOTAL					553,835	125,597	2,770,303	200

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	5,363,844	5,363,844					1
2	Cap Rel Costs-Mvble Equip	10,177,146		10,177,146				2
4	Employee Benefits Department	16,178,827	14,761	58,056	16,251,644			4
5.01	NON-PATIENT PHONES	305,198	7,669	8,476	33,766	355,109		5.01
5.03	PURCHASING	1,458,789	40,951	23,147	148,253	3,409	1,674,549	5.03
5.04	ADMITTING	2,001,794	24,784	37,452	301,080	6,818	1,213	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	3,308,307	17,959	5,548	263,247	23,295	1,209	5.05
5.06	ADMINISTRATION & GENERAL	33,828,115	2,684,733	1,516,917	2,250,836	57,383	11,706	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	7,792,487	531,434	2,387,186	355,127	15,341	18,994	7
8	Laundry & Linen Service	915,595	18,566	26,939		568	1	8
9	Housekeeping	2,667,267	41,277	4,619	318,566	2,273	9,538	9
10	Dietary	376,714	43,675	127,713	58,087	2,841	17	10
11	Cafeteria	2,378,640	77,187	8,907		2,841	65	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,130,150	19,802	531,802	220,853	9,091	1,204	13
14	Central Services & Supply							14
15	Pharmacy	3,147,982	25,147	138,593	355,106	5,114	4,281	15
16	Medical Records & Library	1,915,571	37,672	110,103	220,475	8,523	436	16
17	Social Service	542,565	15,235		82,464	5,682	62	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,363,806		171	492,192		209	21
22	I&R Services-Other Prgm Costs Apprvd	768,521	37,516	5,078	245,211	7,954	627	22
23	PARAMED ED PRGM-PHARMACY	444,360		2,471	67,900		72	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	19,476,708	530,627	255,221	3,053,519	25,568	9,968	30
31	Intensive Care Unit	3,826,486	43,002	19,764	579,593	13,636	672	31
31.01	SPECIAL CARE NURSERY	494,187	8,691		78,643	4,545		31.01
40	Subprovider - IPF	1,383,258	77,705	7,190	215,290	6,250	266	40
41	Subprovider - IRF	1,388,227	39,293	10,022	209,490	2,273	231	41
43	Nursery	1,303,112	8,017		151,334	5,114	42	43
44	Skilled Nursing Facility	1,278,789	86,063	9,789	198,484	2,273	388	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	10,025,068	182,860	1,593,902	982,691	16,477	17,074	50
52	Delivery Room & Labor Room	2,158,526	11,763	23,894	245,188			52
53	Anesthesiology	221,895	10,882	53,629	32,442	1,705	461	53
54	Radiology-Diagnostic	5,197,845	111,772	1,035,671	587,265	19,318	4,040	54
54.02	CANCER TREATMENT CENTER	586,587	67,978	7,283	90,099	9,659	556	54.02
54.03	ULTRASOUND	1,469,733	1,806	115,544	222,690	2,273	263	54.03
54.04	SPECIAL PROCEDURES	960,529	7,018	7,923	103,622		11,295	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,465,960	8,668	392,510	120,735		190	57
58	MRI	731,084	4,627	342,481	56,578		1,182	58
59	Cardiac Catheterization	1,733,360	13,850	127,931	137,172	3,977	37,148	59
60	Laboratory	7,080,759	74,441	188,907	575,194	17,613	106,893	60
60.01	PATHOLOGY	1,278,305	14,998	54,668	118,979	1,136	23,959	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	493,043	3,368	8,363	42,501	1,705	11,083	63
65	Respiratory Therapy	1,697,057	10,601	50,217	241,957	2,273	1,662	65
66.01	REHABILITATION MEDICINE	5,313,444	44,031	71,168	785,768	10,227	1,420	66.01
69	Electrocardiology	798,972	7,987	63,308	93,516	2,273	1,407	69
69.02	CARDIOLOGY	2,357,513		167,191	303,302	3,977	641	69.02
71	Medical Supplies Charged to Patients	15,723,144	75,892	100,568	89,389	1,136	871,692	71
72	Impl. Dev. Charged to Patients	8,525,385					505,581	72
73	Drugs Charged to Patients	4,292,612						73
74	Renal Dialysis	723,339	2,502					74
75	ASC (Non-Distinct Part)	432,679	40,137	90,813	50,342	9,659	775	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	715,857	38,805	15,025	100,882		510	90.02
90.03	PAIN MANAGEMENT	274,332	40,603	1,440	20,685		130	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	161,053	5,863	1,803	25,108		45	90.06
90.07	EVANSTON INFUSION CENTER	7,718,630	14,938	15,806	203,568		523	90.07
91	Emergency	5,494,236	76,402	113,094	799,456	16,477	4,211	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,605,534	4,005	19,600	224,918	2,273	1,111	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	217,452,926	5,307,563	9,957,903	16,153,563	332,950	1,665,053	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	64,402	5,100		6,947	1,136	1,180	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL	854						190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	216,674	8,054	684	34,295	568		190.09
190.10	PLAZA	181,151	14,487	62		10,227	74	190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	333,804	23,962	2,189	52,367	8,523		190.12
190.13	G SUITE			7,263				190.13
190.14	OFFSITE CLINICS	4,902,735		209,045	4,472		8,242	190.14
191.01	OCC HEALTH	4,507	4,678			1,705		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	223,157,053	5,363,844	10,177,146	16,251,644	355,109	1,674,549	202

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING	2,373,141						5.04
5.05	PATIENT ACCOUNTS & CASHIERS		3,619,565					5.05
5.06	ADMINISTRATION & GENERAL			40,349,690	40,349,690			5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,100,569	2,450,140	13,550,709		7
8	Laundry & Linen Service			961,669	212,262	123,229	1,297,160	8
9	Housekeeping			3,043,540	671,776	273,974	101,895	9
10	Dietary			609,047	134,430	289,894		10
11	Cafeteria			2,467,640	544,662	512,326		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,912,902	422,220	131,435		13
14	Central Services & Supply							14
15	Pharmacy			3,676,223	811,423	166,910		15
16	Medical Records & Library			2,292,780	506,067	250,046		16
17	Social Service			646,008	142,588	101,119		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			4,856,378	1,071,909			21
22	I&R Services-Other Prgm Costs Apprvd			1,064,907	235,048	249,014		22
23	PARAMED ED PRGM-PHARMACY			514,803	113,628			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	270,697	412,790	24,035,098	5,305,160	3,522,008	539,764	30
31	Intensive Care Unit	40,699	62,063	4,585,915	1,012,212	285,422	106,367	31
31.01	SPECIAL CARE NURSERY	6,488	9,893	602,447	132,973	57,684		31.01
40	Subprovider - IPF	19,387	29,563	1,738,909	383,815	515,765		40
41	Subprovider - IRF	22,280	33,975	1,705,791	376,506	260,806		41
43	Nursery	12,988	19,806	1,500,413	331,174	53,213		43
44	Skilled Nursing Facility	10,979	16,742	1,603,507	353,929	571,238		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	217,806	332,136	13,368,014	2,950,615	1,213,721	134,975	50
52	Delivery Room & Labor Room	30,331	46,252	2,515,954	555,326	78,075	99,555	52
53	Anesthesiology	67,927	103,583	492,524	108,711	72,228		53
54	Radiology-Diagnostic	121,566	185,378	7,262,855	1,603,072	741,882	7,615	54
54.02	CANCER TREATMENT CENTER	14,367	21,909	798,438	176,233	451,202		54.02
54.03	ULTRASOUND	42,274	64,464	1,919,047	423,576	11,989		54.03
54.04	SPECIAL PROCEDURES	10,994	16,764	1,118,145	246,799	46,580		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	170,556	260,083	2,418,702	533,861	57,537		57
58	MRI	62,162	94,792	1,292,906	285,373	30,709		58
59	Cardiac Catheterization	59,680	91,006	2,204,124	486,499	91,931		59
60	Laboratory	324,823	496,058	8,864,688	1,956,632	494,097		60
60.01	PATHOLOGY	18,206	27,763	1,538,014	339,474	99,547		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	23,395	35,675	619,133	136,656	22,356		63
65	Respiratory Therapy	52,081	79,418	2,135,266	471,300	70,361		65
66.01	REHABILITATION MEDICINE	50,362	76,797	6,353,217	1,402,295	292,252		66.01
69	Electrocardiology	34,910	53,235	1,055,608	232,996	53,016	106	69
69.02	CARDIOLOGY	49,332	75,227	2,957,183	652,715			69.02
71	Medical Supplies Charged to Patients	203,670	310,579	17,376,070	3,835,281	503,727		71
72	Impl. Dev. Charged to Patients	53,287	81,258	9,165,511	2,023,030			72
73	Drugs Charged to Patients	108,997	166,211	4,567,820	1,008,218			73
74	Renal Dialysis	14,810	22,584	763,235	168,463	16,607		74
75	ASC (Non-Distinct Part)	12,677	19,331	656,413	144,885	266,407		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	18,292	27,893	917,264	202,460	257,563		90.02
90.03	PAIN MANAGMENT	3,491	5,324	346,005	76,371	269,503		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	301	459	194,632	42,960	38,915		90.06
90.07	EVANSTON INFUSION CENTER	88,064	134,291	8,175,820	1,804,583	99,153		90.07
91	Emergency	131,574	200,640	6,836,090	1,508,875	507,117	306,883	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,688	5,623	1,866,752	412,033	26,582		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,373,141	3,619,565	217,047,666	39,001,214	13,177,140	1,297,160	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen			78,765	17,385	33,854		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL			854	188			190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			260,275	57,448	53,458		190.09
190.10	PLAZA			206,001	45,469	96,156		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			420,845	92,890	159,048		190.12
190.13	G SUITE			7,263	1,603			190.13
190.14	OFFSITE CLINICS			5,124,494	1,131,089			190.14
191.01	OCC HEALTH			10,890	2,404	31,053		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,373,141	3,619,565	223,157,053	40,349,690	13,550,709	1,297,160	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	4,091,185						9
10	Dietary	49,205	1,082,576					10
11	Cafeteria	86,963		3,611,591				11
12	Maintenance of Personnel							12
13	Nursing Administration	22,312		77,085	2,565,954			13
14	Central Services & Supply							14
15	Pharmacy	28,331		85,837		4,768,724		15
16	Medical Records & Library	42,444		80,418			3,171,755	16
17	Social Service	17,162		22,789				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			165,615				21
22	I&R Services-Other Prgm Costs Apprvd	42,265		25,448				22
23	PARAMED ED PRGM-PHARMACY							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,974,857	770,739	1,009,444	1,086,624	218	361,818	30
31	Intensive Care Unit	161,105	56,578	123,202	126,558	25	54,400	31
31.01	SPECIAL CARE NURSERY	32,560	2,230	20,702	22,485		8,672	31.01
40	Subprovider - IPF	291,121	69,522	62,577	72,830		25,912	40
41	Subprovider - IRF	147,211	80,274	69,545	74,631		29,780	41
43	Nursery	2,804	6,743	44,097	50,790		17,361	43
44	Skilled Nursing Facility	322,429	96,490	69,141	76,703	134	14,674	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	206,015		217,791	248,268	268	291,124	50
52	Delivery Room & Labor Room	13,251		71,430	83,563		40,541	52
53	Anesthesiology	12,257		16,965	17,072	1,157	90,793	53
54	Radiology-Diagnostic	129,870		194,632	196,518	200,366	162,487	54
54.02	CANCER TREATMENT CENTER	76,589		17,605	18,045		19,203	54.02
54.03	ULTRASOUND	2,035		54,599		4,091	56,504	54.03
54.04	SPECIAL PROCEDURES	7,908		27,199		260	14,694	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			32,618		166	227,968	57
58	MRI			15,821		22	83,087	58
59	Cardiac Catheterization	15,604		32,450	30,562		79,769	59
60	Laboratory	83,867		257,848		9	433,940	60
60.01	PATHOLOGY	16,897		36,254			24,334	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,792		12,118			31,270	63
65	Respiratory Therapy	11,945		77,321		933	69,612	65
66.01	REHABILITATION MEDICINE	49,610		130,372		49	67,314	66.01
69	Electrocardiology	9,002		17,470			46,661	69
69.02	CARDIOLOGY			82,336	84,634	328	65,938	69.02
71	Medical Supplies Charged to Patients			10,098		379	272,229	71
72	Impl. Dev. Charged to Patients						71,224	72
73	Drugs Charged to Patients					1,847,135	145,687	73
74	Renal Dialysis						19,796	74
75	ASC (Non-Distinct Part)	45,221		19,288	22,281	96	16,944	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	43,717		34,941	34,495	3,569	24,449	90.02
90.03	PAIN MANAGMENT	45,745		11,277		23,777	4,666	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			6,901			402	90.06
90.07	EVANSTON INFUSION CENTER			46,083		2,685,179	117,708	90.07
91	Emergency	86,074		251,957	262,561	331	175,865	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			53,657	57,334	232	4,929	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	4,080,168	1,082,576	3,584,931	2,565,954	4,768,724	3,171,755	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	5,747		1,212				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			9,358				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			16,090				190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH	5,270						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,091,185	1,082,576	3,611,591	2,565,954	4,768,724	3,171,755	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	929,666						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		6,093,902					21
22	I&R Services-Other Prgm Costs Apprvd			1,616,682				22
23	PARAMED ED PRGM-PHARMACY				628,431			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	600,403	4,120,499	1,093,148	424,925	44,844,705	-5,213,647	30
31	Intensive Care Unit	8,047	515,778	136,833	53,189	7,225,631	-652,611	31
31.01	SPECIAL CARE NURSERY	2,906				882,659		31.01
40	Subprovider - IPF	81,142				3,241,593		40
41	Subprovider - IRF	75,554				2,820,098		41
43	Nursery	2,906				2,009,501		43
44	Skilled Nursing Facility	73,095				3,181,340		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		780,454	207,051	80,484	19,698,780	-987,505	50
52	Delivery Room & Labor Room		449,609	119,279	46,366	4,072,949	-568,888	52
53	Anesthesiology					811,707		53
54	Radiology-Diagnostic					10,499,297		54
54.02	CANCER TREATMENT CENTER					1,557,315		54.02
54.03	ULTRASOUND					2,471,841		54.03
54.04	SPECIAL PROCEDURES					1,461,585		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					3,270,852		57
58	MRI					1,707,918		58
59	Cardiac Catheterization					2,940,939		59
60	Laboratory					12,091,081		60
60.01	PATHOLOGY					2,054,520		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					825,325		63
65	Respiratory Therapy					2,836,738		65
66.01	REHABILITATION MEDICINE					8,295,109		66.01
69	Electrocardiology					1,414,859		69
69.02	CARDIOLOGY					3,843,134		69.02
71	Medical Supplies Charged to Patients					21,997,784		71
72	Impl. Dev. Charged to Patients					11,259,765		72
73	Drugs Charged to Patients					7,568,860		73
74	Renal Dialysis					968,101		74
75	ASC (Non-Distinct Part)					1,171,535		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE					1,518,458		90.02
90.03	PAIN MANAGMENT					777,344		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					283,810		90.06
90.07	EVANSTON INFUSION CENTER					12,928,526		90.07
91	Emergency	2,012	227,562	60,371	23,467	10,249,165	-287,933	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	83,601				2,505,120		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	929,666	6,093,902	1,616,682	628,431	215,287,944	-7,710,584	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					136,963		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL					1,042		190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					380,539		190.09
190.10	PLAZA					347,626		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					688,873		190.12
190.13	G SUITE					8,866		190.13
190.14	OFFSITE CLINICS					6,255,583		190.14
191.01	OCC HEALTH					49,617		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	929,666	6,093,902	1,616,682	628,431	223,157,053	-7,710,584	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	39,631,058					30
31	Intensive Care Unit	6,573,020					31
31.01	SPECIAL CARE NURSERY	882,659					31.01
40	Subprovider - IPF	3,241,593					40
41	Subprovider - IRF	2,820,098					41
43	Nursery	2,009,501					43
44	Skilled Nursing Facility	3,181,340					44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	18,711,275					50
52	Delivery Room & Labor Room	3,504,061					52
53	Anesthesiology	811,707					53
54	Radiology-Diagnostic	10,499,297					54
54.02	CANCER TREATMENT CENTER	1,557,315					54.02
54.03	ULTRASOUND	2,471,841					54.03
54.04	SPECIAL PROCEDURES	1,461,585					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	3,270,852					57
58	MRI	1,707,918					58
59	Cardiac Catheterization	2,940,939					59
60	Laboratory	12,091,081					60
60.01	PATHOLOGY	2,054,520					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	825,325					63
65	Respiratory Therapy	2,836,738					65
66.01	REHABILITATION MEDICINE	8,295,109					66.01
69	Electrocardiology	1,414,859					69
69.02	CARDIOLOGY	3,843,134					69.02
71	Medical Supplies Charged to Patients	21,997,784					71
72	Impl. Dev. Charged to Patients	11,259,765					72
73	Drugs Charged to Patients	7,568,860					73
74	Renal Dialysis	968,101					74
75	ASC (Non-Distinct Part)	1,171,535					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,518,458					90.02
90.03	PAIN MANAGMENT	777,344					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,810					90.06
90.07	EVANSTON INFUSION CENTER	12,928,526					90.07
91	Emergency	9,961,232					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	2,505,120					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	207,577,360					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	136,963					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL	1,042					190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	380,539					190.09
190.10	PLAZA	347,626					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	688,873					190.12
190.13	G SUITE	8,866					190.13
190.14	OFFSITE CLINICS	6,255,583					190.14
191.01	OCC HEALTH	49,617					191.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	215,446,469					202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	13,232	14,761	58,056	86,049	86,049		4
5.01	NON-PATIENT PHONES	68,139	7,669	8,476	84,284	179	84,463	5.01
5.03	PURCHASING	139,185	40,951	23,147	203,283	785	811	5.03
5.04	ADMITTING	5,861	24,784	37,452	68,097	1,594	1,622	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	3,989	17,959	5,548	27,496	1,394	5,541	5.05
5.06	ADMINISTRATION & GENERAL	239,278	2,684,733	1,516,917	4,440,928	11,916	13,649	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,647	531,434	2,387,186	2,927,267	1,880	3,649	7
8	Laundry & Linen Service	44	18,566	26,939	45,549		135	8
9	Housekeeping	61	41,277	4,619	45,957	1,686	541	9
10	Dietary	3,431	43,675	127,713	174,819	308	676	10
11	Cafeteria	67	77,187	8,907	86,161		676	11
12	Maintenance of Personnel							12
13	Nursing Administration	10,141	19,802	531,802	561,745	1,169	2,162	13
14	Central Services & Supply							14
15	Pharmacy	2,551	25,147	138,593	166,291	1,880	1,216	15
16	Medical Records & Library	5,288	37,672	110,103	153,063	1,167	2,027	16
17	Social Service	35	15,235		15,270	437	1,351	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			171	171	2,606		21
22	I&R Services-Other Prgm Costs Apprvd	2,927	37,516	5,078	45,521	1,298	1,892	22
23	PARAMED ED PRGM-PHARMACY			2,471	2,471	359		23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	15,336	530,627	255,221	801,184	16,175	6,081	30
31	Intensive Care Unit	1,599	43,002	19,764	64,365	3,068	3,243	31
31.01	SPECIAL CARE NURSERY		8,691		8,691	416	1,081	31.01
40	Subprovider - IPF	920	77,705	7,190	85,815	1,140	1,487	40
41	Subprovider - IRF	280	39,293	10,022	49,595	1,109	541	41
43	Nursery	115	8,017		8,132	801	1,216	43
44	Skilled Nursing Facility	3,522	86,063	9,789	99,374	1,051	541	44
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	133,128	182,860	1,593,902	1,909,890	5,202	3,919	50
52	Delivery Room & Labor Room		11,763	23,894	35,657	1,298		52
53	Anesthesiology	3,054	10,882	53,629	67,565	172	405	53
54	Radiology-Diagnostic	6,359	111,772	1,035,671	1,153,802	3,109	4,595	54
54.02	CANCER TREATMENT CENTER	2,136	67,978	7,283	77,397	477	2,297	54.02
54.03	ULTRASOUND	446	1,806	115,544	117,796	1,179	541	54.03
54.04	SPECIAL PROCEDURES	844	7,018	7,923	15,785	549		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	332,831	8,668	392,510	734,009	639		57
58	MRI	39	4,627	342,481	347,147	300		58
59	Cardiac Catheterization	2,803	13,850	127,931	144,584	726	946	59
60	Laboratory	10,267	74,441	188,907	273,615	3,045	4,189	60
60.01	PATHOLOGY	3,077	14,998	54,668	72,743	630	270	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	154	3,368	8,363	11,885	225	405	63
65	Respiratory Therapy	58,190	10,601	50,217	119,008	1,281	541	65
66.01	REHABILITATION MEDICINE	2,261	44,031	71,168	117,460	4,160	2,433	66.01
69	Electrocardiology	9,986	7,987	63,308	81,281	495	541	69
69.02	CARDIOLOGY	122,033		167,191	289,224	1,606	946	69.02
71	Medical Supplies Charged to Patients	69,933	75,892	100,568	246,393	473	270	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		2,502		2,502			74
75	ASC (Non-Distinct Part)	2,768	40,137	90,813	133,718	267	2,297	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	1,926	38,805	15,025	55,756	534		90.02
90.03	PAIN MANAGMENT	99,123	40,603	1,440	141,166	110		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		5,863	1,803	7,666	133		90.06
90.07	EVANSTON INFUSION CENTER	2,694	14,938	15,806	33,438	1,078		90.07
91	Emergency	7,403	76,402	113,094	196,899	4,232	3,919	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,215	4,005	19,600	26,820	1,191	541	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,399,318	5,307,563	9,957,903	16,664,784	85,529	79,193	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		5,100		5,100	37	270	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY		8,054	684	8,738	182	135	190.09
190.10	PLAZA		14,487	62	14,549		2,433	190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		23,962	2,189	26,151	277	2,027	190.12
190.13	G SUITE			7,263	7,263			190.13
190.14	OFFSITE CLINICS	1,987		209,045	211,032	24		190.14
191.01	OCC HEALTH		4,678		4,678		405	191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,401,305	5,363,844	10,177,146	16,942,295	86,049	84,463	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING	204,879						5.03
5.04	ADMITTING	148	71,461					5.04
5.05	PATIENT ACCOUNTS & CASHIERS	148		34,579				5.05
5.06	ADMINISTRATION & GENERAL	1,432			4,467,925			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	2,324			271,309	3,206,429		7
8	Laundry & Linen Service				23,504	29,159	98,347	8
9	Housekeeping	1,167			74,387	64,829	7,725	9
10	Dietary	2			14,886	68,596		10
11	Cafeteria	8			60,312	121,229		11
12	Maintenance of Personnel							12
13	Nursing Administration	147			46,753	31,101		13
14	Central Services & Supply							14
15	Pharmacy	524			89,851	39,495		15
16	Medical Records & Library	53			56,038	59,167		16
17	Social Service	8			15,789	23,927		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	26			118,695			21
22	I&R Services-Other Prgm Costs Apprvd	77			26,027	58,923		22
23	PARAMED ED PRGM-PHARMACY	9			12,582			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,220	8,155	3,921	587,372	833,393	40,925	30
31	Intensive Care Unit	82	1,226	590	112,084	67,538	8,064	31
31.01	SPECIAL CARE NURSERY		195	94	14,724	13,649		31.01
40	Subprovider - IPF	33	584	281	42,501	122,043		40
41	Subprovider - IRF	28	671	323	41,691	61,713		41
43	Nursery	5	391	188	36,672	12,591		43
44	Skilled Nursing Facility	48	331	159	39,191	135,169		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,089	6,562	3,155	326,728	287,196	10,233	50
52	Delivery Room & Labor Room		914	439	61,492	18,474	7,548	52
53	Anesthesiology	56	2,046	984	12,038	17,091		53
54	Radiology-Diagnostic	494	3,662	1,761	177,511	175,547	577	54
54.02	CANCER TREATMENT CENTER	68	433	208	19,515	106,765		54.02
54.03	ULTRASOUND	32	1,274	612	46,903	2,837		54.03
54.04	SPECIAL PROCEDURES	1,382	331	159	27,329	11,022		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	23	5,138	2,470	59,115	13,615		57
58	MRI	145	1,873	900	31,600	7,267		58
59	Cardiac Catheterization	4,545	1,798	864	53,871	21,753		59
60	Laboratory	13,079	9,754	4,909	216,662	116,915		60
60.01	PATHOLOGY	2,932	548	264	37,591	23,555		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,356	705	339	15,132	5,290		63
65	Respiratory Therapy	203	1,569	754	52,188	16,649		65
66.01	REHABILITATION MEDICINE	174	1,517	729	155,279	69,154		66.01
69	Electrocardiology	172	1,052	506	25,800	12,545	8	69
69.02	CARDIOLOGY	78	1,486	715	72,277			69.02
71	Medical Supplies Charged to Patients	106,647	6,136	2,950	424,689	119,194		71
72	Impl. Dev. Charged to Patients	61,860	1,605	772	224,014			72
73	Drugs Charged to Patients		3,284	1,579	111,642			73
74	Renal Dialysis		446	215	18,654	3,930		74
75	ASC (Non-Distinct Part)	95	382	184	16,043	63,038		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	62	551	265	22,419	60,946		90.02
90.03	PAIN MANAGMENT	16	105	51	8,457	63,771		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	6	9	4	4,757	9,208		90.06
90.07	EVANSTON INFUSION CENTER	64	2,653	1,276	199,825	23,462		90.07
91	Emergency	515	3,964	1,906	167,081	119,996	23,267	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.03	5.04	5.05	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	136	111	53	45,625	6,290		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	203,718	71,461	34,579	4,318,605	3,118,032	98,347	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	144			1,925	8,011		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL				21			190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY				6,361	12,650		190.09
190.10	PLAZA	9			5,035	22,753		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY				10,286	37,635		190.12
190.13	G SUITE				178			190.13
190.14	OFFSITE CLINICS	1,008			125,248			190.14
191.01	OCC HEALTH				266	7,348		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	204,879	71,461	34,579	4,467,925	3,206,429	98,347	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	196,292						9
10	Dietary	2,361	261,648					10
11	Cafeteria	4,172		272,558				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,071		5,817	649,965			13
14	Central Services & Supply							14
15	Pharmacy	1,359		6,478		307,094		15
16	Medical Records & Library	2,036		6,069			279,620	16
17	Social Service	823		1,720				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			12,499				21
22	I&R Services-Other Prgm Costs Apprvd	2,028		1,921				22
23	PARAMED ED PRGM-PHARMACY							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	94,751	186,280	76,179	275,245	14	31,838	30
31	Intensive Care Unit	7,730	13,674	9,298	32,058	2	4,787	31
31.01	SPECIAL CARE NURSERY	1,562	539	1,562	5,696		763	31.01
40	Subprovider - IPF	13,968	16,803	4,723	18,448		2,280	40
41	Subprovider - IRF	7,063	19,401	5,248	18,904		2,620	41
43	Nursery	135	1,630	3,328	12,865		1,528	43
44	Skilled Nursing Facility	15,470	23,321	5,218	19,429	9	1,291	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	9,884		16,436	62,887	17	25,617	50
52	Delivery Room & Labor Room	636		5,391	21,167		3,567	52
53	Anesthesiology	588		1,280	4,324	75	7,989	53
54	Radiology-Diagnostic	6,231		14,688	49,779	12,903	14,298	54
54.02	CANCER TREATMENT CENTER	3,675		1,329	4,571		1,690	54.02
54.03	ULTRASOUND	98		4,120		263	4,972	54.03
54.04	SPECIAL PROCEDURES	379		2,053		17	1,293	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			2,462		11	20,060	57
58	MRI			1,194		1	7,311	58
59	Cardiac Catheterization	749		2,449	7,741		7,019	59
60	Laboratory	4,024		19,459		1	38,711	60
60.01	PATHOLOGY	811		2,736			2,141	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	182		915			2,752	63
65	Respiratory Therapy	573		5,835		60	6,125	65
66.01	REHABILITATION MEDICINE	2,380		9,839		3	5,923	66.01
69	Electrocardiology	432		1,318			4,106	69
69.02	CARDIOLOGY			6,214	21,438	21	5,802	69.02
71	Medical Supplies Charged to Patients			762		24	23,954	71
72	Impl. Dev. Charged to Patients						6,267	72
73	Drugs Charged to Patients					118,952	12,819	73
74	Renal Dialysis						1,742	74
75	ASC (Non-Distinct Part)	2,170		1,456	5,644	6	1,491	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	2,097		2,637	8,738	230	2,151	90.02
90.03	PAIN MANAGMENT	2,195		851		1,531	411	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			521			35	90.06
90.07	EVANSTON INFUSION CENTER			3,478		172,918	10,358	90.07
91	Emergency	4,130		19,015	66,508	21	15,475	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			4,049	14,523	15	434	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	195,763	261,648	270,547	649,965	307,094	279,620	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	276		91				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			706				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			1,214				190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH	253						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	196,292	261,648	272,558	649,965	307,094	279,620	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		17	21	22	23	24	25
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	59,325					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		133,997				21
22	I&R Services-Other Prgm Costs Apprvd			137,687			22
23	PARAMED ED PRGM-PHARMACY				15,421		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	38,315				3,001,048	30
31	Intensive Care Unit	514				328,323	31
31.01	SPECIAL CARE NURSERY	185				49,157	31.01
40	Subprovider - IPF	5,178				315,284	40
41	Subprovider - IRF	4,821				213,728	41
43	Nursery	185				79,667	43
44	Skilled Nursing Facility	4,664				345,266	44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room					2,669,815	50
52	Delivery Room & Labor Room					156,583	52
53	Anesthesiology					114,613	53
54	Radiology-Diagnostic					1,618,957	54
54.02	CANCER TREATMENT CENTER					218,425	54.02
54.03	ULTRASOUND					180,627	54.03
54.04	SPECIAL PROCEDURES					60,299	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan					837,542	57
58	MRI					397,738	58
59	Cardiac Catheterization					247,045	59
60	Laboratory					704,363	60
60.01	PATHOLOGY					144,221	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.					39,186	63
65	Respiratory Therapy					204,786	65
66.01	REHABILITATION MEDICINE					369,051	66.01
69	Electrocardiology					128,256	69
69.02	CARDIOLOGY					399,807	69.02
71	Medical Supplies Charged to Patients					931,492	71
72	Impl. Dev. Charged to Patients					294,518	72
73	Drugs Charged to Patients					248,276	73
74	Renal Dialysis					27,489	74
75	ASC (Non-Distinct Part)					226,791	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE					156,386	90.02
90.03	PAIN MANAGMENT					218,664	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER					22,339	90.06
90.07	EVANSTON INFUSION CENTER					448,550	90.07
91	Emergency	128				627,056	91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,335				105,123		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	59,325				16,130,471		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					15,854		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL					21		190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					28,772		190.09
190.10	PLAZA					44,779		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					77,590		190.12
190.13	G SUITE					7,441		190.13
190.14	OFFSITE CLINICS					337,312		190.14
191.01	OCC HEALTH					12,950		191.01
200	Cross Foot Adjustments		133,997	137,687	15,421	287,105		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	59,325	133,997	137,687	15,421	16,942,295		202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	3,001,048					30
31	Intensive Care Unit	328,323					31
31.01	SPECIAL CARE NURSERY	49,157					31.01
40	Subprovider - IPF	315,284					40
41	Subprovider - IRF	213,728					41
43	Nursery	79,667					43
44	Skilled Nursing Facility	345,266					44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815					50
52	Delivery Room & Labor Room	156,583					52
53	Anesthesiology	114,613					53
54	Radiology-Diagnostic	1,618,957					54
54.02	CANCER TREATMENT CENTER	218,425					54.02
54.03	ULTRASOUND	180,627					54.03
54.04	SPECIAL PROCEDURES	60,299					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542					57
58	MRI	397,738					58
59	Cardiac Catheterization	247,045					59
60	Laboratory	704,363					60
60.01	PATHOLOGY	144,221					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	39,186					63
65	Respiratory Therapy	204,786					65
66.01	REHABILITATION MEDICINE	369,051					66.01
69	Electrocardiology	128,256					69
69.02	CARDIOLOGY	399,807					69.02
71	Medical Supplies Charged to Patients	931,492					71
72	Impl. Dev. Charged to Patients	294,518					72
73	Drugs Charged to Patients	248,276					73
74	Renal Dialysis	27,489					74
75	ASC (Non-Distinct Part)	226,791					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386					90.02
90.03	PAIN MANAGMENT	218,664					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339					90.06
90.07	EVANSTON INFUSION CENTER	448,550					90.07
91	Emergency	627,056					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	105,123					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	16,130,471					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	15,854					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL	21					190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	28,772					190.09
190.10	PLAZA	44,779					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	77,590					190.12
190.13	G SUITE	7,441					190.13
190.14	OFFSITE CLINICS	337,312					190.14
191.01	OCC HEALTH	12,950					191.01
200	Cross Foot Adjustments	287,105					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	16,942,295					202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS		NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	724,587						1
2	Cap Rel Costs-Mvble Equip		10,231,629					2
4	Employee Benefits Department	1,994	58,367	96,668,160				4
5.01	NON-PATIENT PHONES	1,036	8,521	200,846	625			5.01
5.03	PURCHASING	5,532	23,271	881,839	6	28,237,228		5.03
5.04	ADMITTING	3,348	37,652	1,790,886	12	20,453	1,375,038,998	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,426	5,578	1,565,846	41	20,384		5.05
5.06	ADMINISTRATION & GENERAL	362,673	1,525,038	13,388,428	101	197,385		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	71,790	2,399,967	2,112,369	27	320,285		7
8	Laundry & Linen Service	2,508	27,083		1	14		8
9	Housekeeping	5,576	4,644	1,894,893	4	160,832		9
10	Dietary	5,900	128,397	345,516	5	294		10
11	Cafeteria	10,427	8,955		5	1,091		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,675	534,649	1,313,679	16	20,302		13
14	Central Services & Supply							14
15	Pharmacy	3,397	139,335	2,112,242	9	72,183		15
16	Medical Records & Library	5,089	110,692	1,311,433	15	7,360		16
17	Social Service	2,058		490,510	10	1,047		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		172	2,927,658		3,529		21
22	I&R Services-Other Prgm Costs Apprvd	5,068	5,105	1,458,567	14	10,573		22
23	PARAMED ED PRGM-PHARMACY		2,484	403,883		1,212		23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	71,681	256,587	18,163,027	45	168,079	156,835,012	30
31	Intensive Care Unit	5,809	19,870	3,447,538	24	11,328	23,580,218	31
31.01	SPECIAL CARE NURSERY	1,174		467,784	8		3,758,891	31.01
40	Subprovider - IPF	10,497	7,228	1,280,588	11	4,493	11,232,118	40
41	Subprovider - IRF	5,308	10,076	1,246,091	4	3,899	12,908,338	41
43	Nursery	1,083		900,164	9	709	7,525,149	43
44	Skilled Nursing Facility	11,626	9,841	1,180,625	4	6,548	6,360,809	44
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	24,702	1,602,435	5,845,245	29	287,916	126,191,440	50
52	Delivery Room & Labor Room	1,589	24,022	1,458,428			17,573,117	52
53	Anesthesiology	1,470	53,916	192,969	3	7,770	39,355,283	53
54	Radiology-Diagnostic	15,099	1,041,215	3,493,169	34	68,131	70,432,212	54
54.02	CANCER TREATMENT CENTER	9,183	7,322	535,925	17	9,368	8,323,912	54.02
54.03	ULTRASOUND	244	116,163	1,324,604	4	4,427	24,492,324	54.03
54.04	SPECIAL PROCEDURES	948	7,965	616,367		190,459	6,369,359	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,171	394,611	718,157		3,206	98,815,821	57
58	MRI	625	344,314	336,537		19,935	36,015,267	58
59	Cardiac Catheterization	1,871	128,616	815,928	7	626,414	34,576,887	59
60	Laboratory	10,056	189,918	3,421,370	31	1,802,485	188,296,603	60
60.01	PATHOLOGY	2,026	54,961	707,709	2	404,017	10,548,071	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	455	8,408	252,802	3	186,891	13,554,204	63
65	Respiratory Therapy	1,432	50,486	1,439,211	4	28,030	30,174,136	65
66.01	REHABILITATION MEDICINE	5,948	71,549	4,673,910	18	23,940	29,178,309	66.01
69	Electrocardiology	1,079	63,647	556,255	4	23,722	20,225,986	69
69.02	CARDIOLOGY		168,086	1,804,101	7	10,817	28,581,580	69.02
71	Medical Supplies Charged to Patients	10,252	101,106	531,704	2	14,698,992	118,001,084	71
72	Impl. Dev. Charged to Patients					8,525,385	30,873,197	72
73	Drugs Charged to Patients						63,150,004	73
74	Renal Dialysis	338				4	8,580,699	74
75	ASC (Non-Distinct Part)	5,422	91,299	299,446	17	13,076	7,344,741	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	5,242	15,105	600,069		8,606	10,597,672	90.02
90.03	PAIN MANAGMENT	5,485	1,448	123,039		2,196	2,022,756	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	792	1,813	149,348		764	174,206	90.06
90.07	EVANSTON INFUSION CENTER	2,018	15,891	1,210,861		8,816	51,022,291	90.07
91	Emergency	10,321	113,699	4,755,325	29	71,002	76,230,845	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF							99.10

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	541	19,705	1,337,860	4	18,726	2,136,457	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	716,984	10,011,212	96,084,751	586	28,077,095	1,375,038,998	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	689		41,325	2	19,901		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	1,088	688	203,996	1			190.09
190.10	PLAZA	1,957	62		18	1,250		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	3,237	2,201	311,488	15			190.12
190.13	G SUITE		7,302					190.13
190.14	OFFSITE CLINICS		210,164	26,600		138,982		190.14
191.01	OCC HEALTH	632			3			191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,363,844	10,177,146	16,251,644	355,109	1,674,549	2,373,141	202
203	Unit Cost Multiplier (Wkst. B, Part I)	7.402622	0.994675	0.168118	568.174400	0.059303	0.001726	203
204	Cost to be allocated (Per Wkst. B, Part II)			86,049	84,463	204,879	71,461	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000890	135.140800	0.007256	0.000052	205

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS	1,375,038,998						5.05
5.06	ADMINISTRATION & GENERAL		-40,349,690	182,807,363				5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,100,569	275,788			7
8	Laundry & Linen Service			961,669	2,508	1,064,750		8
9	Housekeeping			3,043,540	5,576	83,639	617,188	9
10	Dietary			609,047	5,900		7,423	10
11	Cafeteria			2,467,640	10,427		13,119	11
12	Maintenance of Personnel							12
13	Nursing Administration			1,912,902	2,675		3,366	13
14	Central Services & Supply							14
15	Pharmacy			3,676,223	3,397		4,274	15
16	Medical Records & Library			2,292,780	5,089		6,403	16
17	Social Service			646,008	2,058		2,589	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			4,856,378				21
22	I&R Services-Other Prgm Costs Apprvd			1,064,907	5,068		6,376	22
23	PARAMED ED PRGM-PHARMACY			514,803				23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	156,835,012		24,035,098	71,681	443,055	297,923	30
31	Intensive Care Unit	23,580,218		4,585,915	5,809	87,309	24,304	31
31.01	SPECIAL CARE NURSERY	3,758,891		602,447	1,174		4,912	31.01
40	Subprovider - IPF	11,232,118		1,738,909	10,497		43,918	40
41	Subprovider - IRF	12,908,338		1,705,791	5,308		22,208	41
43	Nursery	7,525,149		1,500,413	1,083		423	43
44	Skilled Nursing Facility	6,360,809		1,603,507	11,626		48,641	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	126,191,440		13,368,014	24,702	110,792	31,079	50
52	Delivery Room & Labor Room	17,573,117		2,515,954	1,589	81,718	1,999	52
53	Anesthesiology	39,355,283		492,524	1,470		1,849	53
54	Radiology-Diagnostic	70,432,212		7,262,855	15,099	6,251	19,592	54
54.02	CANCER TREATMENT CENTER	8,323,912		798,438	9,183		11,554	54.02
54.03	ULTRASOUND	24,492,324		1,919,047	244		307	54.03
54.04	SPECIAL PROCEDURES	6,369,359		1,118,145	948		1,193	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	98,815,821		2,418,702	1,171			57
58	MRI	36,015,267		1,292,906	625			58
59	Cardiac Catheterization	34,576,887		2,204,124	1,871		2,354	59
60	Laboratory	188,296,603		8,864,688	10,056		12,652	60
60.01	PATHOLOGY	10,548,071		1,538,014	2,026		2,549	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	13,554,204		619,133	455		572	63
65	Respiratory Therapy	30,174,136		2,135,266	1,432		1,802	65
66.01	REHABILITATION MEDICINE	29,178,309		6,353,217	5,948		7,484	66.01
69	Electrocardiology	20,225,986		1,055,608	1,079	87	1,358	69
69.02	CARDIOLOGY	28,581,580		2,957,183				69.02
71	Medical Supplies Charged to Patients	118,001,084		17,376,070	10,252			71
72	Impl. Dev. Charged to Patients	30,873,197		9,165,511				72
73	Drugs Charged to Patients	63,150,004		4,567,820				73
74	Renal Dialysis	8,580,699		763,235	338			74
75	ASC (Non-Distinct Part)	7,344,741		656,413	5,422		6,822	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	10,597,672		917,264	5,242		6,595	90.02
90.03	PAIN MANAGMENT	2,022,756		346,005	5,485		6,901	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	174,206		194,632	792			90.06
90.07	EVANSTON INFUSION CENTER	51,022,291		8,175,820	2,018			90.07
91	Emergency	76,230,845		6,836,090	10,321	251,899	12,985	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,136,457		1,866,752	541			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,375,038,998	-40,349,690	176,697,976	268,185	1,064,750	615,526	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen			78,765	689		867	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL			854				190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			260,275	1,088			190.09
190.10	PLAZA			206,001	1,957			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			420,845	3,237			190.12
190.13	G SUITE			7,263				190.13
190.14	OFFSITE CLINICS			5,124,494				190.14
191.01	OCC HEALTH			10,890	632		795	191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,619,565		40,349,690	13,550,709	1,297,160	4,091,185	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002632		0.220722	49.134513	1.218277	6.628750	203
204	Cost to be allocated (Per Wkst. B, Part II)	34,579		4,467,925	3,206,429	98,347	196,292	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000025		0.024441	11.626427	0.092366	0.318042	205

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	201,482						10
11	Cafeteria		107,291					11
12	Maintenance of Personnel							12
13	Nursing Administration		2,290	1,559,875				13
14	Central Services & Supply							14
15	Pharmacy		2,550		11,086,160			15
16	Medical Records & Library		2,389			1,375,038,998		16
17	Social Service		677				4,159	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		4,920					21
22	I&R Services-Other Prgm Costs Apprvd		756					22
23	PARAMED ED PRGM-PHARMACY							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	143,445	29,988	660,572	507	156,835,012	2,686	30
31	Intensive Care Unit	10,530	3,660	76,936	57	23,580,218	36	31
31.01	SPECIAL CARE NURSERY	415	615	13,669		3,758,891	13	31.01
40	Subprovider - IPF	12,939	1,859	44,274		11,232,118	363	40
41	Subprovider - IRF	14,940	2,066	45,369		12,908,338	338	41
43	Nursery	1,255	1,310	30,876		7,525,149	13	43
44	Skilled Nursing Facility	17,958	2,054	46,629	312	6,360,809	327	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		6,470	150,925	623	126,191,440		50
52	Delivery Room & Labor Room		2,122	50,799		17,573,117		52
53	Anesthesiology		504	10,378	2,690	39,355,283		53
54	Radiology-Diagnostic		5,782	119,466	465,805	70,432,212		54
54.02	CANCER TREATMENT CENTER		523	10,970		8,323,912		54.02
54.03	ULTRASOUND		1,622		9,511	24,492,324		54.03
54.04	SPECIAL PROCEDURES		808		605	6,369,359		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan		969		386	98,815,821		57
58	MRI		470		51	36,015,267		58
59	Cardiac Catheterization		964	18,579		34,576,887		59
60	Laboratory		7,660		22	188,296,603		60
60.01	PATHOLOGY		1,077			10,548,071		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		360			13,554,204		63
65	Respiratory Therapy		2,297		2,170	30,174,136		65
66.01	REHABILITATION MEDICINE		3,873		113	29,178,309		66.01
69	Electrocardiology		519			20,225,986		69
69.02	CARDIOLOGY		2,446	51,450	763	28,581,580		69.02
71	Medical Supplies Charged to Patients		300		882	118,001,084		71
72	Impl. Dev. Charged to Patients					30,873,197		72
73	Drugs Charged to Patients				4,294,156	63,150,004		73
74	Renal Dialysis					8,580,699		74
75	ASC (Non-Distinct Part)		573	13,545	223	7,344,741		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE		1,038	20,970	8,298	10,597,672		90.02
90.03	PAIN MANAGMENT		335		55,275	2,022,756		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		205			174,206		90.06
90.07	EVANSTON INFUSION CENTER		1,369		6,242,402	51,022,291		90.07
91	Emergency		7,485	159,614	769	76,230,845	9	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		1,594	34,854	540	2,136,457	374	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	201,482	106,499	1,559,875	11,086,160	1,375,038,998	4,159	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		36					190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY		278					190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		478					190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH							191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,082,576	3,611,591	2,565,954	4,768,724	3,171,755	929,666	202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.373066	33.661640	1.644974	0.430151	0.002307	223.531137	203
204	Cost to be allocated (Per Wkst. B, Part II)	261,648	272,558	649,965	307,094	279,620	59,325	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.298617	2.540362	0.416678	0.027701	0.000203	14.264246	205

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd	28,734					21
22	I&R Services-Other Prgm Costs Apprvd		28,734				22
23	PARAMED ED PRGM-PHARMACY			28,734			23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	19,429	19,429	19,429			30
31	Intensive Care Unit	2,432	2,432	2,432			31
31.01	SPECIAL CARE NURSERY						31.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,680	3,680	3,680			50
52	Delivery Room & Labor Room	2,120	2,120	2,120			52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66.01	REHABILITATION MEDICINE						66.01
69	Electrocardiology						69
69.02	CARDIOLOGY						69.02
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	Emergency	1,073	1,073	1,073			91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME			
		21	22	23			
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	28,734	28,734	28,734			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL						190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY						190.09
190.10	PLAZA						190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY						190.12
190.13	G SUITE						190.13
190.14	OFFSITE CLINICS						190.14
191.01	OCC HEALTH						191.01
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	6,093,902	1,616,682	628,431			202
203	Unit Cost Multiplier (Wkst. B, Part I)	212.079836	56.263729	21.870641			203
204	Cost to be allocated (Per Wkst. B, Part II)	133,997	137,687	15,421			204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.663360	4.791780	0.536681			205

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	39,631,058		39,631,058	2,067	39,633,125	30
31	Intensive Care Unit	6,573,020		6,573,020		6,573,020	31
31.01	SPECIAL CARE NURSERY	882,659		882,659		882,659	31.01
40	Subprovider - IPF	3,241,593		3,241,593		3,241,593	40
41	Subprovider - IRF	2,820,098		2,820,098		2,820,098	41
43	Nursery	2,009,501		2,009,501		2,009,501	43
44	Skilled Nursing Facility	3,181,340		3,181,340		3,181,340	44
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	18,711,275		18,711,275		18,711,275	50
52	Delivery Room & Labor Room	3,504,061		3,504,061		3,504,061	52
53	Anesthesiology	811,707		811,707		811,707	53
54	Radiology-Diagnostic	10,499,297		10,499,297		10,499,297	54
54.02	CANCER TREATMENT CENTER	1,557,315		1,557,315		1,557,315	54.02
54.03	ULTRASOUND	2,471,841		2,471,841		2,471,841	54.03
54.04	SPECIAL PROCEDURES	1,461,585		1,461,585		1,461,585	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	3,270,852		3,270,852		3,270,852	57
58	MRI	1,707,918		1,707,918		1,707,918	58
59	Cardiac Catheterization	2,940,939		2,940,939		2,940,939	59
60	Laboratory	12,091,081		12,091,081		12,091,081	60
60.01	PATHOLOGY	2,054,520		2,054,520		2,054,520	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	825,325		825,325		825,325	63
65	Respiratory Therapy	2,836,738		2,836,738		2,836,738	65
66.01	REHABILITATION MEDICINE	8,295,109		8,295,109		8,295,109	66.01
69	Electrocardiology	1,414,859		1,414,859		1,414,859	69
69.02	CARDIOLOGY	3,843,134		3,843,134		3,843,134	69.02
71	Medical Supplies Charged to Patients	21,997,784		21,997,784		21,997,784	71
72	Impl. Dev. Charged to Patients	11,259,765		11,259,765		11,259,765	72
73	Drugs Charged to Patients	7,568,860		7,568,860		7,568,860	73
74	Renal Dialysis	968,101		968,101		968,101	74
75	ASC (Non-Distinct Part)	1,171,535		1,171,535		1,171,535	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,518,458		1,518,458		1,518,458	90.02
90.03	PAIN MANAGMENT	777,344		777,344		777,344	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,810		283,810		283,810	90.06
90.07	EVANSTON INFUSION CENTER	12,928,526		12,928,526		12,928,526	90.07
91	Emergency	9,961,232		9,961,232		9,961,232	91
92	Observation Beds (Non-Distinct Part)	4,774,213		4,774,213		4,774,213	92
93.01	OCCUP HEALTH						93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	2,505,120		2,505,120		2,505,120	101
200	Subtotal (sum of lines 30 thru 199)	212,351,573		212,351,573	2,067	212,353,640	200
201	Less Observation Beds	4,774,213		4,774,213		4,774,213	201
202	Total (line 200 minus line 201)	207,577,360		207,577,360		207,579,427	202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	140,065,753		140,065,753				30
31	Intensive Care Unit	23,580,218		23,580,218				31
31.01	SPECIAL CARE NURSERY	3,758,891		3,758,891				31.01
40	Subprovider - IPF	11,232,118		11,232,118				40
41	Subprovider - IRF	12,908,338		12,908,338				41
43	Nursery	7,525,149		7,525,149				43
44	Skilled Nursing Facility	6,360,809		6,360,809				44
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	44,861,654	81,329,786	126,191,440	0.148277	0.148277	0.148277	50
52	Delivery Room & Labor Room	16,985,163	587,954	17,573,117	0.199399	0.199399	0.199399	52
53	Anesthesiology	24,890,011	14,465,272	39,355,283	0.020625	0.020625	0.020625	53
54	Radiology-Diagnostic	21,103,497	49,328,715	70,432,212	0.149070	0.149070	0.149070	54
54.02	CANCER TREATMENT CENTER	219,023	8,104,889	8,323,912	0.187089	0.187089	0.187089	54.02
54.03	ULTRASOUND	2,920,383	21,571,941	24,492,324	0.100923	0.100923	0.100923	54.03
54.04	SPECIAL PROCEDURES	3,346,584	3,022,775	6,369,359	0.229471	0.229471	0.229471	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	33,008,973	65,806,848	98,815,821	0.033100	0.033100	0.033100	57
58	MRI	8,614,252	27,401,015	36,015,267	0.047422	0.047422	0.047422	58
59	Cardiac Catheterization	22,175,872	12,401,015	34,576,887	0.085055	0.085055	0.085055	59
60	Laboratory	87,830,590	100,466,013	188,296,603	0.064213	0.064213	0.064213	60
60.01	PATHOLOGY	3,025,586	7,522,485	10,548,071	0.194777	0.194777	0.194777	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	10,835,899	2,718,305	13,554,204	0.060891	0.060891	0.060891	63
65	Respiratory Therapy	28,158,202	2,015,934	30,174,136	0.094012	0.094012	0.094012	65
66.01	REHABILITATION MEDICINE	16,816,861	12,361,448	29,178,309	0.284290	0.284290	0.284290	66.01
69	Electrocardiology	7,379,533	12,846,453	20,225,986	0.069953	0.069953	0.069953	69
69.02	CARDIOLOGY	10,480,552	18,101,028	28,581,580	0.134462	0.134462	0.134462	69.02
71	Medical Supplies Charged to Patients	85,366,953	32,634,131	118,001,084	0.186420	0.186420	0.186420	71
72	Impl. Dev. Charged to Patients	21,142,860	9,730,337	30,873,197	0.364710	0.364710	0.364710	72
73	Drugs Charged to Patients	50,810,430	12,339,574	63,150,004	0.119855	0.119855	0.119855	73
74	Renal Dialysis	8,152,625	428,074	8,580,699	0.112823	0.112823	0.112823	74
75	ASC (Non-Distinct Part)	1,565,663	5,779,078	7,344,741	0.159507	0.159507	0.159507	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	313,067	10,284,605	10,597,672	0.143282	0.143282	0.143282	90.02
90.03	PAIN MANAGMENT	2,997	2,019,759	2,022,756	0.384299	0.384299	0.384299	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		174,206	174,206	1.629163	1.629163	1.629163	90.06
90.07	EVANSTON INFUSION CENTER	559,258	50,463,033	51,022,291	0.253390	0.253390	0.253390	90.07
91	Emergency	23,078,024	53,152,821	76,230,845	0.130672	0.130672	0.130672	91
92	Observation Beds (Non-Distinct Part)	1,137,795	15,631,464	16,769,259	0.284700	0.284700	0.284700	92
93.01	OCCUP HEALTH							93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,136,457		2,136,457				101
200	Subtotal (sum of lines 30 thru 199)	742,350,040	632,688,958	1,375,038,998				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	742,350,040	632,688,958	1,375,038,998				202

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D  
PART I**

Check            [ ] Title V                            [XX] PPS  
Applicable    [XX] 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,001,048		3,001,048	53,711	55.87	18,635	1,041,137	30
31	Intensive Care Unit	328,323		328,323	3,510	93.54	1,276	119,357	31
31.01	SPECIAL CARE NURSERY	49,157		49,157	1,245	39.48			31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	315,284		315,284	4,313	73.10	1,861	136,039	40
41	Subprovider - IRF	213,728		213,728	4,980	42.92	2,568	110,219	41
42	Subprovider I								42
43	Nursery	79,667		79,667	3,764	21.17			43
44	Skilled Nursing Facility	345,266		345,266	5,986	57.68	4,356	251,254	44
45	Nursing Facility								45
200	Total (lines 30-199)	4,332,473		4,332,473	77,509		28,696	1,658,006	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157	14,594,380	308,773	50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910	20,789	185	52
53	Anesthesiology	114,613	39,355,283	0.002912	7,289,428	21,227	53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986	9,607,410	220,836	54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241	69,773	1,831	54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375	885,238	6,529	54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467	1,524,164	14,429	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476	12,970,416	109,937	57
58	MRI	397,738	36,015,267	0.011044	3,182,931	35,152	58
59	Cardiac Catheterization	247,045	34,576,887	0.007145	7,758,199	55,432	59
60	Laboratory	704,363	188,296,603	0.003741	33,500,396	125,325	60
60.01	PATHOLOGY	144,221	10,548,071	0.013673	894,149	12,226	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891	3,747,236	10,833	63
65	Respiratory Therapy	204,786	30,174,136	0.006787	12,534,465	85,071	65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648	3,324,698	42,051	66.01
69	Electrocardiology	128,256	20,225,986	0.006341	3,128,393	19,837	69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988	4,171,258	58,348	69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894	30,401,606	239,990	71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540	5,789,027	55,227	72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932	19,157,137	75,326	73
74	Renal Dialysis	27,489	8,580,699	0.003204	3,739,423	11,981	74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878	716,193	22,115	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757	83,478	1,232	90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102	1,379	149	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791	180,213	1,584	90.07
91	Emergency	627,056	76,230,845	0.008226	9,528,030	78,378	91
92	Observation Beds (Non-Distinct)	361,508	16,769,259	0.021558	754,983	16,276	92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	12,054,383	1,167,471,265		189,554,792	1,630,280	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		424,925			424,925	30
31	Intensive Care Unit		53,189			53,189	31
31.01	SPECIAL CARE NURSERY						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		478,114			478,114	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

Check            [ ] Title V                            [XX] PPS  
Applicable     [XX] 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	53,711	7.91	18,635	147,403	30
31	Intensive Care Unit	3,510	15.15	1,276	19,331	31
31.01	SPECIAL CARE NURSERY	1,245				31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	4,313		1,861		40
41	Subprovider - IRF	4,980		2,568		41
42	Subprovider I					42
43	Nursery	3,764				43
44	Skilled Nursing Facility	5,986		4,356		44
45	Nursing Facility					45
200	Total (lines 30-199)	77,509		28,696	166,734	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct			51,184		51,184	51,184	92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			201,501		201,501	201,501	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART IV**

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] 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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638	14,594,380	9,311	28,774,334	18,358	50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638	20,789	55	402	1	52
53	Anesthesiology	39,355,283			7,289,428		2,936,351		53
54	Radiology-Diagnostic	70,432,212			9,607,410		14,158,047		54
54.02	CANCER TREATMENT CENTER	8,323,912			69,773		2,090,430		54.02
54.03	ULTRASOUND	24,492,324			885,238		2,072,160		54.03
54.04	SPECIAL PROCEDURES	6,369,359			1,524,164		1,340,244		54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821			12,970,416		18,987,907		57
58	MRI	36,015,267			3,182,931		6,977,896		58
59	Cardiac Catheterization	34,576,887			7,758,199		4,774,316		59
60	Laboratory	188,296,603			33,500,396		10,569,695		60
60.01	PATHOLOGY	10,548,071			894,149		1,592,052		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204			3,747,236		725,086		63
65	Respiratory Therapy	30,174,136			12,534,465		608,162		65
66.01	REHABILITATION MEDICINE	29,178,309			3,324,698		19,890		66.01
69	Electrocardiology	20,225,986			3,128,393		3,055,572		69
69.02	CARDIOLOGY	28,581,580			4,171,258		6,457,338		69.02
71	Medical Supplies Charged to Pat	118,001,084			30,401,606		10,633,230		71
72	Impl. Dev. Charged to Patients	30,873,197			5,789,027		3,994,337		72
73	Drugs Charged to Patients	63,150,004			19,157,137		3,492,715		73
74	Renal Dialysis	8,580,699			3,739,423		925,348		74
75	ASC (Non-Distinct Part)	7,344,741			716,193		1,385,071		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672			83,478		3,822,203		90.02
90.03	PAIN MANAGMENT	2,022,756			1,379		877,801		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291			180,213		21,298,672		90.07
91	Emergency	76,230,845	0.000308	0.000308	9,528,030	2,935	7,913,138	2,437	91
92	Observation Beds (Non-Distinct)	16,769,259	0.003052	0.003052	754,983	2,304	6,300,911	19,230	92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265			189,554,792	14,605	165,783,308	40,026	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.148277	28,774,334			4,266,572			50
52	Delivery Room & Labor Room	0.199399	402			80			52
53	Anesthesiology	0.020625	2,936,351			60,562			53
54	Radiology-Diagnostic	0.149070	14,158,047			2,110,540			54
54.02	CANCER TREATMENT CENTER	0.187089	2,090,430			391,096			54.02
54.03	ULTRASOUND	0.100923	2,072,160	13,650		209,129	1,378		54.03
54.04	SPECIAL PROCEDURES	0.229471	1,340,244			307,547			54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.033100	18,987,907			628,500			57
58	MRI	0.047422	6,977,896			330,906			58
59	Cardiac Catheterization	0.085055	4,774,316			406,079			59
60	Laboratory	0.064213	10,569,695	2,031		678,712	130		60
60.01	PATHOLOGY	0.194777	1,592,052			310,095			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060891	725,086			44,151			63
65	Respiratory Therapy	0.094012	608,162			57,175			65
66.01	REHABILITATION MEDICINE	0.284290	19,890			5,655			66.01
69	Electrocardiology	0.069953	3,055,572			213,746			69
69.02	CARDIOLOGY	0.134462	6,457,338			868,267			69.02
71	Medical Supplies Charged to Pat	0.186420	10,633,230			1,982,247			71
72	Impl. Dev. Charged to Patients	0.364710	3,994,337			1,456,775			72
73	Drugs Charged to Patients	0.119855	3,492,715		103,090	418,619		12,356	73
74	Renal Dialysis	0.112823	925,348			104,401			74
75	ASC (Non-Distinct Part)	0.159507	1,385,071			220,929			75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.143282	3,822,203			547,653			90.02
90.03	PAIN MANAGMENT	0.384299	877,801			337,338			90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.629163							90.06
90.07	EVANSTON INFUSION CENTER	0.253390	21,298,672			5,396,870			90.07
91	Emergency	0.130672	7,913,138			1,034,026			91
92	Observation Beds (Non-Distinct	0.284700	6,300,911			1,793,869			92
93.01	OCCUP HEALTH								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		165,783,308	15,681	103,090	24,181,539	1,508	12,356	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		165,783,308	15,681	103,090	24,181,539	1,508	12,356	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART II**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [XX] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157			50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910			52
53	Anesthesiology	114,613	39,355,283	0.002912			53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986	34,022	782	54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241			54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375	9,994	74	54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476	55,429	470	57
58	MRI	397,738	36,015,267	0.011044	16,660	184	58
59	Cardiac Catheterization	247,045	34,576,887	0.007145			59
60	Laboratory	704,363	188,296,603	0.003741	505,212	1,890	60
60.01	PATHOLOGY	144,221	10,548,071	0.013673	1,003	14	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891	2,693	8	63
65	Respiratory Therapy	204,786	30,174,136	0.006787	24,397	166	65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648	432,724	5,473	66.01
69	Electrocardiology	128,256	20,225,986	0.006341	58,499	371	69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988	18,542	259	69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894	39,309	310	71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540			72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932	502,654	1,976	73
74	Renal Dialysis	27,489	8,580,699	0.003204			74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757			90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791			90.07
91	Emergency	627,056	76,230,845	0.008226	272,946	2,245	91
92	Observation Beds (Non-Distinct		16,769,259				92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	11,692,875	1,167,471,265		1,974,084	14,222	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [XX] 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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638					50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283							53
54	Radiology-Diagnostic	70,432,212			34,022				54
54.02	CANCER TREATMENT CENTER	8,323,912							54.02
54.03	ULTRASOUND	24,492,324			9,994				54.03
54.04	SPECIAL PROCEDURES	6,369,359							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821			55,429				57
58	MRI	36,015,267			16,660				58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603			505,212				60
60.01	PATHOLOGY	10,548,071			1,003				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204			2,693				63
65	Respiratory Therapy	30,174,136			24,397				65
66.01	REHABILITATION MEDICINE	29,178,309			432,724				66.01
69	Electrocardiology	20,225,986			58,499		930		69
69.02	CARDIOLOGY	28,581,580			18,542				69.02
71	Medical Supplies Charged to Pat	118,001,084			39,309		301		71
72	Impl. Dev. Charged to Patients	30,873,197							72
73	Drugs Charged to Patients	63,150,004			502,654		816		73
74	Renal Dialysis	8,580,699							74
75	ASC (Non-Distinct Part)	7,344,741							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291							90.07
91	Emergency	76,230,845	0.000308	0.000308	272,946	84			91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265			1,974,084	84	2,047		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [XX] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	0.148277						50	
52	Delivery Room & Labor Room	0.199399						52	
53	Anesthesiology	0.020625						53	
54	Radiology-Diagnostic	0.149070						54	
54.02	CANCER TREATMENT CENTER	0.187089						54.02	
54.03	ULTRASOUND	0.100923						54.03	
54.04	SPECIAL PROCEDURES	0.229471						54.04	
54.05	OP ONCOLOGY							54.05	
57	CT Scan	0.033100						57	
58	MRI	0.047422						58	
59	Cardiac Catheterization	0.085055						59	
60	Laboratory	0.064213						60	
60.01	PATHOLOGY	0.194777						60.01	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.060891						63	
65	Respiratory Therapy	0.094012						65	
66.01	REHABILITATION MEDICINE	0.284290						66.01	
69	Electrocardiology	0.069953	930			65		69	
69.02	CARDIOLOGY	0.134462						69.02	
71	Medical Supplies Charged to Pat	0.186420	301			56		71	
72	Impl. Dev. Charged to Patients	0.364710						72	
73	Drugs Charged to Patients	0.119855	816	1,147		98	137	73	
74	Renal Dialysis	0.112823						74	
75	ASC (Non-Distinct Part)	0.159507						75	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC							90.01	
90.02	WOUND CARE	0.143282						90.02	
90.03	PAIN MANAGMENT	0.384299						90.03	
90.05	WOMENS CENTER							90.05	
90.06	DIABETES CENTER	1.629163						90.06	
90.07	EVANSTON INFUSION CENTER	0.253390						90.07	
91	Emergency	0.130672						91	
92	Observation Beds (Non-Distinct)	0.284700						92	
93.01	OCCUP HEALTH							93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		2,047	1,147		219	137	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		2,047	1,147		219	137	202	

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART II**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157	10,854	230	50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910			52
53	Anesthesiology	114,613	39,355,283	0.002912	14,661	43	53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986	188,597	4,335	54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241	4,132	108	54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375	15,225	112	54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467	28,548	270	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476	96,419	817	57
58	MRI	397,738	36,015,267	0.011044	29,730	328	58
59	Cardiac Catheterization	247,045	34,576,887	0.007145			59
60	Laboratory	704,363	188,296,603	0.003741	1,062,171	3,974	60
60.01	PATHOLOGY	144,221	10,548,071	0.013673	4,699	64	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891	37,503	108	63
65	Respiratory Therapy	204,786	30,174,136	0.006787	196,391	1,333	65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648	2,781,132	35,176	66.01
69	Electrocardiology	128,256	20,225,986	0.006341	27,990	177	69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988	5,043	71	69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894	746,649	5,894	71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540	15,051	144	72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932	1,293,129	5,085	73
74	Renal Dialysis	27,489	8,580,699	0.003204	393,769	1,262	74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878	6,425	198	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757			90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791	5,672	50	90.07
91	Emergency	627,056	76,230,845	0.008226	2,592	21	91
92	Observation Beds (Non-Distinct)		16,769,259				92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	11,692,875	1,167,471,265		6,966,382	59,800	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] 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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638	10,854	7			50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283			14,661				53
54	Radiology-Diagnostic	70,432,212			188,597		10,925		54
54.02	CANCER TREATMENT CENTER	8,323,912			4,132				54.02
54.03	ULTRASOUND	24,492,324			15,225		949		54.03
54.04	SPECIAL PROCEDURES	6,369,359			28,548				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821			96,419		8,970		57
58	MRI	36,015,267			29,730		7,790		58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603			1,062,171				60
60.01	PATHOLOGY	10,548,071			4,699				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204			37,503				63
65	Respiratory Therapy	30,174,136			196,391				65
66.01	REHABILITATION MEDICINE	29,178,309			2,781,132				66.01
69	Electrocardiology	20,225,986			27,990		3,255		69
69.02	CARDIOLOGY	28,581,580			5,043				69.02
71	Medical Supplies Charged to Pat	118,001,084			746,649		14,789		71
72	Impl. Dev. Charged to Patients	30,873,197			15,051				72
73	Drugs Charged to Patients	63,150,004			1,293,129		8,211		73
74	Renal Dialysis	8,580,699			393,769		22,614		74
75	ASC (Non-Distinct Part)	7,344,741			6,425				75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291			5,672				90.07
91	Emergency	76,230,845	0.000308	0.000308	2,592	1			91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265			6,966,382	8	77,503		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	0.148277						50	
52	Delivery Room & Labor Room	0.199399						52	
53	Anesthesiology	0.020625						53	
54	Radiology-Diagnostic	0.149070	10,925			1,629		54	
54.02	CANCER TREATMENT CENTER	0.187089						54.02	
54.03	ULTRASOUND	0.100923	949			96		54.03	
54.04	SPECIAL PROCEDURES	0.229471						54.04	
54.05	OP ONCOLOGY							54.05	
57	CT Scan	0.033100	8,970			297		57	
58	MRI	0.047422	7,790			369		58	
59	Cardiac Catheterization	0.085055						59	
60	Laboratory	0.064213						60	
60.01	PATHOLOGY	0.194777						60.01	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.060891						63	
65	Respiratory Therapy	0.094012						65	
66.01	REHABILITATION MEDICINE	0.284290						66.01	
69	Electrocardiology	0.069953	3,255			228		69	
69.02	CARDIOLOGY	0.134462						69.02	
71	Medical Supplies Charged to Pat	0.186420	14,789			2,757		71	
72	Impl. Dev. Charged to Patients	0.364710						72	
73	Drugs Charged to Patients	0.119855	8,211		1,273	984	153	73	
74	Renal Dialysis	0.112823	22,614			2,551		74	
75	ASC (Non-Distinct Part)	0.159507						75	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC							90.01	
90.02	WOUND CARE	0.143282						90.02	
90.03	PAIN MANAGMENT	0.384299						90.03	
90.05	WOMENS CENTER							90.05	
90.06	DIABETES CENTER	1.629163						90.06	
90.07	EVANSTON INFUSION CENTER	0.253390						90.07	
91	Emergency	0.130672						91	
92	Observation Beds (Non-Distinct)	0.284700						92	
93.01	OCCUP HEALTH							93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		77,503		1,273	8,911	153	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		77,503		1,273	8,911	153	202	

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-5573**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-5573**

**WORKSHEET D  
PART IV**

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] ICF/IID [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [XX] 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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638					50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283							53
54	Radiology-Diagnostic	70,432,212			152,775				54
54.02	CANCER TREATMENT CENTER	8,323,912							54.02
54.03	ULTRASOUND	24,492,324			7,015				54.03
54.04	SPECIAL PROCEDURES	6,369,359			407				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821							57
58	MRI	36,015,267							58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603			1,026,350				60
60.01	PATHOLOGY	10,548,071			591				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204			1,233				63
65	Respiratory Therapy	30,174,136			815,565				65
66.01	REHABILITATION MEDICINE	29,178,309			2,725,713				66.01
69	Electrocardiology	20,225,986			37,018				69
69.02	CARDIOLOGY	28,581,580			1,307				69.02
71	Medical Supplies Charged to Pat	118,001,084			2,133,275				71
72	Impl. Dev. Charged to Patients	30,873,197			788				72
73	Drugs Charged to Patients	63,150,004			1,493,766				73
74	Renal Dialysis	8,580,699							74
75	ASC (Non-Distinct Part)	7,344,741							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291			2,514				90.07
91	Emergency	76,230,845	0.000308	0.000308					91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265			8,398,317				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5573

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [XX] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.148277							50
52	Delivery Room & Labor Room	0.199399							52
53	Anesthesiology	0.020625							53
54	Radiology-Diagnostic	0.149070							54
54.02	CANCER TREATMENT CENTER	0.187089							54.02
54.03	ULTRASOUND	0.100923							54.03
54.04	SPECIAL PROCEDURES	0.229471							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.033100							57
58	MRI	0.047422							58
59	Cardiac Catheterization	0.085055							59
60	Laboratory	0.064213							60
60.01	PATHOLOGY	0.194777							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060891							63
65	Respiratory Therapy	0.094012							65
66.01	REHABILITATION MEDICINE	0.284290							66.01
69	Electrocardiology	0.069953							69
69.02	CARDIOLOGY	0.134462							69.02
71	Medical Supplies Charged to Pat	0.186420							71
72	Impl. Dev. Charged to Patients	0.364710							72
73	Drugs Charged to Patients	0.119855			2,199			264	73
74	Renal Dialysis	0.112823							74
75	ASC (Non-Distinct Part)	0.159507							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.143282							90.02
90.03	PAIN MANAGMENT	0.384299							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.629163							90.06
90.07	EVANSTON INFUSION CENTER	0.253390							90.07
91	Emergency	0.130672							91
92	Observation Beds (Non-Distinct)	0.284700							92
93.01	OCCUP HEALTH								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)				2,199			264	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				2,199			264	202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,001,048		3,001,048	53,711	55.87	10,647	594,848	30
31	Intensive Care Unit	328,323		328,323	3,510	93.54	695	65,010	31
31.01	SPECIAL CARE NURSERY	49,157		49,157	1,245	39.48	677	26,728	31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	315,284		315,284	4,313	73.10	1,140	83,334	40
41	Subprovider - IRF	213,728		213,728	4,980	42.92	531	22,791	41
42	Subprovider I								42
43	Nursery	79,667		79,667	3,764	21.17	2,072	43,864	43
44	Skilled Nursing Facility	345,266		345,266	5,986	57.68			44
45	Nursing Facility								45
200	Total (lines 30-199)	4,332,473		4,332,473	77,509		15,762	836,575	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157			50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910			52
53	Anesthesiology	114,613	39,355,283	0.002912			53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986			54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241			54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375			54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476			57
58	MRI	397,738	36,015,267	0.011044			58
59	Cardiac Catheterization	247,045	34,576,887	0.007145			59
60	Laboratory	704,363	188,296,603	0.003741			60
60.01	PATHOLOGY	144,221	10,548,071	0.013673			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891			63
65	Respiratory Therapy	204,786	30,174,136	0.006787			65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648			66.01
69	Electrocardiology	128,256	20,225,986	0.006341			69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988			69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894			71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540			72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932			73
74	Renal Dialysis	27,489	8,580,699	0.003204			74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757			90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791			90.07
91	Emergency	627,056	76,230,845	0.008226			91
92	Observation Beds (Non-Distinct)	361,508	16,769,259	0.021558			92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	12,054,383	1,167,471,265				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		424,925			424,925	30
31	Intensive Care Unit		53,189			53,189	31
31.01	SPECIAL CARE NURSERY						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		478,114			478,114	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	53,711	7.91	10,647	84,218	30
31	Intensive Care Unit	3,510	15.15	695	10,529	31
31.01	SPECIAL CARE NURSERY	1,245		677		31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	4,313		1,140		40
41	Subprovider - IRF	4,980		531		41
42	Subprovider I					42
43	Nursery	3,764		2,072		43
44	Skilled Nursing Facility	5,986				44
45	Nursing Facility					45
200	Total (lines 30-199)	77,509		15,762	94,747	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638					50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283							53
54	Radiology-Diagnostic	70,432,212							54
54.02	CANCER TREATMENT CENTER	8,323,912							54.02
54.03	ULTRASOUND	24,492,324							54.03
54.04	SPECIAL PROCEDURES	6,369,359							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821							57
58	MRI	36,015,267							58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603							60
60.01	PATHOLOGY	10,548,071							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204							63
65	Respiratory Therapy	30,174,136							65
66.01	REHABILITATION MEDICINE	29,178,309							66.01
69	Electrocardiology	20,225,986							69
69.02	CARDIOLOGY	28,581,580							69.02
71	Medical Supplies Charged to Pat	118,001,084							71
72	Impl. Dev. Charged to Patients	30,873,197							72
73	Drugs Charged to Patients	63,150,004							73
74	Renal Dialysis	8,580,699							74
75	ASC (Non-Distinct Part)	7,344,741							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291							90.07
91	Emergency	76,230,845	0.000308	0.000308					91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0114**

**WORKSHEET D  
PART V**

Check  Title V - O/P                     Hospital                     SUB (Other)                     Swing Bed SNF  
 Applicable  Title XVIII, Part B                     IPF                     SNF                     Swing Bed NF  
 Boxes:  Title XIX - O/P                     IRF                     NF                     ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.148277							50
52	Delivery Room & Labor Room	0.199399							52
53	Anesthesiology	0.020625							53
54	Radiology-Diagnostic	0.149070							54
54.02	CANCER TREATMENT CENTER	0.187089							54.02
54.03	ULTRASOUND	0.100923							54.03
54.04	SPECIAL PROCEDURES	0.229471							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.033100							57
58	MRI	0.047422							58
59	Cardiac Catheterization	0.085055							59
60	Laboratory	0.064213							60
60.01	PATHOLOGY	0.194777							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060891							63
65	Respiratory Therapy	0.094012							65
66.01	REHABILITATION MEDICINE	0.284290							66.01
69	Electrocardiology	0.069953							69
69.02	CARDIOLOGY	0.134462							69.02
71	Medical Supplies Charged to Pat	0.186420							71
72	Impl. Dev. Charged to Patients	0.364710							72
73	Drugs Charged to Patients	0.119855							73
74	Renal Dialysis	0.112823							74
75	ASC (Non-Distinct Part)	0.159507							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.143282							90.02
90.03	PAIN MANAGMENT	0.384299							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.629163							90.06
90.07	EVANSTON INFUSION CENTER	0.253390							90.07
91	Emergency	0.130672							91
92	Observation Beds (Non-Distinct)	0.284700							92
93.01	OCCUP HEALTH								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157			50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910			52
53	Anesthesiology	114,613	39,355,283	0.002912			53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986			54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241			54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375			54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476			57
58	MRI	397,738	36,015,267	0.011044			58
59	Cardiac Catheterization	247,045	34,576,887	0.007145			59
60	Laboratory	704,363	188,296,603	0.003741			60
60.01	PATHOLOGY	144,221	10,548,071	0.013673			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891			63
65	Respiratory Therapy	204,786	30,174,136	0.006787			65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648			66.01
69	Electrocardiology	128,256	20,225,986	0.006341			69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988			69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894			71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540			72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932			73
74	Renal Dialysis	27,489	8,580,699	0.003204			74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757			90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791			90.07
91	Emergency	627,056	76,230,845	0.008226			91
92	Observation Beds (Non-Distinct)		16,769,259				92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	11,692,875	1,167,471,265				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638					50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283							53
54	Radiology-Diagnostic	70,432,212							54
54.02	CANCER TREATMENT CENTER	8,323,912							54.02
54.03	ULTRASOUND	24,492,324							54.03
54.04	SPECIAL PROCEDURES	6,369,359							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821							57
58	MRI	36,015,267							58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603							60
60.01	PATHOLOGY	10,548,071							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204							63
65	Respiratory Therapy	30,174,136							65
66.01	REHABILITATION MEDICINE	29,178,309							66.01
69	Electrocardiology	20,225,986							69
69.02	CARDIOLOGY	28,581,580							69.02
71	Medical Supplies Charged to Pat	118,001,084							71
72	Impl. Dev. Charged to Patients	30,873,197							72
73	Drugs Charged to Patients	63,150,004							73
74	Renal Dialysis	8,580,699							74
75	ASC (Non-Distinct Part)	7,344,741							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291							90.07
91	Emergency	76,230,845	0.000308	0.000308					91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S114**

**WORKSHEET D  
PART V**

Check  Title V - O/P  Hospital  SUB (Other)  Swing Bed SNF  
 Applicable  Title XVIII, Part B  IPF  SNF  Swing Bed NF  
 Boxes:  Title XIX - O/P  IRF  NF  ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.148277							50
52	Delivery Room & Labor Room	0.199399							52
53	Anesthesiology	0.020625							53
54	Radiology-Diagnostic	0.149070							54
54.02	CANCER TREATMENT CENTER	0.187089							54.02
54.03	ULTRASOUND	0.100923							54.03
54.04	SPECIAL PROCEDURES	0.229471							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.033100							57
58	MRI	0.047422							58
59	Cardiac Catheterization	0.085055							59
60	Laboratory	0.064213							60
60.01	PATHOLOGY	0.194777							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060891							63
65	Respiratory Therapy	0.094012							65
66.01	REHABILITATION MEDICINE	0.284290							66.01
69	Electrocardiology	0.069953							69
69.02	CARDIOLOGY	0.134462							69.02
71	Medical Supplies Charged to Pat	0.186420							71
72	Impl. Dev. Charged to Patients	0.364710							72
73	Drugs Charged to Patients	0.119855							73
74	Renal Dialysis	0.112823							74
75	ASC (Non-Distinct Part)	0.159507							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.143282							90.02
90.03	PAIN MANAGMENT	0.384299							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.629163							90.06
90.07	EVANSTON INFUSION CENTER	0.253390							90.07
91	Emergency	0.130672							91
92	Observation Beds (Non-Distinct)	0.284700							92
93.01	OCCUP HEALTH								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,669,815	126,191,440	0.021157			50
52	Delivery Room & Labor Room	156,583	17,573,117	0.008910			52
53	Anesthesiology	114,613	39,355,283	0.002912			53
54	Radiology-Diagnostic	1,618,957	70,432,212	0.022986			54
54.02	CANCER TREATMENT CENTER	218,425	8,323,912	0.026241			54.02
54.03	ULTRASOUND	180,627	24,492,324	0.007375			54.03
54.04	SPECIAL PROCEDURES	60,299	6,369,359	0.009467			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	837,542	98,815,821	0.008476			57
58	MRI	397,738	36,015,267	0.011044			58
59	Cardiac Catheterization	247,045	34,576,887	0.007145			59
60	Laboratory	704,363	188,296,603	0.003741			60
60.01	PATHOLOGY	144,221	10,548,071	0.013673			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,186	13,554,204	0.002891			63
65	Respiratory Therapy	204,786	30,174,136	0.006787			65
66.01	REHABILITATION MEDICINE	369,051	29,178,309	0.012648			66.01
69	Electrocardiology	128,256	20,225,986	0.006341			69
69.02	CARDIOLOGY	399,807	28,581,580	0.013988			69.02
71	Medical Supplies Charged to Pat	931,492	118,001,084	0.007894			71
72	Impl. Dev. Charged to Patients	294,518	30,873,197	0.009540			72
73	Drugs Charged to Patients	248,276	63,150,004	0.003932			73
74	Renal Dialysis	27,489	8,580,699	0.003204			74
75	ASC (Non-Distinct Part)	226,791	7,344,741	0.030878			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	156,386	10,597,672	0.014757			90.02
90.03	PAIN MANAGMENT	218,664	2,022,756	0.108102			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	22,339	174,206	0.128233			90.06
90.07	EVANSTON INFUSION CENTER	448,550	51,022,291	0.008791			90.07
91	Emergency	627,056	76,230,845	0.008226			91
92	Observation Beds (Non-Distinct)		16,769,259				92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	11,692,875	1,167,471,265				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			80,484		80,484	80,484	50
52	Delivery Room & Labor Room			46,366		46,366	46,366	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			23,467		23,467	23,467	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			150,317		150,317	150,317	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART IV**

Check  Title V  Hospital  SUB (Other)  ICF/IID  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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	126,191,440	0.000638	0.000638					50
52	Delivery Room & Labor Room	17,573,117	0.002638	0.002638					52
53	Anesthesiology	39,355,283							53
54	Radiology-Diagnostic	70,432,212							54
54.02	CANCER TREATMENT CENTER	8,323,912							54.02
54.03	ULTRASOUND	24,492,324							54.03
54.04	SPECIAL PROCEDURES	6,369,359							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,815,821							57
58	MRI	36,015,267							58
59	Cardiac Catheterization	34,576,887							59
60	Laboratory	188,296,603							60
60.01	PATHOLOGY	10,548,071							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,554,204							63
65	Respiratory Therapy	30,174,136							65
66.01	REHABILITATION MEDICINE	29,178,309							66.01
69	Electrocardiology	20,225,986							69
69.02	CARDIOLOGY	28,581,580							69.02
71	Medical Supplies Charged to Pat	118,001,084							71
72	Impl. Dev. Charged to Patients	30,873,197							72
73	Drugs Charged to Patients	63,150,004							73
74	Renal Dialysis	8,580,699							74
75	ASC (Non-Distinct Part)	7,344,741							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	10,597,672							90.02
90.03	PAIN MANAGMENT	2,022,756							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	174,206							90.06
90.07	EVANSTON INFUSION CENTER	51,022,291							90.07
91	Emergency	76,230,845	0.000308	0.000308					91
92	Observation Beds (Non-Distinct)	16,769,259							92
93.01	OCCUP HEALTH								93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	1,167,471,265							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T114**

**WORKSHEET D  
PART V**

Check  Title V - O/P  Hospital  SUB (Other)  Swing Bed SNF  
 Applicable  Title XVIII, Part B  IPF  SNF  Swing Bed NF  
 Boxes:  Title XIX - O/P  IRF  NF  ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.148277							50
52	Delivery Room & Labor Room	0.199399							52
53	Anesthesiology	0.020625							53
54	Radiology-Diagnostic	0.149070							54
54.02	CANCER TREATMENT CENTER	0.187089							54.02
54.03	ULTRASOUND	0.100923							54.03
54.04	SPECIAL PROCEDURES	0.229471							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.033100							57
58	MRI	0.047422							58
59	Cardiac Catheterization	0.085055							59
60	Laboratory	0.064213							60
60.01	PATHOLOGY	0.194777							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060891							63
65	Respiratory Therapy	0.094012							65
66.01	REHABILITATION MEDICINE	0.284290							66.01
69	Electrocardiology	0.069953							69
69.02	CARDIOLOGY	0.134462							69.02
71	Medical Supplies Charged to Pat	0.186420							71
72	Impl. Dev. Charged to Patients	0.364710							72
73	Drugs Charged to Patients	0.119855							73
74	Renal Dialysis	0.112823							74
75	ASC (Non-Distinct Part)	0.159507							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.143282							90.02
90.03	PAIN MANAGMENT	0.384299							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.629163							90.06
90.07	EVANSTON INFUSION CENTER	0.253390							90.07
91	Emergency	0.130672							91
92	Observation Beds (Non-Distinct)	0.284700							92
93.01	OCCUP HEALTH								93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0114**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/IID                     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)	53,711	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	53,711	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	47,241	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)	18,635	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)	39,633,125	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)	39,633,125	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)	39,633,125	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)					737.90	38
39	Program general inpatient routine service cost (line 9 x line 38)					13,750,767	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)					13,750,767	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)						42
	<b>Intensive Care Type Inpatient Hospital Units</b>						
43	Intensive Care Unit	6,573,020	3,510	1,872.66	1,276	2,389,514	43
43.01	SPECIAL CARE NURSERY	882,659	1,245	708.96			43.01
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,028,876	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					39,169,157	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,327,228	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,644,885	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,972,113	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					36,197,044	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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                             Hospital             SUB (Other)                             ICF/IID             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)					6,470	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					737.90	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,774,213	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	3,001,048	39,633,125	0.075721	4,774,213	361,508	90
91	Nursing School						91
92	Allied Health	424,925	39,633,125	0.010721	4,774,213	51,184	92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,313	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,313	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)	4,313	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)	1,861	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)	3,241,593	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)	3,241,593	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)	3,241,593	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S114**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	751.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,398,709	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,398,709	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	276,644	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,675,353	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	136,039	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,306	51
52	Total Program excludable cost (sum of lines 50 and 51)	150,345	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,525,008	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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T114**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P  Hospital  SUB (Other)  ICF/IID  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)	4,980	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,980	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)	4,980	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)	2,568	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)	2,820,098	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)	2,820,098	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)	2,820,098	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T114**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	566.28	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,454,207	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,454,207	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,273,532	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,727,739	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	110,219	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	59,808	51
52	Total Program excludable cost (sum of lines 50 and 51)	170,027	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,557,712	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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-5573**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,986	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,986	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,986	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)	4,356	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)	3,181,340	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)	3,181,340	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)	3,181,340	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

WORKSHEET D-1  
PARTS III & IV

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

PART III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,181,340	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	531.46	71
72	Program routine service cost (line 9 x line 71)	2,315,040	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,315,040	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)	2,315,040	83
84	Program inpatient ancillary services (see instructions)	1,521,646	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,836,686	86

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0114**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P  Hospital  SUB (Other)  ICF/IID  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)	53,711	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	53,711	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	47,241	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)	10,647	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,764	15
16	Nursery days (title V or XIX only)	2,072	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)	39,631,058	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)	39,631,058	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)	39,631,058	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

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)					737.86	38	
39	Program general inpatient routine service cost (line 9 x line 38)					7,855,995	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)					7,855,995	41	
42	Nursery (Titles V and XIX only)	2,009,501	3,764	533.87	2,072	1,106,179	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	6,573,020	3,510	1,872.66	695	1,301,499	43	
43.01	SPECIAL CARE NURSERY	882,659	1,245	708.96	677	479,966	43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					10,743,639	49	
	<b>PASS THROUGH COST ADJUSTMENTS</b>							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					825,197	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)					825,197	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53	
	<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
	<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                             Hospital             SUB (Other)                             ICF/IID             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)					6,470	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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S114**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P  Hospital  SUB (Other)  ICF/IID  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)	4,313	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,313	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)	4,313	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)	1,140	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)	3,241,593	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)	3,241,593	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)	3,241,593	37



**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,980	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,980	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)	4,980	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)	531	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or 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)	2,820,098	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)	2,820,098	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)	2,820,098	37

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T114**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	566.28	38
39	Program general inpatient routine service cost (line 9 x line 38)	300,695	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)	300,695	41
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)	300,695	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	22,791	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)	22,791	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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		45,941,039		30
31	Intensive Care Unit		18,259,500		31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277	14,594,380	2,164,011	50
52	Delivery Room & Labor Room	0.199399	20,789	4,145	52
53	Anesthesiology	0.020625	7,289,428	150,344	53
54	Radiology-Diagnostic	0.149070	9,607,410	1,432,177	54
54.02	CANCER TREATMENT CENTER	0.187089	69,773	13,054	54.02
54.03	ULTRASOUND	0.100923	885,238	89,341	54.03
54.04	SPECIAL PROCEDURES	0.229471	1,524,164	349,751	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100	12,970,416	429,321	57
58	MRI	0.047422	3,182,931	150,941	58
59	Cardiac Catheterization	0.085055	7,758,199	659,874	59
60	Laboratory	0.064213	33,500,396	2,151,161	60
60.01	PATHOLOGY	0.194777	894,149	174,160	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891	3,747,236	228,173	63
65	Respiratory Therapy	0.094012	12,534,465	1,178,390	65
66.01	REHABILITATION MEDICINE	0.284290	3,324,698	945,178	66.01
69	Electrocardiology	0.069953	3,128,393	218,840	69
69.02	CARDIOLOGY	0.134462	4,171,258	560,876	69.02
71	Medical Supplies Charged to Patients	0.186420	30,401,606	5,667,467	71
72	Impl. Dev. Charged to Patients	0.364710	5,789,027	2,111,316	72
73	Drugs Charged to Patients	0.119855	19,157,137	2,296,079	73
74	Renal Dialysis	0.112823	3,739,423	421,893	74
75	ASC (Non-Distinct Part)	0.159507	716,193	114,238	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282	83,478	11,961	90.02
90.03	PAIN MANAGMENT	0.384299	1,379	530	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390	180,213	45,664	90.07
91	Emergency	0.130672	9,528,030	1,245,047	91
92	Observation Beds (Non-Distinct Part)	0.284700	754,983	214,944	92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		189,554,792	23,028,876	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		189,554,792		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF		4,843,625		40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277			50
52	Delivery Room & Labor Room	0.199399			52
53	Anesthesiology	0.020625			53
54	Radiology-Diagnostic	0.149070	34,022	5,072	54
54.02	CANCER TREATMENT CENTER	0.187089			54.02
54.03	ULTRASOUND	0.100923	9,994	1,009	54.03
54.04	SPECIAL PROCEDURES	0.229471			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100	55,429	1,835	57
58	MRI	0.047422	16,660	790	58
59	Cardiac Catheterization	0.085055			59
60	Laboratory	0.064213	505,212	32,441	60
60.01	PATHOLOGY	0.194777	1,003	195	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891	2,693	164	63
65	Respiratory Therapy	0.094012	24,397	2,294	65
66.01	REHABILITATION MEDICINE	0.284290	432,724	123,019	66.01
69	Electrocardiology	0.069953	58,499	4,092	69
69.02	CARDIOLOGY	0.134462	18,542	2,493	69.02
71	Medical Supplies Charged to Patients	0.186420	39,309	7,328	71
72	Impl. Dev. Charged to Patients	0.364710			72
73	Drugs Charged to Patients	0.119855	502,654	60,246	73
74	Renal Dialysis	0.112823			74
75	ASC (Non-Distinct Part)	0.159507			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282			90.02
90.03	PAIN MANAGMENT	0.384299			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390			90.07
91	Emergency	0.130672	272,946	35,666	91
92	Observation Beds (Non-Distinct Part)	0.284700			92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		1,974,084	276,644	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,974,084		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF		6,663,960		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277	10,854	1,609	50
52	Delivery Room & Labor Room	0.199399			52
53	Anesthesiology	0.020625	14,661	302	53
54	Radiology-Diagnostic	0.149070	188,597	28,114	54
54.02	CANCER TREATMENT CENTER	0.187089	4,132	773	54.02
54.03	ULTRASOUND	0.100923	15,225	1,537	54.03
54.04	SPECIAL PROCEDURES	0.229471	28,548	6,551	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100	96,419	3,191	57
58	MRI	0.047422	29,730	1,410	58
59	Cardiac Catheterization	0.085055			59
60	Laboratory	0.064213	1,062,171	68,205	60
60.01	PATHOLOGY	0.194777	4,699	915	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891	37,503	2,284	63
65	Respiratory Therapy	0.094012	196,391	18,463	65
66.01	REHABILITATION MEDICINE	0.284290	2,781,132	790,648	66.01
69	Electrocardiology	0.069953	27,990	1,958	69
69.02	CARDIOLOGY	0.134462	5,043	678	69.02
71	Medical Supplies Charged to Patients	0.186420	746,649	139,190	71
72	Impl. Dev. Charged to Patients	0.364710	15,051	5,489	72
73	Drugs Charged to Patients	0.119855	1,293,129	154,988	73
74	Renal Dialysis	0.112823	393,769	44,426	74
75	ASC (Non-Distinct Part)	0.159507	6,425	1,025	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282			90.02
90.03	PAIN MANAGMENT	0.384299			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390	5,672	1,437	90.07
91	Emergency	0.130672	2,592	339	91
92	Observation Beds (Non-Distinct Part)	0.284700			92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		6,966,382	1,273,532	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,966,382		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-5573**

**WORKSHEET D-3**

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
1	2	3			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277			50
52	Delivery Room & Labor Room	0.199399			52
53	Anesthesiology	0.020625			53
54	Radiology-Diagnostic	0.149070	152,775	22,774	54
54.02	CANCER TREATMENT CENTER	0.187089			54.02
54.03	ULTRASOUND	0.100923	7,015	708	54.03
54.04	SPECIAL PROCEDURES	0.229471	407	93	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100			57
58	MRI	0.047422			58
59	Cardiac Catheterization	0.085055			59
60	Laboratory	0.064213	1,026,350	65,905	60
60.01	PATHOLOGY	0.194777	591	115	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891	1,233	75	63
65	Respiratory Therapy	0.094012	815,565	76,673	65
66.01	REHABILITATION MEDICINE	0.284290	2,725,713	774,893	66.01
69	Electrocardiology	0.069953	37,018	2,590	69
69.02	CARDIOLOGY	0.134462	1,307	176	69.02
71	Medical Supplies Charged to Patients	0.186420	2,133,275	397,685	71
72	Impl. Dev. Charged to Patients	0.364710	788	287	72
73	Drugs Charged to Patients	0.119855	1,493,766	179,035	73
74	Renal Dialysis	0.112823			74
75	ASC (Non-Distinct Part)	0.159507			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282			90.02
90.03	PAIN MANAGMENT	0.384299			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390	2,514	637	90.07
91	Emergency	0.130672			91
92	Observation Beds (Non-Distinct Part)	0.284700			92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		8,398,317	1,521,646	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		8,398,317		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277			50
52	Delivery Room & Labor Room	0.199399			52
53	Anesthesiology	0.020625			53
54	Radiology-Diagnostic	0.149070			54
54.02	CANCER TREATMENT CENTER	0.187089			54.02
54.03	ULTRASOUND	0.100923			54.03
54.04	SPECIAL PROCEDURES	0.229471			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100			57
58	MRI	0.047422			58
59	Cardiac Catheterization	0.085055			59
60	Laboratory	0.064213			60
60.01	PATHOLOGY	0.194777			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891			63
65	Respiratory Therapy	0.094012			65
66.01	REHABILITATION MEDICINE	0.284290			66.01
69	Electrocardiology	0.069953			69
69.02	CARDIOLOGY	0.134462			69.02
71	Medical Supplies Charged to Patients	0.186420			71
72	Impl. Dev. Charged to Patients	0.364710			72
73	Drugs Charged to Patients	0.119855			73
74	Renal Dialysis	0.112823			74
75	ASC (Non-Distinct Part)	0.159507			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282			90.02
90.03	PAIN MANAGMENT	0.384299			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390			90.07
91	Emergency	0.130672			91
92	Observation Beds (Non-Distinct Part)	0.284700			92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.148277			50
52	Delivery Room & Labor Room	0.199399			52
53	Anesthesiology	0.020625			53
54	Radiology-Diagnostic	0.149070			54
54.02	CANCER TREATMENT CENTER	0.187089			54.02
54.03	ULTRASOUND	0.100923			54.03
54.04	SPECIAL PROCEDURES	0.229471			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.033100			57
58	MRI	0.047422			58
59	Cardiac Catheterization	0.085055			59
60	Laboratory	0.064213			60
60.01	PATHOLOGY	0.194777			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060891			63
65	Respiratory Therapy	0.094012			65
66.01	REHABILITATION MEDICINE	0.284290			66.01
69	Electrocardiology	0.069953			69
69.02	CARDIOLOGY	0.134462			69.02
71	Medical Supplies Charged to Patients	0.186420			71
72	Impl. Dev. Charged to Patients	0.364710			72
73	Drugs Charged to Patients	0.119855			73
74	Renal Dialysis	0.112823			74
75	ASC (Non-Distinct Part)	0.159507			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.143282			90.02
90.03	PAIN MANAGMENT	0.384299			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.629163			90.06
90.07	EVANSTON INFUSION CENTER	0.253390			90.07
91	Emergency	0.130672			91
92	Observation Beds (Non-Distinct Part)	0.284700			92
93.01	OCCUP HEALTH				93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
<b>COST CENTER DESCRIPTION</b>				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30				30
31				31
31.01				31.01
40				40
41				41
<b>ANCILLARY SERVICE COST CENTERS</b>				
50	0.148277			50
52	0.199399			52
53	0.020625			53
54	0.149070			54
54.02	0.187089			54.02
54.03	0.100923			54.03
54.04	0.229471			54.04
54.05				54.05
57	0.033100			57
58	0.047422			58
59	0.085055			59
60	0.064213			60
60.01	0.194777			60.01
62.30				62.30
63	0.060891			63
65	0.094012			65
66.01	0.284290			66.01
69	0.069953			69
69.02	0.134462			69.02
71	0.186420			71
72	0.364710			72
73	0.119855			73
74	0.112823			74
75	0.159507			75
76.97				76.97
76.98				76.98
76.99				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01				90.01
90.02	0.143282			90.02
90.03	0.384299			90.03
90.05				90.05
90.06	1.629163			90.06
90.07	0.253390			90.07
91	0.130672			91
92	0.284700			92
93.01				93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
200				200
201				201
202				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	34,707,310			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)	566,618			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	8,855,515			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	208.27			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	25.22			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	1.75			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	13.44			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	40.41			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	59.19			10
11	FTE count for residents in dental and podiatric programs	4.25			11
12	Current year allowable FTE (see instructions)	44.66			12
13	Total allowable FTE count for the prior year	45.91			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	43.04			14
15	Sum of lines 12 through 14 divided by 3	44.54			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	44.54			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.213857			19
20	Prior year resident to bed ratio (see instructions)	0.218994			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.213857			21
22	IME payment adjustment (see instructions)	3,825,856			22
22.01	IME payment adjustment - Managed Care (see instructions)	976,161			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	18.78			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)	3,825,856			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	976,161			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1069			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3331			31
32	Sum of lines 30 and 31	0.4400			32
33	Allowable disproportionate share percentage (see instructions)	0.2552			33
34	Disproportionate share adjustment (see instructions)	2,214,327			34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,268,765		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,268,765		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,268,765			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	45,582,876			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)	46,559,037			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,343,423			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)	1,972,647			52
53	Nursing and allied health managed care payment	22,645			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).	166,734			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	14,605			58
59	Total (sum of amounts on lines 49 through 58)	52,079,091			59
60	Primary payer payments	41,705			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	52,037,386			61
62	Deductibles billed to program beneficiaries	3,320,092			62
63	Coinsurance billed to program beneficiaries	218,432			63
64	Allowable bad debts (see instructions)	1,361,860			64
65	Adjusted reimbursable bad debts (see instructions)	885,209			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,043,740			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	49,384,071			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)	101,184			70.93
70.94	HRR adjustment amount (see instructions)	-187,420			70.94
71	Amount due provider (see instructions)	49,297,835			71
71.01	Sequestration adjustment (see instructions)	985,957			71.01
72	Interim payments	47,836,528			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	475,350			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	174,836			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
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**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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

WORKSHEET E  
PART B

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	13,864			1
2	Medical and other services reimbursed under OPSS (see instructions)	24,141,513			2
3	PPS payments	22,668,901			3
4	Outlier payment (see instructions)	566,922			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	40,026			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	13,864			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	118,771			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)	118,771			14
	<b>CUSTOMARY CHARGES</b>				
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)	118,771			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	104,907			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)	13,864			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)	23,275,849			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,728,969			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)	18,560,744			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	998,001			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	19,558,745			30
31	Primary payer payments	2,576			31
32	Subtotal (line 30 minus line 31)	19,556,169			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,285,146			34
35	Adjusted reimbursable bad debts (see instructions)	835,345			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,071,630			36
37	Subtotal (see instructions)	20,391,514			37
38	MSP-LCC reconciliation amount from PS&R	-210			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	20,391,724			40
40.01	Sequestration adjustment (see instructions)	407,834			40.01
41	Interim payments	20,465,139			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-481,249			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**

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E  
PART B

Check applicable box:         Hospital         IPF         IRF         SUB (Other)         SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	137			1
2	Medical and other services reimbursed under OPPTS (see instructions)	219			2
3	PPS payments	563			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)	137			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	1,147			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)	1,147			14
	<b>CUSTOMARY CHARGES</b>				
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)	1,147			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,010			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)	137			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)	563			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	32			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)	668			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)	668			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	668			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	668			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)	668			40
40.01	Sequestration adjustment (see instructions)	13			40.01
41	Interim payments	520			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	135			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**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-T114**

**WORKSHEET E  
PART B**

Check applicable box:         Hospital     IPF     IRF     SUB (Other)         SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	153			1
2	Medical and other services reimbursed under OPPTS (see instructions)	8,911			2
3	PPS payments	7,269			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)	153			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	1,273			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)	1,273			14
	<b>CUSTOMARY CHARGES</b>				
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)	1,273			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,120			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)	153			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)	7,269			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,466			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)	5,956			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)	5,956			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	5,956			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	5,956			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)	5,956			40
40.01	Sequestration adjustment (see instructions)	119			40.01
41	Interim payments	5,686			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	151			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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5573

WORKSHEET E  
PART B

Check applicable box:         Hospital     IPF         IRF         SUB (Other)                     SNF

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	264			1
2	Medical and other services reimbursed under OPPTS (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)	264			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	2,199			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)	2,199			14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	2,199			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,935			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)	264			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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	264			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)	264			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	264			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	264			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)	264			40
40.01	Sequestration adjustment (see instructions)	5			40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	259			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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0114

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		47,197,675		20,244,463	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	04/28/2015	262,385	04/28/2015	3.01
		.02	09/15/2015	376,468	09/15/2015	3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				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		638,853		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)			47,836,528		4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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		475,350		6.01
		.02			-481,249	6.02
7	Total Medicare program liability (see instructions)			48,311,878		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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S114

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,358,043		520
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				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program	.01		
		to	.02		
		Provider	.03		
			.04		
			.05		
			.06		
			.07		
			.08		
			.09		
			.10		
			.50		
			.51		
		Provider	.52		
		to	.53		
		Program	.54		
			.55		
			.56		
			.57		
			.58		
			.59		
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.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)		1,358,043		520
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program	.01		
		to	.02		
		Provider	.03		
			.04		
			.05		
			.06		
			.07		
			.08		
			.09		
			.10		
			.50		
			.51		
		Provider	.52		
		to	.53		
		Program	.54		
			.55		
			.56		
			.57		
			.58		
			.59		
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99		
6	Determined net settlement amount (balance due) based on the cost report (1)		.01	107,857	135
			.02		
7	Total Medicare program liability (see instructions)			1,465,900	655
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T114

WORKSHEET E-1  
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		3,359,976		5,686
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				
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	04/28/2015	231,129	3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50	08/11/2015	218,826	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		12,303	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)			3,372,279	5,686
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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		40,622	151
		.02			6.02
7	Total Medicare program liability (see instructions)			3,412,901	5,837
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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5573

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,906,485		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment				3.01
	amount based on subsequent revision of the interim				3.02
	rate for the cost reporting period. Also show date of	Program	.03		3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04		3.04
		Provider	.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		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		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)		1,906,485		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment		.01		5.01
	after desk review. Also show date of each payment.		.02		5.02
	If none, write 'NONE' or enter a zero. (1)	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	511	259 6.01
			.02		6.02
7	Total Medicare program liability (see instructions)			1,906,996	259 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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**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)	12,574	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	19,911	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,100	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	51,996	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,375,038,998	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	209,048,137	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)	607,720	8
9	Sequestration adjustment amount (see instructions)	12,154	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	595,566	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH**

30	Initial/interim HIT payment(s)	561,519	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	34,047	32

(\*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E-3  
PART II

Check [ ] Hospital  
Applicable [XX] Subprovider IPF  
Box:

**PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS**

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,560,368	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	11.816438	9
10	Teaching adjustment factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,560,368	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,560,368	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,560,368	18
19	Deductibles	140,972	19
20	Subtotal (line 18 minus line 19)	1,419,396	20
21	Coinsurance	33,617	21
22	Subtotal (line 20 minus line 21)	1,385,779	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	169,159	23
24	Adjusted reimbursable bad debts (see instructions)	109,953	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	130,827	25
26	Subtotal (sum of lines 22 and 24)	1,495,732	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	84	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,495,816	31
31.01	Sequestration adjustment (see instructions)	29,916	31.01
32	Interim payments	1,358,043	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	107,857	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3  
PART III

Check  Hospital  
Applicable  Subprovider IRF  
Box:

**PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS**

		1	1.01	
1	Net Federal PPS payment (see instructions)	3,174,206		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.094900		2
3	Inpatient Rehabilitation LIP payments (see instructions)	290,122		3
4	Outlier payments	30,963		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	13.643836		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,495,291		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,495,291		17
18	Primary payer payments	784		18
19	Subtotal (line 17 less line 18)	3,494,507		19
20	Deductibles	4,952		20
21	Subtotal (line 19 minus line 20)	3,489,555		21
22	Coinsurance	11,948		22
23	Subtotal (line 21 minus line 22)	3,477,607		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	7,595		24
25	Adjusted reimbursable bad debts (see instructions)	4,937		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,227		26
27	Subtotal (sum of lines 23 and 25)	3,482,544		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	8		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,482,552		32
32.01	Sequestration adjustment (see instructions)	69,651		32.01
33	Interim payments	3,372,279		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	40,622		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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**

<b>PROSPECTIVE PAYMENT AMOUNT (see instructions)</b>			
1	Resource Utilization Group (RUGS) payment	1,993,871	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	1,993,871	4
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	48,479	7
8	Allowable bad debts (see instructions)	803	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	158	9
10	Adjusted reimbursable bad debts (see instructions)	522	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)	1,945,914	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)	1,945,914	15
15.01	Sequestration adjustment (see instructions)	38,918	15.01
16	Interim payments	1,906,485	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	511	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**

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

**WORKSHEET E-4**

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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))			1.75	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)			14.98	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			42.43	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			59.19	6
7	Enter the lesser of line 5 or line 6			42.43	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	44.58	12.64	57.22	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	31.96	9.06	41.02	9
10	Weighted dental and podiatric resident FTE count for the current year		4.25		10
11	Total weighted FTE count	31.96	13.31		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	32.99	12.30		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	31.40	8.39		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	32.12	11.33		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	32.12	11.33		17
18	Per resident amount	149,334.82	141,420.93		18
19	Approved amount for resident costs	4,796,634	1,602,299	6,398,933	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)			16.76	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			6,398,933	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	24,340	5,100		26
27	Total inpatient days (see instructions)	61,863	61,863		27
28	Ratio of inpatient days to total inpatient days	0.393450	0.082440		28
29	Program direct GME amount	2,517,660	527,528		29
30	Reduction for direct GME payments for Medicare Advantage		74,540		30
31	Net Program direct GME amount			2,970,648	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)			8,580,699	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)			47,881,160	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)			42,489	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			47,838,671	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			24,205,087	42
43	Primary payer payments (see instructions)			2,576	43
44	Total Part B reasonable cost (line 42 minus line 43)			24,202,511	44
45	Total reasonable cost (sum of lines 41 and 44)			72,041,182	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.664046	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.335954	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			2,970,648	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,972,647	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			998,001	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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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)			25.70	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6
7	Enter the lesser of line 5 or line 6			25.70	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	26.83	8.28	35.11	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	19.41	5.99	25.40	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	19.41	5.99		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	19.81	9.38		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	19.81	9.38		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26	Inpatient days (see instructions)	13,946	4,419		26
27	Total inpatient days (see instructions)	61,863	61,863		27
28	Ratio of inpatient days to total inpatient days	0.225434	0.071432		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
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
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
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
<b>Part B Reasonable Cost</b>					
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
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</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

**KPMG LLP Compu-Max 2552-10**

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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	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	288,035				1
2	Temporary investments	11,897,913				2
3	Notes receivable					3
4	Accounts receivable	30,947,891				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	3,784,892				7
8	Prepaid expenses	2,191,447				8
9	Other current assets	3,624,951				9
10	Due from other funds	61,559,189				10
11	Total current assets (sum of lines 1-10)	114,294,318				11
<b>FIXED ASSETS</b>						
12	Land	7,960,138				12
13	Land improvements	3,499,153				13
14	Accumulated depreciation					14
15	Buildings	285,701,970				15
16	Accumulated depreciation	-288,103,678				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	44,530,263				19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	130,142,291				23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	183,730,137				30
<b>OTHER ASSETS</b>						
31	Investments	148,754,213				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets					34
35	Total other assets (sum of lines 31-34)	148,754,213				35
36	Total assets (sum of lines 11, 30 and 35)	446,778,668				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	11,222,503				37
38	Salaries, wages and fees payable	28,475,717				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	17,840,703				43
44	Other current liabilities	41,217,566				44
45	Total current liabilities (sum of lines 37 thru 44)	98,756,489				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable	176,973,667				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	1,490,594				49
50	Total long term liabilities (sum of lines 46 thru 49)	178,464,261				50
51	Total liabilities (sum of lines 45 and 50)	277,220,750				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	169,557,918				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
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)	169,557,918				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	446,778,668				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		169,499,643		1
2	Net income (loss) (from Worksheet G-3, line 29)		1,490,595		2
3	Total (sum of line 1 and line 2)		170,990,238		3
4	Additions (credit adjustments) (specify)				4
5	TRANSFERS AND GAINS				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		170,990,238		11
12	Deductions (debit adjustments) (specify)	1,432,320			12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		1,432,320		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		169,557,918		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	TRANSFERS AND GAINS				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (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**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	150,763,350		150,763,350	1
2	Subprovider IPF	11,232,888		11,232,888	2
3	Subprovider IRF	13,199,275		13,199,275	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	7,952,897		7,952,897	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	183,148,410		183,148,410	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	27,533,239		27,533,239	11
11.01	<b>SPECIAL CARE NURSERY</b>				11.01
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,533,239		27,533,239	16
17	Total inpatient routine care services (sum of lines 10 and 16)	210,681,649		210,681,649	17
18	Ancillary services	531,451,999	634,905,058	1,166,357,057	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
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	742,133,648	634,905,058	1,377,038,706	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		257,764,147	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35	<b>FHBT PREM</b>			35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38	<b>DSR INCOME</b>	-290,127		38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-290,127	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		257,474,020	43

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**STATEMENT OF REVENUES AND EXPENSES****WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,377,038,706	1
2	Less contractual allowances and discounts on patients' accounts	1,117,612,715	2
3	Net patient revenues (line 1 minus line 2)	259,425,991	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	257,474,020	4
5	Net income from service to patients (line 3 minus line 4)	1,951,971	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	26,141,221	24
25	Total other income (sum of lines 6-24)	26,141,221	25
26	Total (line 5 plus line 25)	28,093,192	26
27	Other expenses (NON OPERATING)	8,096,234	27
27.01	Other expenses (MONTH END CLEARING)	18,506,363	27.01
28	Total other expenses (sum of line 27 and subscripts)	26,602,597	28
29	Net income (or loss) for the period (line 26 minus line 28)	1,490,595	29

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7126**

**WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	303,507		25,308		202,922	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	529,474					6
7	Physical Therapy	300,541					7
8	Occupational Therapy	141,917					8
9	Speech Pathology	5,006					9
10	Medical Social Services	5,058					10
11	Home Health Aide	52,357					11
12	Supplies (see instructions)					5,226	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,337,860		25,308		208,148	24

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7126**

**WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	531,737	34,338	566,075	-120	565,955	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	529,474		529,474		529,474	6
7	Physical Therapy	300,541		300,541		300,541	7
8	Occupational Therapy	141,917		141,917		141,917	8
9	Speech Pathology	5,006		5,006		5,006	9
10	Medical Social Services	5,058		5,058		5,058	10
11	Home Health Aide	52,357		52,357		52,357	11
12	Supplies (see instructions)	5,226		5,226		5,226	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,571,316	34,338	1,605,654	-120	1,605,534	24

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7126**

**WORKSHEET H-1  
PART I**

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	565,955			5
<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	529,474			6
7	Physical Therapy	300,541			7
8	Occupational Therapy	141,917			8
9	Speech Pathology	5,006			9
10	Medical Social Services	5,058			10
11	Home Health Aide	52,357			11
12	Supplies (see instructions)	5,226			12
13	Drugs				13
14	DME				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	1,605,534			24

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**

**HHA CCN: 14-7126**

**WORKSHEET H-1  
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		565,955	565,955		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		529,474	329,363	858,837	6
7	Physical Therapy		300,541	141,552	442,093	7
8	Occupational Therapy		141,917	70,935	212,852	8
9	Speech Pathology		5,006	792	5,798	9
10	Medical Social Services		5,058	3,682	8,740	10
11	Home Health Aide		52,357	14,728	67,085	11
12	Supplies (see instructions)		5,226	4,903	10,129	12
13	Drugs					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		1,605,534		1,605,534	24

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-1  
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-565,955	4,159,016	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	Skilled Nursing Care					1,890,898	2,420,372	6
7	Physical Therapy					739,681	1,040,222	7
8	Occupational Therapy					379,364	521,281	8
9	Speech Pathology					815	5,821	9
10	Medical Social Services					22,001	27,059	10
11	Home Health Aide					55,877	108,234	11
12	Supplies (see instructions)					30,801	36,027	12
13	Drugs							13
14	DME							14
<b>HHA NONREIMBURSABLE SERVICES</b>								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					2,553,482	4,159,016	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						565,955	25
26	Unit Cost Multiplier						0.136079	26

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
1	Administrative and General		4,005	19,600	51,025	2,273	1,111	1
2	Skilled Nursing Care	858,837			89,013			2
3	Physical Therapy	442,093			50,526			3
4	Occupational Therapy	212,852			23,859			4
5	Speech Pathology	5,798			842			5
6	Medical Social Services	8,740			851			6
7	Home Health Aide	67,085			8,802			7
8	Supplies	10,129						8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	1,605,534	4,005	19,600	224,918	2,273	1,111	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	4A	5.06	6	7	
1	Administrative and General	3,688	5,623	87,325	19,275		26,582	1
2	Skilled Nursing Care			947,850	209,210			2
3	Physical Therapy			492,619	108,732			3
4	Occupational Therapy			236,711	52,247			4
5	Speech Pathology			6,640	1,466			5
6	Medical Social Services			9,591	2,117			6
7	Home Health Aide			75,887	16,750			7
8	Supplies			10,129	2,236			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	3,688	5,623	1,866,752	412,033		26,582	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINI- STRATION	
		8	9	10	11	12	13	
1	Administrative and General				53,657			1
2	Skilled Nursing Care						57,334	2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				53,657		57,334	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		14	15	16	17	19	20	
1	Administrative and General		232	4,929	83,601			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		232	4,929	83,601			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	
		21	22	23	24	25	26	
1	Administrative and General				275,601		275,601	1
2	Skilled Nursing Care				1,214,394		1,214,394	2
3	Physical Therapy				601,351		601,351	3
4	Occupational Therapy				288,958		288,958	4
5	Speech Pathology				8,106		8,106	5
6	Medical Social Services				11,708		11,708	6
7	Home Health Aide				92,637		92,637	7
8	Supplies				12,365		12,365	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				2,505,120		2,505,120	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 14-7126**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28					
1	Administrative and General							1
2	Skilled Nursing Care	150,117	1,364,511					2
3	Physical Therapy	74,336	675,687					3
4	Occupational Therapy	35,720	324,678					4
5	Speech Pathology	1,002	9,108					5
6	Medical Social Services	1,447	13,155					6
7	Home Health Aide	11,451	104,088					7
8	Supplies	1,528	13,893					8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	275,601	2,505,120					20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.123615						21

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

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

**KPMG LLP Compu-Max 2552-10**

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2  
PART II

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE  (SUPPLY EXPENSE)	ADMITTING  GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
1	Administrative and General	541	19,705	303,507	4	18,726	2,136,457	1
2	Skilled Nursing Care			529,474				2
3	Physical Therapy			300,541				3
4	Occupational Therapy			141,918				4
5	Speech Pathology			5,006				5
6	Medical Social Services			5,059				6
7	Home Health Aide			52,355				7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	541	19,705	1,337,860	4	18,726	2,136,457	20
21	Total cost to be allocated	4,005	19,600	224,918	2,273	1,111	3,688	21
22	Unit Cost Multiplier	7.402957		0.168118		0.059329		22
22	Unit Cost Multiplier		0.994671		568.250000		0.001726	22

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2  
PART II

	HHA COST CENTER	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	4A.06	5.06	6	7	8	
1	Administrative and General	2,136,457		87,325		541		1
2	Skilled Nursing Care			947,850				2
3	Physical Therapy			492,619				3
4	Occupational Therapy			236,711				4
5	Speech Pathology			6,640				5
6	Medical Social Services			9,591				6
7	Home Health Aide			75,887				7
8	Supplies			10,129				8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	2,136,457		1,866,752		541		20
21	Total cost to be allocated	5,623		412,033		26,582		21
22	Unit Cost Multiplier	0.002632		0.220722		49.134935		22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2  
PART II

	HHA COST CENTER	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	
		9	10	11	12	13	14	
1	Administrative and General			1,594				1
2	Skilled Nursing Care					34,854		2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			1,594		34,854		20
21	Total cost to be allocated			53,657		57,334		21
22	Unit Cost Multiplier			33.661857		1.644976		22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2  
PART II

	HHA COST CENTER	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
1	Administrative and General	540	2,136,457	374				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	540	2,136,457	374				20
21	Total cost to be allocated	232	4,929	83,601				21
22	Unit Cost Multiplier	0.429630		223.532086				22
22	Unit Cost Multiplier		0.002307					22

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2  
PART II

	HHA COST CENTER	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION  ASSIGNED TIME					
		22	23					
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**APPORTIONMENT OF PATIENT SERVICE COSTS**

**HHA CCN: 14-7126**

**WORKSHEET H-3  
PARTS I & II**

Check applicable box:         Title V         Title XVIII         Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	1,364,511		1,364,511	5,827	234.17
2	Physical Therapy	3	675,687		675,687	3,988	169.43
3	Occupational Therapy	4	324,678		324,678	1,667	194.77
4	Speech Pathology	5	9,108		9,108	114	79.89
5	Medical Social Services	6	13,155		13,155	65	202.38
6	Home Health Aide	7	104,088		104,088	248	419.71
7	Total (sum of lines 1-6)		2,491,227		2,491,227	11,909	

Limitation Cost Computation				Program Visits	
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		1,067	
9	Physical Therapy	16974		801	
10	Occupational Therapy	16974		373	
11	Speech Pathology	16974		32	
12	Medical Social Services	16974		16	
13	Home Health Aide	16974		79	
14	Total (sum of lines 8-13)			2,368	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	13,893		13,893	5,226	2.658439
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	5
1	Physical Therapy	66				col. 2, line 2
1.01	REHABILITATION MEDICINE	66.01	0.284290			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68				col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.186420			col. 2, line 15
5	Drugs Charged to Patients	73	0.119855			col. 2, line 16

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

WORKSHEET H-3  
PARTS I & II

Check applicable box:         Title V         Title XVIII         Title XIX

**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11	12		
1 Skilled Nursing Care		1,067			249,859		249,859	1	
2 Physical Therapy		801			135,713		135,713	2	
3 Occupational Therapy		373			72,649		72,649	3	
4 Speech Pathology		32			2,556		2,556	4	
5 Medical Social Services		16			3,238		3,238	5	
6 Home Health Aide		79			33,157		33,157	6	
7 Total (sum of lines 1-6)		2,368			497,172		497,172	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11			
15 Cost of Medical Supplies								15	
16 Cost of Drugs								16	

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**

**HHA CCN: 14-7126**

**WORKSHEET H-4  
PARTS I & II**

Check applicable box:         Title V         Title XVIII         Title XIX

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

	Description	Part B		
		Part A 1	Not Subject to Deductibles & Coinsurance 2	
	Reasonable Cost of Part A & Part B Services			
1	Reasonable cost of services (see instructions)			1
2	Total charges			2
	Customary Charges			
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)			3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)			5
6	Total customary charges (see instructions)			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)			8
9	Primary payer amounts			9

**PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT**

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		538,476	11
12	Total PPS Reimbursement - Full Episodes with Outliers			12
13	Total PPS Reimbursement - LUPA Episodes		21,503	13
14	Total PPS Reimbursement - PEP Episodes			14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		559,979	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		559,979	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		559,979	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		559,979	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		559,979	31
31.01	Sequestration adjustment (see instructions)		11,200	31.01
32	Interim payments (see instructions)		548,779	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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**ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7126**

**WORKSHEET H-5**

DESCRIPTION			Part A		Part B		
			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					548,779	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					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					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					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					548,779	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01					6.01
		.02					6.02
7	<b>TOTAL MEDICARE PROGRAM LIABILITY (see instructions)</b>					548,779	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**

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0114**

**WORKSHEET L**

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

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,774,840	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	56,903	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)	144.03	3
4	Number of interns & residents (see instructions)	44.54	4
5	Indirect medical education percentage (see instructions)	9.12	5
6	Indirect medical education adjustment (see instructions)	253,065	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1069	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3331	8
9	Sum of lines 7 and 8	0.4400	9
10	Allowable disproportionate share percentage (see instructions)	0.0932	10
11	Disproportionate share adjustment (see instructions)	258,615	11
12	Total prospective capital payments (see instructions)	3,343,423	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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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	SPECIAL CARE NURSERY						31.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66.01	REHABILITATION MEDICINE						66.01
69	Electrocardiology						69
69.02	CARDIOLOGY						69.02
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

**KPMG LLP Compu-Max 2552-10**

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/26/2016 Run Time: 12:25 Version: 2015.10 (02/11/2016)
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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		
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY							190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY							190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202