

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: Time:	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

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

CHIEF FINANCIAL OFFICER
Title

11/23/2015
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		205,034	-218,790	364,945		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		205,034	-218,790	364,945		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: 155 E BRUSH HILL ROAD	P.O. Box:								1
2	City: ELMHURST	State: IL	ZIP Code: 60126	County: DUPAGE						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8	9	
3	Hospital	ELMHURST MEMORIAL HOSPITAL	14-0200	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015							20
21	Type of control (see instructions)	2								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.	N	N	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
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.	2	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.	4,275	524			2,753	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			36
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.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete 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.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.				N		81
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86
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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-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:			7,023,997	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	14H131	140

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

141	Name: EDWARD ELMHURST HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141
142	Street: 801 SOUTH WASHINGTON STREET	P.O. Box:		142
143	City: NAPERVILLE	State: IL	ZIP Code: 60540	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		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			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (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 transitional factor. (see instructions)	0.75			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2014	09 / 30 / 2014		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)		Y		171

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 ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
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	09/25/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/28/2015	Y	10/28/2015
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

Capital Related Cost			
22	Have assets been 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: MARY JO	Last name: MACKNISKAS	Title: SYSTEM DIRECTOR OF REIMBUR	41
42	Employer: EDWARD ELMHURST HEALTH			42
43	Phone number: 630-646-3102	E-mail Address: MMACKNISKAS@EDWARD.ORG		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			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	247	90,155			24,434	3,104	56,428	1
2	HMO and other (see instructions)						551	2,753		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)		247	90,155			24,434	3,104	56,428	7
8	Intensive Care Unit	31	35	12,775			6,598	475	11,823	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,220	4,173	13
14	Total (see instructions)		282	102,930			31,032	4,799	72,424	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		282							27
28	Observation Bed Days								6,909	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									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

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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)					6,136	1,402	15,407	1
2	HMO and other (see instructions)					724	755		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		2,232.00			6,136	1,402	15,407	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		2,232.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassi- fication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	142,526,932		142,526,932	4,643,294.00	30.70
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative		199,757		199,757	2,051.00	97.39
4.01	Physician-Part A - Teaching						
5	Physician-Part B		264,473		264,473	2,630.00	100.56
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21					
7.01	Contracted interns & residents (in an approved program)						
8	Home office personnel		11,905,919		11,905,919	349,763.00	34.04
9	SNF	44					
10	Excluded area salaries (see instructions)		1,597,541	495,522	2,093,063	80,763.00	25.92
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		820,000		820,000	13,000.00	63.08
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		421,128		421,128	4,200.00	100.27
14	Home office salaries & wage-related costs		20,908,456		20,908,456	491,499.00	42.54
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		41,312,688		41,312,688		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		581,560		581,560		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative		41,641		41,641		
22.01	Physician Part A - Teaching						
23	Physician Part B		54,801		54,801		
24	Wage-related costs (RHC/FOHC)						
25	Interns & residents (in an approved program)						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		2,988,030		2,988,030	61,260.00	48.78
27	Administrative & General		24,120,373	-381,431	23,738,942	867,809.00	27.36
28	Administrative & General under contract (see instructions)						
29	Maintenance & Repairs						
30	Operation of Plant		2,515,194	-62,137	2,453,057	74,112.00	33.10
31	Laundry & Linen Service		645,014	-51,954	593,060	43,029.00	13.78
32	Housekeeping		3,458,709		3,458,709	252,741.00	13.68
33	Housekeeping under contract (see instructions)						
34	Dietary		2,763,344	-1,266,492	1,496,852	80,341.00	18.63
35	Dietary under contract (see instructions)						
36	Cafeteria		47,449	1,266,492	1,313,941	76,285.00	17.22
37	Maintenance of Personnel						
38	Nursing Administration		2,013,319		2,013,319	29,728.00	67.72
39	Central Services and Supply						
40	Pharmacy		3,031,345		3,031,345	77,272.00	39.23
41	Medical Records & Medical Records Library		2,348,947		2,348,947	124,390.00	18.88
42	Social Service						
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		130,356,540		130,356,540	4,290,901.00	30.38
2	Excluded area salaries (see instructions)		1,597,541	495,522	2,093,063	80,763.00	25.92
3	Subtotal salaries (line 1 minus line 2)		128,758,999	-495,522	128,263,477	4,210,138.00	30.47
4	Subtotal other wages & related costs (see instructions)		22,149,584		22,149,584	508,699.00	43.54
5	Subtotal wage-related costs (see instructions)		41,354,329		41,354,329		32.24%
6	Total (sum of lines 3 through 5)		192,262,912	-495,522	191,767,390	4,718,837.00	40.64
7	Total overhead cost (see instructions)		43,931,724	-495,522	43,436,202	1,686,967.00	25.75

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	3,298,043	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	41,321	3
4	Qualified Defined Benefit Plan Cost (see instructions)	6,876,478	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	17,160,252	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	1,039,768	10
11	Life Insurance (If employee is owner or beneficiary)	192,448	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	493,448	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,737,105	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	10,309,894	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	149,052	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	692,883	23
24	Total Wage Related cost (Sum of lines 1-23)	41,990,692	24

Part B - Other Than Core Related Cost

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

EXHIBIT 3

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

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOonths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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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

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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)		0.209273	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		35,107,000	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		170,380,000	6
7	Medicaid cost (line 1 times line 6)		35,655,934	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.		548,934	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 fundnig 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)		548,934	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	32,843,000		32,843,000
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,873,153		6,873,153
22	Partial payment by patients approved for charity care			
23	Cost of charity care (line 21 minus line 22)	6,873,153		6,873,153
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
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			
26	Total bad debt expense for the entire hospital complex (see instructions)			18,455,000
27	Medicare bad debts for the entire hospital complex (see instructions)			737,206
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			17,717,794
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,707,856
30	Cost of uncompensated care (line 23, column 3 plus line 29)			10,581,009
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,129,943

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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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		16,543,810	16,543,810	126,341	16,670,151		16,670,151	1
2	00200	Cap Rel Costs-Mvble Equip		17,734,422	17,734,422	602,040	18,336,462	3,045,405	21,381,867	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,988,030	38,924,510	41,912,540		41,912,540	1,945,636	43,858,176	4
5	00500	Administrative & General	24,120,373	59,126,029	83,246,402	-2,942,958	80,303,444	-23,192,384	57,111,060	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,515,194	13,418,911	15,934,105	-888,296	15,045,809		15,045,809	7
8	00800	Laundry & Linen Service	645,014	1,392,008	2,037,022	-62,153	1,974,869		1,974,869	8
9	00900	Housekeeping	3,458,709	912,117	4,370,826		4,370,826	-60,388	4,310,438	9
10	01000	Dietary	2,763,344	1,655,447	4,418,791	-2,149,796	2,268,995	-45,864	2,223,131	10
11	01100	Cafeteria	47,449	34,373	81,822	2,149,796	2,231,618	-2,142,153	89,465	11
13	01300	Nursing Administration	2,013,319	93,714	2,107,033		2,107,033		2,107,033	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	3,031,345	26,704,098	29,735,443	-18,446,452	11,288,991		11,288,991	15
16	01600	Medical Records & Library	2,348,947	10,476	2,359,423		2,359,423	1,527,849	3,887,272	16
17	01700	Social Service								17
23	02300	PARAMED ED PRGM-PASTORAL CARE				427,295	427,295	-6,150	421,145	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	26,890,368	3,136,699	30,027,067	-508,820	29,518,247	-1,292,966	28,225,281	30
31	03100	Intensive Care Unit	6,592,112	804,888	7,397,000		7,397,000		7,397,000	31
43	04300	Nursery				1,289,264	1,289,264	-33,333	1,255,931	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	11,180,121	39,635,210	50,815,331	-36,009,750	14,805,581	-63,288	14,742,293	50
53	05300	Anesthesiology	162,508	574,953	737,461		737,461		737,461	53
54	05400	Radiology-Diagnostic	4,528,609	2,649,588	7,178,197	-3,088,214	4,089,983		4,089,983	54
54.01	03630	ULTRASOUND	1,330,382	149,617	1,479,999	164,824	1,644,823		1,644,823	54.01
55	05500	Radiology-Therapeutic	2,526,014	282,249	2,808,263	325,102	3,133,365		3,133,365	55
55.01	05501	CYBERKNIFE	434,931	3,975,871	4,410,802	89,396	4,500,198		4,500,198	55.01
56	05600	Radioisotope	588,203	807,554	1,395,757	79,579	1,475,336		1,475,336	56
57	05700	CT Scan	952,017	967,076	1,919,093	125,724	2,044,817		2,044,817	57
58	05800	MRI	658,891	562,030	1,220,921	86,044	1,306,965		1,306,965	58
59	05900	Cardiac Catheterization	1,135,313	6,459,512	7,594,825	-6,174,743	1,420,082		1,420,082	59
60	06000	Laboratory	6,336,781	7,636,720	13,973,501		13,973,501	-171,117	13,802,384	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,921,049	535,764	2,456,813		2,456,813		2,456,813	65
65.01	03610	SLEEP LAB	461,705	59,160	520,865		520,865		520,865	65.01
66	06600	Physical Therapy	2,913,753	376,056	3,289,809	-107,604	3,182,205		3,182,205	66
67	06700	Occupational Therapy	461,705	5,073	466,778	76,271	543,049		543,049	67
68	06800	Speech Pathology	189,809	1,950	191,759	31,333	223,092		223,092	68
69	06900	Electrocardiology	805,357	1,779,325	2,584,682		2,584,682	-1,691,633	893,049	69
70	07000	Electroencephalography	63,139	632	63,771		63,771		63,771	70
71	07100	Medical Supplies Charged to Patients				17,237,464	17,237,464		17,237,464	71
72	07200	Impl. Dev. Charged to Patients				27,220,074	27,220,074		27,220,074	72
73	07300	Drugs Charged to Patients				18,446,452	18,446,452		18,446,452	73
74	07400	Renal Dialysis	580,204		580,204		580,204		580,204	74
76	03020	CARDIAC REHABILITATION								76
76.97	07697	CARDIAC REHABILITATION	412,159	19,086	431,245		431,245		431,245	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	17,816,192	8,132,460	25,948,652	-145,265	25,803,387	-706,164	25,097,223	90
90.01	09001	OUTPATIENT CLINICS	2,642,536	619,901	3,262,437	756,095	4,018,532	-91,105	3,927,427	90.01
91	09100	Emergency	5,413,809	1,269,503	6,683,312	583,953	7,267,265	-477,583	6,789,682	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	140,929,391	256,990,792	397,920,183	-707,004	397,213,179	-23,455,238	373,757,941	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	343,514	470,887	814,401		814,401		814,401	190
192	19200	Physicians' Private Offices	44,954	2,534,870	2,579,824	707,004	3,286,828	-1,838,013	1,448,815	192
192.01	19201	SCHOOL NURSES	819,665		819,665		819,665		819,665	192.01
194	07950	OUTPATIENT PHARMACY	389,408	2,071,468	2,460,876		2,460,876		2,460,876	194
200		TOTAL (sum of lines 118-199)	142,526,932	262,068,017	404,594,949		404,594,949	-25,293,251	379,301,698	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	CAFETERIA	A	Cafeteria	11	1,266,492	883,304	1
500	Total reclassifications				1,266,492	883,304	500
	Code Letter - A						
1	DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		441,587	1
2			Cap Rel Costs-Mvble Equip	2		602,040	2
500	Total reclassifications					1,043,627	500
	Code Letter - B						
1	DRUGS SOLD	C	Drugs Charged to Patients	73		18,446,452	1
500	Total reclassifications					18,446,452	500
	Code Letter - C						
1	RADIOLOGY SUPPORT	D	ULTRASOUND	54.01	163,471	1,353	1
2			Radiology-Therapeutic	55	322,550	2,552	2
3			CYBERKNIFE	55.01	53,442	35,954	3
4			Radioisotope	56	72,276	7,303	4
5			CT Scan	57	116,979	8,745	5
6			MRI	58	80,961	5,083	6
500	Total reclassifications				809,679	60,990	500
	Code Letter - D						
1	CHARGEABLE SUPPLIES	E	Medical Supplies Charged to P	71		17,237,464	1
2							2
3							3
500	Total reclassifications					17,237,464	500
	Code Letter - E						
1	PSYCH ADMIN COSTS	F	OUTPATIENT CLINICS	90.01	541,927	3,928	1
500	Total reclassifications				541,927	3,928	500
	Code Letter - F						
1	NURSERY	G	Nursery	43	1,118,941	136,990	1
500	Total reclassifications				1,118,941	136,990	500
	Code Letter - G						
1	PARAMEDICAL ED PASTORAL CARE	H	PARAMED ED PRGM-PASTORAL CARE	23	381,431	45,864	1
500	Total reclassifications				381,431	45,864	500
	Code Letter - H						
1	REHAB ADMIN	I	Occupational Therapy	67	32,400	43,871	1
2			Speech Pathology	68	13,310	18,023	2
500	Total reclassifications				45,710	61,894	500
	Code Letter - I						
1	IMPLANTS	J	Impl. Dev. Charged to Patient	72		27,220,074	1
2							2
3							3
500	Total reclassifications					27,220,074	500
	Code Letter - J						
1	LOMBARD POB COSTS	K	Physicians' Private Offices	192	85,212	167,370	1
2							2
500	Total reclassifications				85,212	167,370	500
	Code Letter - K						
1	POB BUILDING COSTS	L	Physicians' Private Offices	192	28,879	425,543	1
2			Administrative & General	5		558,691	2
500	Total reclassifications				28,879	984,234	500
	Code Letter - L						
1	PHYSICIAN FEES	M	Adults & Pediatrics	30		1,292,966	1
2			Nursery	43		33,333	2
3			Operating Room	50		55,500	3
4			Emergency	91		583,953	4
5			OUTPATIENT CLINICS	90.01		210,240	5
500	Total reclassifications					2,175,992	500
	Code Letter - M						
	GRAND TOTAL (Increases)				4,278,271	68,468,183	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	CAFETERIA	A	Dietary	10	1,266,492	883,304	1	
500	Total reclassifications				1,266,492	883,304	500	
	Code letter - A							
1	DEPRECIATION	B	Administrative & General	5		898,362	9	
2			Clinic	90		145,265	9	
500	Total reclassifications					1,043,627	500	
	Code letter - B							
1	DRUGS SOLD	C	Pharmacy	15		18,446,452	1	
500	Total reclassifications					18,446,452	500	
	Code letter - C							
1	RADIOLOGY SUPPORT	D	Radiology-Diagnostic	54	809,679	60,990	1	
2							2	
3							3	
4							4	
5							5	
6							6	
500	Total reclassifications				809,679	60,990	500	
	Code letter - D							
1	CHARGEABLE SUPPLIES	E	Operating Room	50		13,009,496	1	
2			Radiology-Diagnostic	54		1,832,370	2	
3			Cardiac Catheterization	59		2,395,598	3	
500	Total reclassifications					17,237,464	500	
	Code letter - E							
1	PSYCH ADMIN COSTS	F	Adults & Pediatrics	30	541,927	3,928	1	
500	Total reclassifications				541,927	3,928	500	
	Code letter - F							
1	NURSERY	G	Adults & Pediatrics	30	1,118,941	136,990	1	
500	Total reclassifications				1,118,941	136,990	500	
	Code letter - G							
1	PARAMEDICAL ED PASTORAL CARE	H	Administrative & General	5	381,431	45,864	1	
500	Total reclassifications				381,431	45,864	500	
	Code letter - H							
1	REHAB ADMIN	I	Physical Therapy	66	45,710	61,894	1	
2							2	
500	Total reclassifications				45,710	61,894	500	
	Code letter - I							
1	IMPLANTS	J	Operating Room	50		23,055,754	1	
2			Radiology-Diagnostic	54		385,175	2	
3			Cardiac Catheterization	59		3,779,145	3	
500	Total reclassifications					27,220,074	500	
	Code letter - J							
1	LOMBARD POB COSTS	K	Operation of Plant	7	33,258	157,171	1	
2			Laundry & Linen Service	8	51,954	10,199	2	
500	Total reclassifications				85,212	167,370	500	
	Code letter - K							
1	POB BUILDING COSTS	L	Cap Rel Costs-Bldg & Fixt	1		315,246	9	
2			Operation of Plant	7	28,879	668,988	2	
500	Total reclassifications				28,879	984,234	500	
	Code letter - L							
1	PHYSICIAN FEES	M	Administrative & General	5		2,175,992	1	
2							2	
3							3	
4							4	
5							5	
500	Total reclassifications					2,175,992	500	
	Code letter - M							
	GRAND TOTAL (Decreases)				4,278,271	68,468,183		

(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	32,023,000					32,023,000		1
2	Land Improvements								2
3	Buildings and Fixtures	443,957,000	579,000		579,000		444,536,000		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	195,125,000	3,393,000		3,393,000	1,966,000	196,552,000		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	671,105,000	3,972,000		3,972,000	1,966,000	673,111,000		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	671,105,000	3,972,000		3,972,000	1,966,000	673,111,000		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	16,543,810						16,543,810	1	
2	Cap Rel Costs-Mvble Equip	17,734,422						17,734,422	2	
3	Total (sum of lines 1-2)	34,278,232						34,278,232	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	444,536,000		444,536,000	0.693409					1
2	Cap Rel Costs-Mvble Equip	196,552,000		196,552,000	0.306591					2
3	Total (sum of lines 1-2)	641,088,000		641,088,000	1.000000					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	16,670,151						16,670,151	1	
2	Cap Rel Costs-Mvble Equip	21,381,867						21,381,867	2	
3	Total (sum of lines 1-2)	38,052,018						38,052,018	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)	B	-20,632	Administrative & General	5		5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-24,988	Administrative & General	5		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-5,041,345				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-2,973,647				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-2,142,153	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	COMMUNITY EDUCATION	B	-40,196	Administrative & General	5		33
33.01	OTHER OPERATING REVENUE	B	-695,808	Administrative & General	5		33.01
33.02	FOUNDATION MGMT FEES	B	-410,122	Administrative & General	5		33.02
33.03	PASTORAL CARE ED OTHER OP REV	B	-6,150	PARAMED ED PRGM-PASTORAL CARE	23		33.03
33.04	PATIENT PHONE DEPRECIATION	A	-3,211	Cap Rel Costs-Mvble Equip	2	9	33.04
33.05	COMMUNITY WELLNESS	B	-14,768	Administrative & General	5		33.05
33.06	DIETARY LEASED EMPLOYEES	B	-45,864	Dietary	10		33.06
33.07	PERINATAL EDUCATION	B	-58,104	Administrative & General	5		33.07
33.08	LOBBYING PORTION OF DUES	B	-72,656	Administrative & General	5		33.08
33.09	MGMT FEES	B	-178,979	Administrative & General	5		33.09
33.10	HOUSEKEEPING OTHER REVENUE	B	-60,388	Housekeeping	9		33.10
34	DONATIONS	B	-185,115	Administrative & General	5		34
35	MEDICAID TAX	A	-11,481,112	Administrative & General	5		35
36	IC/OH PHYSICIAN FEES	A	-1,838,013	Physicians' Private Offices	192		36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-25,293,251				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1
(2) Basis for adjustment (see instructions)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

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	2	Cap Rel Costs-Mvble Equip	IS EQUIP DEPR	3,048,616		3,048,616	9	1
2	4	Employee Benefits Department	HUMAN RESOURCES	1,945,636		1,945,636		2
3	5	Administrative & General	VARIOUS	42,509,922	52,005,670	-9,495,748		3
3.01	16	Medical Records & Library	HIM	2,093,607	565,758	1,527,849		3.01
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			49,597,781	52,571,428	-2,973,647		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	EDWARD ELMHURST HEALTH	100.00				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	Administrative & Gen AGGREGATE	939,637	145,355	794,282	177,000	5,000	425,481	21,274	1
2	30	Adults & Pediatrics LABORISTS AND H	1,292,966	1,292,966						2
3	43	Nursery NEONATES	33,333	33,333						3
4	60	Laboratory AGGREGATE	365,117	144,979	220,138	194,000	2,080	194,000	9,700	4
5	69	Electrocardiology AGGREGATE	1,691,633	1,691,633						5
6	90	Clinic AGGREGATE	735,948	684,480	51,468	177,000	350	29,784	1,489	6
7	50	Operating Room NEURO	84,375		84,375	177,000	500	42,548	2,127	7
8	50	Operating Room NEURO/SPINE	55,500		55,500	177,000	400	34,039	1,702	8
9	91	Emergency	583,953		583,953	177,000	1,250	106,370	5,319	9
10	90.01	OUTPATIENT CLINICS	210,240		210,240	177,000	1,400	119,135	5,957	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	5,992,702	3,992,746	1,999,956		10,980	951,357	47,568	200

KPMG LLP Compu-Max 2552-10

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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	Administrative & Gen AGGREGATE					425,481	368,801	514,156	1
2	30	Adults & Pediatrics LABORISTS AND H							1,292,966	2
3	43	Nursery NEONATES							33,333	3
4	60	Laboratory AGGREGATE					194,000	26,138	171,117	4
5	69	Electrocardiology AGGREGATE							1,691,633	5
6	90	Clinic AGGREGATE					29,784	21,684	706,164	6
7	50	Operating Room NEURO					42,548	41,827	41,827	7
8	50	Operating Room NEURO/SPINE					34,039	21,461	21,461	8
9	91	Emergency					106,370	477,583	477,583	9
10	90.01	OUTPATIENT CLINICS					119,135	91,105	91,105	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					951,357	1,048,599	5,041,345	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)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	16,670,151	16,670,151					1
2	Cap Rel Costs-Mvble Equip	21,381,867		21,381,867				2
4	Employee Benefits Department	43,858,176	149,468	26,039	44,033,683			4
5	Administrative & General	57,111,060	2,236,405	6,389,058	7,491,203	73,227,726	73,227,726	5
6	Maintenance & Repairs							6
7	Operation of Plant	15,045,809	863,605	1,417,042	774,101	18,100,557	4,330,522	7
8	Laundry & Linen Service	1,974,869	41,114	27,373	187,150	2,230,506	533,644	8
9	Housekeeping	4,310,438	37,991	48,645	1,091,451	5,488,525	1,313,119	9
10	Dietary	2,223,131	323,827	245,069	472,356	3,264,383	780,997	10
11	Cafeteria	89,465	454,174		414,635	958,274	229,265	11
13	Nursing Administration	2,107,033	22,220	49,089	635,335	2,813,677	673,167	13
14	Central Services & Supply							14
15	Pharmacy	11,288,991	63,284	164,938	956,589	12,473,802	2,984,332	15
16	Medical Records & Library	3,887,272	46,027	1,848	741,248	4,676,395	1,118,818	16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE	421,145			120,367	541,512	129,556	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	28,225,281	5,725,767	2,961,464	7,961,523	44,874,035	10,736,165	30
31	Intensive Care Unit	7,397,000	789,640	174,414	2,080,246	10,441,300	2,498,060	31
43	Nursery	1,255,931			353,100	1,609,031	384,957	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	14,742,293	1,591,220	2,881,416	3,528,066	22,742,995	5,441,216	50
53	Anesthesiology	737,461	9,976	198,223	51,282	996,942	238,516	53
54	Radiology-Diagnostic	4,089,983	468,710	1,339,833	1,173,568	7,072,094	1,691,984	54
54.01	ULTRASOUND	1,644,823	45,548	203,428	471,409	2,365,208	565,871	54.01
55	Radiology-Therapeutic	3,133,365	758,300	1,320,988	898,910	6,111,563	1,462,179	55
55.01	CYBERKNIFE	4,500,198			154,114	4,654,312	1,113,535	55.01
56	Radioisotope	1,475,336	104,499	85,998	208,425	1,874,258	448,412	56
57	CT Scan	2,044,817	67,592	610,219	337,339	3,059,967	732,091	57
58	MRI	1,306,965	69,935	561,118	233,472	2,171,490	519,525	58
59	Cardiac Catheterization	1,420,082	314,808	1,158,206	358,266	3,251,362	777,882	59
60	Laboratory	13,802,384	740,514	650,884	1,999,673	17,193,455	4,113,500	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,456,813	159,117	77,182	606,218	3,299,330	789,358	65
65.01	SLEEP LAB	520,865		28,393	145,698	694,956	166,267	65.01
66	Physical Therapy	3,182,205	40,611	10,226	905,057	4,138,099	990,032	66
67	Occupational Therapy	543,049	40,560	2,808	155,923	742,340	177,603	67
68	Speech Pathology	223,092			64,097	287,189	68,709	68
69	Electrocardiology	893,049	282,738	160,452	254,143	1,590,382	380,496	69
70	Electroencephalography	63,771			19,925	83,696	20,024	70
71	Medical Supplies Charged to Patients	17,237,464				17,237,464	4,124,029	71
72	Impl. Dev. Charged to Patients	27,220,074				27,220,074	6,512,348	72
73	Drugs Charged to Patients	18,446,452				18,446,452	4,413,277	73
74	Renal Dialysis	580,204	22,170	589	183,093	786,056	188,062	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION	431,245		20,522	130,063	581,830	139,202	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	25,097,223		313,263	5,622,184	31,032,670	7,424,504	90
90.01	OUTPATIENT CLINICS	3,927,427		43,369	1,004,908	4,975,704	1,190,427	90.01
91	Emergency	6,789,682	831,888	186,902	1,708,414	9,516,886	2,276,896	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	373,757,941	16,301,708	21,358,998	43,493,551	372,826,497	71,678,547	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen	814,401	166,473	22,869	108,401	1,112,144	266,078	190
192	Physicians' Private Offices	1,448,815	201,970		50,189	1,700,974	406,955	192
192.01	SCHOOL NURSES	819,665			258,658	1,078,323	257,987	192.01
194	OUTPATIENT PHARMACY	2,460,876			122,884	2,583,760	618,159	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	379,301,698	16,670,151	21,381,867	44,033,683	379,301,698	73,227,726	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	22,431,079						7
8	Laundry & Linen Service	68,718	2,832,868					8
9	Housekeeping	63,497	21,417	6,886,558				9
10	Dietary	541,238		167,151	4,753,769			10
11	Cafeteria	759,098		234,432		2,181,069		11
13	Nursing Administration	37,138		11,469		18,619	3,554,070	13
14	Central Services & Supply							14
15	Pharmacy	105,772		32,666		48,395		15
16	Medical Records & Library	76,929		23,758		77,905		16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	9,569,948	572,184	2,955,489	3,899,784	542,965	1,790,901	30
31	Intensive Care Unit	1,319,790	148,041	407,591	853,985	97,963	323,119	31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,659,538	267,021	821,345		209,314	690,397	50
53	Anesthesiology	16,674		5,149		5,517	18,197	53
54	Radiology-Diagnostic	783,394	105,843	241,935		89,389		54
54.01	ULTRASOUND	76,129	1,576	23,511		19,466		54.01
55	Radiology-Therapeutic	1,267,409	4,089	391,414		45,365	139,749	55
55.01	CYBERKNIFE					6,330	35,046	55.01
56	Radioisotope	174,658	20,679	53,940		9,306		56
57	CT Scan	112,972	13,834	34,889		14,919		57
58	MRI	116,888	36,239	36,099		10,040		58
59	Cardiac Catheterization	526,164	38,439	162,495		17,583		59
60	Laboratory	1,237,682	501	382,233		145,265		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	265,945		82,132		39,610		65
65.01	SLEEP LAB		6,931			10,097		65.01
66	Physical Therapy	67,876	5,955	20,962		57,787		66
67	Occupational Therapy	67,792		20,936		5,558		67
68	Speech Pathology					2,989		68
69	Electrocardiology	472,563		145,941		14,834		69
70	Electroencephalography					958		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	37,054	3,282	11,443				74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION		820			7,487	24,694	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		25,405			481,947		90
90.01	OUTPATIENT CLINICS		31,812			48,104	158,666	90.01
91	Emergency	1,390,403	259,499	429,398		113,177	373,301	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	21,815,269	1,563,567	6,696,378	4,753,769	2,140,889	3,554,070	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	278,241	15,376	85,929		11,772		190
192	Physicians' Private Offices	337,569	1,253,925	104,251		629		192
192.01	SCHOOL NURSES					23,766		192.01
194	OUTPATIENT PHARMACY					4,013		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	22,431,079	2,832,868	6,886,558	4,753,769	2,181,069	3,554,070	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION PAST CARE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	23	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	15,644,967						15
16	Medical Records & Library		5,973,805					16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE			671,068				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,996	747,531	389,515	76,081,513		76,081,513	30
31	Intensive Care Unit	446	154,065	105,847	16,350,207		16,350,207	31
43	Nursery		39,952		2,033,940		2,033,940	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	18,940	440,847		33,291,613		33,291,613	50
53	Anesthesiology	1,852	171,547		1,454,394		1,454,394	53
54	Radiology-Diagnostic	2,249	219,964		10,206,852		10,206,852	54
54.01	ULTRASOUND	533	88,301		3,140,595		3,140,595	54.01
55	Radiology-Therapeutic	103	118,717		9,540,588		9,540,588	55
55.01	CYBERKNIFE		64,584		5,873,807		5,873,807	55.01
56	Radioisotope	371,473	60,471		3,013,197		3,013,197	56
57	CT Scan	2,829	330,721		4,302,222		4,302,222	57
58	MRI	489	168,775		3,059,545		3,059,545	58
59	Cardiac Catheterization		155,208		4,929,133		4,929,133	59
60	Laboratory	514,925	458,916		24,046,477		24,046,477	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	19,818	101,391		4,597,584		4,597,584	65
65.01	SLEEP LAB		18,688		896,939		896,939	65.01
66	Physical Therapy	209	70,941		5,351,861		5,351,861	66
67	Occupational Therapy		11,878		1,026,107		1,026,107	67
68	Speech Pathology		5,806		364,693		364,693	68
69	Electrocardiology		84,862		2,689,078		2,689,078	69
70	Electroencephalography		1,666		106,344		106,344	70
71	Medical Supplies Charged to Patients		401,986		21,763,479		21,763,479	71
72	Impl. Dev. Charged to Patients		345,258		34,077,680		34,077,680	72
73	Drugs Charged to Patients	12,683,208	1,156,337		36,699,274		36,699,274	73
74	Renal Dialysis		6,992		1,032,889		1,032,889	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION		8,606		762,639		762,639	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	983,457	238,662		40,186,645		40,186,645	90
90.01	OUTPATIENT CLINICS	893	36,331	69,859	6,511,796		6,511,796	90.01
91	Emergency	11,689	264,802	105,847	14,741,898		14,741,898	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	14,616,109	5,973,805	671,068	368,132,989		368,132,989	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				1,769,540		1,769,540	190
192	Physicians' Private Offices				3,804,303		3,804,303	192
192.01	SCHOOL NURSES				1,360,076		1,360,076	192.01
194	OUTPATIENT PHARMACY	1,028,858			4,234,790		4,234,790	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	15,644,967	5,973,805	671,068	379,301,698		379,301,698	202

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		149,468	26,039	175,507	175,507		4
5	Administrative & General		2,236,405	6,389,058	8,625,463	29,864	8,655,327	5
6	Maintenance & Repairs							6
7	Operation of Plant		863,605	1,417,042	2,280,647	3,086	511,866	7
8	Laundry & Linen Service		41,114	27,373	68,487	746	63,076	8
9	Housekeeping		37,991	48,645	86,636	4,351	155,210	9
10	Dietary		323,827	245,069	568,896	1,883	92,313	10
11	Cafeteria		454,174		454,174	1,653	27,099	11
13	Nursing Administration		22,220	49,089	71,309	2,533	79,568	13
14	Central Services & Supply							14
15	Pharmacy		63,284	164,938	228,222	3,813	352,747	15
16	Medical Records & Library		46,027	1,848	47,875	2,955	132,244	16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE					480	15,313	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		5,725,767	2,961,464	8,687,231	31,705	1,268,853	30
31	Intensive Care Unit		789,640	174,414	964,054	8,293	295,270	31
43	Nursery					1,408	45,502	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,591,220	2,881,416	4,472,636	14,065	643,149	50
53	Anesthesiology		9,976	198,223	208,199	204	28,193	53
54	Radiology-Diagnostic		468,710	1,339,833	1,808,543	4,678	199,992	54
54.01	ULTRASOUND		45,548	203,428	248,976	1,879	66,886	54.01
55	Radiology-Therapeutic		758,300	1,320,988	2,079,288	3,583	172,829	55
55.01	CYBERKNIFE					614	131,619	55.01
56	Radioisotope		104,499	85,998	190,497	831	53,002	56
57	CT Scan		67,592	610,219	677,811	1,345	86,533	57
58	MRI		69,935	561,118	631,053	931	61,408	58
59	Cardiac Catheterization		314,808	1,158,206	1,473,014	1,428	91,945	59
60	Laboratory		740,514	650,884	1,391,398	7,972	486,214	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		159,117	77,182	236,299	2,417	93,302	65
65.01	SLEEP LAB			28,393	28,393	581	19,653	65.01
66	Physical Therapy		40,611	10,226	50,837	3,608	117,021	66
67	Occupational Therapy		40,560	2,808	43,368	622	20,993	67
68	Speech Pathology					256	8,121	68
69	Electrocardiology		282,738	160,452	443,190	1,013	44,974	69
70	Electroencephalography					79	2,367	70
71	Medical Supplies Charged to Patients						487,458	71
72	Impl. Dev. Charged to Patients						769,756	72
73	Drugs Charged to Patients						521,647	73
74	Renal Dialysis		22,170	589	22,759	730	22,229	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION			20,522	20,522	518	16,454	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			313,263	313,263	22,413	877,573	90
90.01	OUTPATIENT CLINICS			43,369	43,369	4,006	140,708	90.01
91	Emergency		831,888	186,902	1,018,790	6,811	269,128	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		16,301,708	21,358,998	37,660,706	173,354	8,472,215	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		166,473	22,869	189,342	432	31,450	190
192	Physicians' Private Offices		201,970		201,970	200	48,102	192
192.01	SCHOOL NURSES					1,031	30,494	192.01
194	OUTPATIENT PHARMACY					490	73,066	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		16,670,151	21,381,867	38,052,018	175,507	8,655,327	202

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,795,599						7
8	Laundry & Linen Service	8,564	140,873					8
9	Housekeeping	7,914	1,065	255,176				9
10	Dietary	67,455		6,194	736,741			10
11	Cafeteria	94,607		8,687		586,220		11
13	Nursing Administration	4,629		425		5,004	163,468	13
14	Central Services & Supply							14
15	Pharmacy	13,182		1,210		13,008		15
16	Medical Records & Library	9,588		880		20,939		16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,192,708	28,454	109,512	604,390	145,935	82,371	30
31	Intensive Care Unit	164,486	7,362	15,103	132,351	26,330	14,862	31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	331,460	13,279	30,434		56,259	31,754	50
53	Anesthesiology	2,078		191		1,483	837	53
54	Radiology-Diagnostic	97,635	5,263	8,965		24,026		54
54.01	ULTRASOUND	9,488	78	871		5,232		54.01
55	Radiology-Therapeutic	157,958	203	14,504		12,193	6,428	55
55.01	CYBERKNIFE					1,701	1,612	55.01
56	Radioisotope	21,768	1,028	1,999		2,501		56
57	CT Scan	14,080	688	1,293		4,010		57
58	MRI	14,568	1,802	1,338		2,699		58
59	Cardiac Catheterization	65,576	1,912	6,021		4,726		59
60	Laboratory	154,253	25	14,163		39,044		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	33,145		3,043		10,646		65
65.01	SLEEP LAB		345			2,714		65.01
66	Physical Therapy	8,459	296	777		15,532		66
67	Occupational Therapy	8,449		776		1,494		67
68	Speech Pathology					803		68
69	Electrocardiology	58,896		5,408		3,987		69
70	Electroencephalography					258		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,618	163	424				74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION		41			2,012	1,136	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,263			129,536		90
90.01	OUTPATIENT CLINICS		1,582			12,929	7,298	90.01
91	Emergency	173,287	12,905	15,911		30,419	17,170	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,718,851	77,754	248,129	736,741	575,420	163,468	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	34,677	765	3,184		3,164		190
192	Physicians' Private Offices	42,071	62,354	3,863		169		192
192.01	SCHOOL NURSES					6,388		192.01
194	OUTPATIENT PHARMACY					1,079		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,795,599	140,873	255,176	736,741	586,220	163,468	202

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION PAST CARE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	23	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	612,182						15
16	Medical Records & Library		214,481					16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE			15,793				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	117	26,855		12,178,131		12,178,131	30
31	Intensive Care Unit	17	5,535		1,633,663		1,633,663	31
43	Nursery		1,435		48,345		48,345	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	741	15,837		5,609,614		5,609,614	50
53	Anesthesiology	72	6,163		247,420		247,420	53
54	Radiology-Diagnostic	88	7,902		2,157,092		2,157,092	54
54.01	ULTRASOUND	21	3,172		336,603		336,603	54.01
55	Radiology-Therapeutic	4	4,265		2,451,255		2,451,255	55
55.01	CYBERKNIFE		2,320		137,866		137,866	55.01
56	Radioisotope	14,536	2,172		288,334		288,334	56
57	CT Scan	111	11,881		797,752		797,752	57
58	MRI	19	6,063		719,881		719,881	58
59	Cardiac Catheterization		5,576		1,650,198		1,650,198	59
60	Laboratory	20,149	16,486		2,129,704		2,129,704	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	775	3,642		383,269		383,269	65
65.01	SLEEP LAB		671		52,357		52,357	65.01
66	Physical Therapy	8	2,549		199,087		199,087	66
67	Occupational Therapy		427		76,129		76,129	67
68	Speech Pathology		209		9,389		9,389	68
69	Electrocardiology		3,049		560,517		560,517	69
70	Electroencephalography		60		2,764		2,764	70
71	Medical Supplies Charged to Patients		14,441		501,899		501,899	71
72	Impl. Dev. Charged to Patients		12,403		782,159		782,159	72
73	Drugs Charged to Patients	496,289	41,416		1,059,352		1,059,352	73
74	Renal Dialysis		251		51,174		51,174	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION		309		40,992		40,992	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	38,483	8,574		1,391,105		1,391,105	90
90.01	OUTPATIENT CLINICS	35	1,305		211,232		211,232	90.01
91	Emergency	457	9,513		1,554,391		1,554,391	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	571,922	214,481		37,261,674		37,261,674	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				263,014		263,014	190
192	Physicians' Private Offices				358,729		358,729	192
192.01	SCHOOL NURSES				37,913		37,913	192.01
194	OUTPATIENT PHARMACY	40,260			114,895		114,895	194
200	Cross Foot Adjustments			15,793	15,793		15,793	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	612,182	214,481	15,793	38,052,018		38,052,018	202

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	661,706						1
2	Cap Rel Costs-Mvble Equip		18,044,916					2
4	Employee Benefits Department	5,933	21,975	139,538,902				4
5	Administrative & General	88,772	5,391,956	23,738,942	-73,227,726	306,073,972		5
6	Maintenance & Repairs							6
7	Operation of Plant	34,280	1,195,892	2,453,057		18,100,557	532,721	7
8	Laundry & Linen Service	1,632	23,101	593,060		2,230,506	1,632	8
9	Housekeeping	1,508	41,053	3,458,709		5,488,525	1,508	9
10	Dietary	12,854	206,822	1,496,852		3,264,383	12,854	10
11	Cafeteria	18,028		1,313,941		958,274	18,028	11
13	Nursing Administration	882	41,428	2,013,319		2,813,677	882	13
14	Central Services & Supply							14
15	Pharmacy	2,512	139,197	3,031,345		12,473,802	2,512	15
16	Medical Records & Library	1,827	1,560	2,348,947		4,676,395	1,827	16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE			381,431		541,512		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	227,279	2,499,284	25,229,500		44,874,035	227,279	30
31	Intensive Care Unit	31,344	147,194	6,592,112		10,441,300	31,344	31
43	Nursery			1,118,941		1,609,031		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	63,162	2,431,729	11,180,121		22,742,995	63,162	50
53	Anesthesiology	396	167,287	162,508		996,942	396	53
54	Radiology-Diagnostic	18,605	1,130,732	3,718,930		7,072,094	18,605	54
54.01	ULTRASOUND	1,808	171,680	1,493,853		2,365,208	1,808	54.01
55	Radiology-Therapeutic	30,100	1,114,828	2,848,564		6,111,563	30,100	55
55.01	CYBERKNIFE			488,373		4,654,312		55.01
56	Radioisotope	4,148	72,577	660,479		1,874,258	4,148	56
57	CT Scan	2,683	514,985	1,068,996		3,059,967	2,683	57
58	MRI	2,776	473,547	739,852		2,171,490	2,776	58
59	Cardiac Catheterization	12,496	977,451	1,135,313		3,251,362	12,496	59
60	Laboratory	29,394	549,304	6,336,781		17,193,455	29,394	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	6,316	65,137	1,921,049		3,299,330	6,316	65
65.01	SLEEP LAB		23,962	461,705		694,956		65.01
66	Physical Therapy	1,612	8,630	2,868,043		4,138,099	1,612	66
67	Occupational Therapy	1,610	2,370	494,105		742,340	1,610	67
68	Speech Pathology			203,119		287,189		68
69	Electrocardiology	11,223	135,411	805,357		1,590,382	11,223	69
70	Electroencephalography			63,139		83,696		70
71	Medical Supplies Charged to Patients					17,237,464		71
72	Impl. Dev. Charged to Patients					27,220,074		72
73	Drugs Charged to Patients					18,446,452		73
74	Renal Dialysis	880	497	580,204		786,056	880	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION		17,319	412,159		581,830		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		264,374	17,816,192		31,032,670		90
90.01	OUTPATIENT CLINICS		36,601	3,184,463		4,975,704		90.01
91	Emergency	33,021	157,733	5,413,809		9,516,886	33,021	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	647,081	18,025,616	137,827,270	-73,227,726	299,598,771	518,096	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	6,608	19,300	343,514		1,112,144	6,608	190
192	Physicians' Private Offices	8,017		159,045		1,700,974	8,017	192
192.01	SCHOOL NURSES			819,665		1,078,323		192.01
194	OUTPATIENT PHARMACY			389,408		2,583,760		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	16,670,151	21,381,867	44,033,683		73,227,726	22,431,079	202
203	Unit Cost Multiplier (Wkst. B, Part I)	25.192685	1.184925	0.315566		0.239248	42.106617	203
204	Cost to be allocated (Per Wkst. B, Part II)			175,507		8,655,327	2,795,599	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001258		0.028279	5.247773	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSNG HRS	PHARMACY COSTED REQUIS.	
		8	9	10	11	13	15	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	3,863,915						8
9	Housekeeping	29,212	529,581					9
10	Dietary		12,854	245,163				10
11	Cafeteria		18,028		3,482,477			11
13	Nursing Administration		882		29,728	1,720,458		13
14	Central Services & Supply							14
15	Pharmacy		2,512		77,272		31,134,296	15
16	Medical Records & Library		1,827		124,390			16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	780,436	227,279	201,121	866,941	866,941	5,963	30
31	Intensive Care Unit	201,922	31,344	44,042	156,416	156,416	887	31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	364,206	63,162		334,208	334,208	37,691	50
53	Anesthesiology		396		8,809	8,809	3,685	53
54	Radiology-Diagnostic	144,366	18,605		142,726		4,475	54
54.01	ULTRASOUND	2,150	1,808		31,081		1,061	54.01
55	Radiology-Therapeutic	5,577	30,100		72,434	67,650	205	55
55.01	CYBERKNIFE				10,107	16,965		55.01
56	Radioisotope	28,205	4,148		14,859		739,251	56
57	CT Scan	18,869	2,683		23,821		5,630	57
58	MRI	49,429	2,776		16,031		973	58
59	Cardiac Catheterization	52,429	12,496		28,074			59
60	Laboratory	684	29,394		231,943		1,024,729	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,316		63,244		39,438	65
65.01	SLEEP LAB	9,454			16,122			65.01
66	Physical Therapy	8,123	1,612		92,268		416	66
67	Occupational Therapy		1,610		8,875			67
68	Speech Pathology				4,772			68
69	Electrocardiology		11,223		23,685			69
70	Electroencephalography				1,530			70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						25,240,236	73
74	Renal Dialysis	4,477	880					74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION	1,119			11,954	11,954		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	34,652			769,517		1,957,133	90
90.01	OUTPATIENT CLINICS	43,390			76,807	76,807	1,778	90.01
91	Emergency	353,946	33,021		180,708	180,708	23,262	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,132,646	514,956	245,163	3,418,322	1,720,458	29,086,813	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	20,972	6,608		18,796			190
192	Physicians' Private Offices	1,710,297	8,017		1,005			192
192.01	SCHOOL NURSES				37,947			192.01
194	OUTPATIENT PHARMACY				6,407		2,047,483	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,832,868	6,886,558	4,753,769	2,181,069	3,554,070	15,644,967	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.733160	13.003786	19.390238	0.626298	2.065770	0.502499	203
204	Cost to be allocated (Per Wkst. B, Part II)	140,873	255,176	736,741	586,220	163,468	612,182	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.036459	0.481845	3.005107	0.168334	0.095014	0.019663	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION PAST CARE ASSIGNED TIME
	16	23

GENERAL SERVICE COST CENTERS			
1	Cap Rel Costs-Bldg & Fixt		1
2	Cap Rel Costs-Mvble Equip		2
4	Employee Benefits Department		4
5	Administrative & General		5
6	Maintenance & Repairs		6
7	Operation of Plant		7
8	Laundry & Linen Service		8
9	Housekeeping		9
10	Dietary		10
11	Cafeteria		11
13	Nursing Administration		13
14	Central Services & Supply		14
15	Pharmacy		15
16	Medical Records & Library	1,759,103,628	16
17	Social Service		17
23	PARAMED ED PRGM-PASTORAL CARE		23
	INPATIENT ROUTINE SERV COST CENTERS		
30	Adults & Pediatrics	220,120,941	30
31	Intensive Care Unit	45,366,555	31
43	Nursery	11,764,484	43
	ANCILLARY SERVICE COST CENTERS		
50	Operating Room	129,813,683	50
53	Anesthesiology	50,514,382	53
54	Radiology-Diagnostic	64,771,525	54
54.01	ULTRASOUND	26,001,389	54.01
55	Radiology-Therapeutic	34,957,788	55
55.01	CYBERKNIFE	19,017,612	55.01
56	Radioisotope	17,806,427	56
57	CT Scan	97,385,343	57
58	MRI	49,698,060	58
59	Cardiac Catheterization	45,703,187	59
60	Laboratory	135,134,281	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	Respiratory Therapy	29,855,967	65
65.01	SLEEP LAB	5,503,053	65.01
66	Physical Therapy	20,889,602	66
67	Occupational Therapy	3,497,515	67
68	Speech Pathology	1,709,751	68
69	Electrocardiology	24,988,913	69
70	Electroencephalography	490,623	70
71	Medical Supplies Charged to Patients	118,370,496	71
72	Impl. Dev. Charged to Patients	101,666,069	72
73	Drugs Charged to Patients	340,532,897	73
74	Renal Dialysis	2,058,842	74
76	CARDIAC REHABILITATION		76
76.97	CARDIAC REHABILITATION	2,534,017	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
	OUTPATIENT SERVICE COST CENTERS		
90	Clinic	70,277,409	90
90.01	OUTPATIENT CLINICS	10,698,043	90.01
91	Emergency	77,974,774	91
92	Observation Beds (Non-Distinct Part)		92
	OTHER REIMBURSABLE COST CENTERS		
	SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (sum of lines 1-117)	1,759,103,628	118
	NONREIMBURSABLE COST CENTERS		
190	Gift, Flower, Coffee Shop & Canteen		190
192	Physicians' Private Offices		192
192.01	SCHOOL NURSES		192.01
194	OUTPATIENT PHARMACY		194
200	Cross foot adjustments		200
201	Negative cost centers		201
202	Cost to be allocated (Per Wkst. B, Part I)	5,973,805	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003396	203
204	Cost to be allocated (Per Wkst. B, Part II)	214,481	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000122	205

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	76,081,513		76,081,513		76,081,513	30
31	Intensive Care Unit	16,350,207		16,350,207		16,350,207	31
43	Nursery	2,033,940		2,033,940		2,033,940	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,291,613		33,291,613	63,288	33,354,901	50
53	Anesthesiology	1,454,394		1,454,394		1,454,394	53
54	Radiology-Diagnostic	10,206,852		10,206,852		10,206,852	54
54.01	ULTRASOUND	3,140,595		3,140,595		3,140,595	54.01
55	Radiology-Therapeutic	9,540,588		9,540,588		9,540,588	55
55.01	CYBERKNIFE	5,873,807		5,873,807		5,873,807	55.01
56	Radioisotope	3,013,197		3,013,197		3,013,197	56
57	CT Scan	4,302,222		4,302,222		4,302,222	57
58	MRI	3,059,545		3,059,545		3,059,545	58
59	Cardiac Catheterization	4,929,133		4,929,133		4,929,133	59
60	Laboratory	24,046,477		24,046,477	26,138	24,072,615	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,597,584		4,597,584		4,597,584	65
65.01	SLEEP LAB	896,939		896,939		896,939	65.01
66	Physical Therapy	5,351,861		5,351,861		5,351,861	66
67	Occupational Therapy	1,026,107		1,026,107		1,026,107	67
68	Speech Pathology	364,693		364,693		364,693	68
69	Electrocardiology	2,689,078		2,689,078		2,689,078	69
70	Electroencephalography	106,344		106,344		106,344	70
71	Medical Supplies Charged to Patients	21,763,479		21,763,479		21,763,479	71
72	Impl. Dev. Charged to Patients	34,077,680		34,077,680		34,077,680	72
73	Drugs Charged to Patients	36,699,274		36,699,274		36,699,274	73
74	Renal Dialysis	1,032,889		1,032,889		1,032,889	74
76	CARDIAC REHABILITATION						76
76.97	CARDIAC REHABILITATION	762,639		762,639		762,639	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	40,186,645		40,186,645	21,684	40,208,329	90
90.01	OUTPATIENT CLINICS	6,511,796		6,511,796	91,105	6,602,901	90.01
91	Emergency	14,741,898		14,741,898	477,583	15,219,481	91
92	Observation Beds (Non-Distinct Part)	8,299,229		8,299,229		8,299,229	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	376,432,218		376,432,218	679,798	377,112,016	200
201	Less Observation Beds	8,299,229		8,299,229		8,299,229	201
202	Total (line 200 minus line 201)	368,132,989		368,132,989		368,812,787	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	196,035,080		196,035,080				30
31	Intensive Care Unit	45,366,555		45,366,555				31
43	Nursery	11,764,484		11,764,484				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	67,405,771	62,407,912	129,813,683	0.256457	0.256457	0.256944	50
53	Anesthesiology	28,329,252	22,185,130	50,514,382	0.028792	0.028792	0.028792	53
54	Radiology-Diagnostic	21,145,715	43,625,810	64,771,525	0.157582	0.157582	0.157582	54
54.01	ULTRASOUND	4,160,674	21,840,715	26,001,389	0.120786	0.120786	0.120786	54.01
55	Radiology-Therapeutic	404,846	34,552,942	34,957,788	0.272917	0.272917	0.272917	55
55.01	CYBERKNIFE	12,018	19,005,594	19,017,612	0.308861	0.308861	0.308861	55.01
56	Radioisotope	3,798,816	14,007,611	17,806,427	0.169220	0.169220	0.169220	56
57	CT Scan	20,741,814	76,643,529	97,385,343	0.044177	0.044177	0.044177	57
58	MRI	9,099,855	40,598,205	49,698,060	0.061563	0.061563	0.061563	58
59	Cardiac Catheterization	17,636,703	28,066,484	45,703,187	0.107851	0.107851	0.107851	59
60	Laboratory	49,247,693	85,886,588	135,134,281	0.177945	0.177945	0.178138	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	26,570,708	3,285,259	29,855,967	0.153992	0.153992	0.153992	65
65.01	SLEEP LAB	12,159	5,490,894	5,503,053	0.162989	0.162989	0.162989	65.01
66	Physical Therapy	9,000,735	11,888,867	20,889,602	0.256197	0.256197	0.256197	66
67	Occupational Therapy	2,325,519	1,171,996	3,497,515	0.293382	0.293382	0.293382	67
68	Speech Pathology	1,645,670	64,081	1,709,751	0.213302	0.213302	0.213302	68
69	Electrocardiology	10,678,553	14,310,360	24,988,913	0.107611	0.107611	0.107611	69
70	Electroencephalography	265,983	224,640	490,623	0.216753	0.216753	0.216753	70
71	Medical Supplies Charged to Patients	70,229,547	48,140,949	118,370,496	0.183859	0.183859	0.183859	71
72	Impl. Dev. Charged to Patients	77,649,617	24,016,452	101,666,069	0.335192	0.335192	0.335192	72
73	Drugs Charged to Patients	184,517,921	156,014,976	340,532,897	0.107770	0.107770	0.107770	73
74	Renal Dialysis	1,944,580	114,262	2,058,842	0.501684	0.501684	0.501684	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION	346,634	2,187,383	2,534,017	0.300960	0.300960	0.300960	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	257,364	70,020,045	70,277,409	0.571829	0.571829	0.572137	90
90.01	OUTPATIENT CLINICS	212,121	10,485,922	10,698,043	0.608690	0.608690	0.617206	90.01
91	Emergency	20,139,882	57,834,892	77,974,774	0.189060	0.189060	0.195185	91
92	Observation Beds (Non-Distinct Part)		24,085,861	24,085,861	0.344569	0.344569	0.344569	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	880,946,269	878,157,359	1,759,103,628				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	880,946,269	878,157,359	1,759,103,628				202

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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	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	12,178,131		12,178,131	63,337	192.28	24,434	4,698,170	30
31	Intensive Care Unit	1,633,663		1,633,663	11,823	138.18	6,598	911,712	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	48,345		48,345	4,173	11.59			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	13,860,139		13,860,139	79,333		31,032	5,609,882	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0200

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,609,614	129,813,683	0.043213	27,388,954	1,183,559	50
53	Anesthesiology	247,420	50,514,382	0.004898	11,546,963	56,557	53
54	Radiology-Diagnostic	2,157,092	64,771,525	0.033303	12,344,000	411,092	54
54.01	ULTRASOUND	336,603	26,001,389	0.012946	2,305,266	29,844	54.01
55	Radiology-Therapeutic	2,451,255	34,957,788	0.070120	297,469	20,859	55
55.01	CYBERKNIFE	137,866	19,017,612	0.007249	12,018	87	55.01
56	Radioisotope	288,334	17,806,427	0.016193	2,117,118	34,282	56
57	CT Scan	797,752	97,385,343	0.008192	12,596,900	103,194	57
58	MRI	719,881	49,698,060	0.014485	4,374,668	63,367	58
59	Cardiac Catheterization	1,650,198	45,703,187	0.036107	8,602,070	310,595	59
60	Laboratory	2,129,704	135,134,281	0.015760	26,860,585	423,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	383,269	29,855,967	0.012837	19,816,900	254,390	65
65.01	SLEEP LAB	52,357	5,503,053	0.009514	12,159	116	65.01
66	Physical Therapy	199,087	20,889,602	0.009530	5,095,448	48,560	66
67	Occupational Therapy	76,129	3,497,515	0.021767	1,305,565	28,418	67
68	Speech Pathology	9,389	1,709,751	0.005491	1,170,374	6,427	68
69	Electrocardiology	560,517	24,988,913	0.022431	5,422,368	121,629	69
70	Electroencephalography	2,764	490,623	0.005634	140,099	789	70
71	Medical Supplies Charged to Pat	501,899	118,370,496	0.004240	30,006,706	127,228	71
72	Impl. Dev. Charged to Patients	782,159	101,666,069	0.007693	29,036,298	223,376	72
73	Drugs Charged to Patients	1,059,352	340,532,897	0.003111	87,121,236	271,034	73
74	Renal Dialysis	51,174	2,058,842	0.024856	1,250,181	31,074	74
76	CARDIAC REHABILITATION						76
76.97	CARDIAC REHABILITATION	40,992	2,534,017	0.016177	180,313	2,917	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,391,105	70,277,409	0.019794	183,504	3,632	90
90.01	OUTPATIENT CLINICS	211,232	10,698,043	0.019745	208,976	4,126	90.01
91	Emergency	1,554,391	77,974,774	0.019935	9,978,236	198,916	91
92	Observation Beds (Non-Distinct	1,328,433	24,085,861	0.055154			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	24,729,968	1,505,937,509		299,374,374	3,959,391	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		389,515			389,515	30
31	Intensive Care Unit		105,847			105,847	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		495,362			495,362	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	63,337	6.15	24,434	150,269	30
31	Intensive Care Unit	11,823	8.95	6,598	59,052	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	4,173				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	79,333		31,032	209,321	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0200

**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	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
55	Radiology-Therapeutic							55
55.01	CYBERKNIFE							55.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OUTPATIENT CLINICS			69,859		69,859	69,859	90.01
91	Emergency			105,847		105,847	105,847	91
92	Observation Beds (Non-Distinct			42,492		42,492	42,492	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			218,198		218,198	218,198	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0200

**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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	129,813,683			27,388,954		12,804,631		50
53	Anesthesiology	50,514,382			11,546,963		4,018,376		53
54	Radiology-Diagnostic	64,771,525			12,344,000		11,715,758		54
54.01	ULTRASOUND	26,001,389			2,305,266		3,956,328		54.01
55	Radiology-Therapeutic	34,957,788			297,469		14,138,346		55
55.01	CYBERKNIFE	19,017,612			12,018		10,441,553		55.01
56	Radioisotope	17,806,427			2,117,118		4,673,975		56
57	CT Scan	97,385,343			12,596,900		20,464,188		57
58	MRI	49,698,060			4,374,668		9,669,212		58
59	Cardiac Catheterization	45,703,187			8,602,070		12,831,802		59
60	Laboratory	135,134,281			26,860,585		9,328,436		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	29,855,967			19,816,900		779,624		65
65.01	SLEEP LAB	5,503,053			12,159		1,076,111		65.01
66	Physical Therapy	20,889,602			5,095,448		192,019		66
67	Occupational Therapy	3,497,515			1,305,565		764		67
68	Speech Pathology	1,709,751			1,170,374				68
69	Electrocardiology	24,988,913			5,422,368		3,897,895		69
70	Electroencephalography	490,623			140,099		60,609		70
71	Medical Supplies Charged to Pat	118,370,496			30,006,706		11,781,397		71
72	Impl. Dev. Charged to Patients	101,666,069			29,036,298		10,628,961		72
73	Drugs Charged to Patients	340,532,897			87,121,236		54,959,464		73
74	Renal Dialysis	2,058,842			1,250,181		77,220		74
76	CARDIAC REHABILITATION								76
76.97	CARDIAC REHABILITATION	2,534,017			180,313		810,996		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	70,277,409			183,504		14,367,246		90
90.01	OUTPATIENT CLINICS	10,698,043	0.006530	0.006530	208,976	1,365	472,924	3,088	90.01
91	Emergency	77,974,774	0.001357	0.001357	9,978,236	13,540	9,187,386	12,467	91
92	Observation Beds (Non-Distinct	24,085,861	0.001764	0.001764			6,367,656	11,233	92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,505,937,509			299,374,374	14,905	228,702,877	26,788	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0200

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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.256457	12,804.631			3,283.837			50
53	Anesthesiology	0.028792	4,018.376			115.697			53
54	Radiology-Diagnostic	0.157582	11,715.758			1,846.193			54
54.01	ULTRASOUND	0.120786	3,956.328			477.869			54.01
55	Radiology-Therapeutic	0.272917	14,138.346			3,858.595			55
55.01	CYBERKNIFE	0.308861	10,441.553			3,224.989			55.01
56	Radioisotope	0.169220	4,673.975			790.930			56
57	CT Scan	0.044177	20,464.188			904.046			57
58	MRI	0.061563	9,669.212			595.266			58
59	Cardiac Catheterization	0.107851	12,831.802			1,383.923			59
60	Laboratory	0.177945	9,328.436	2,261		1,659.949	402		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.153992	779.624			120.056			65
65.01	SLEEP LAB	0.162989	1,076.111			175.394			65.01
66	Physical Therapy	0.256197	192,019			49,195			66
67	Occupational Therapy	0.293382	764			224			67
68	Speech Pathology	0.213302							68
69	Electrocardiology	0.107611	3,897.895			419.456			69
70	Electroencephalography	0.216753	60,609			13,137			70
71	Medical Supplies Charged to Pat	0.183859	11,781.397	448		2,166.116	82		71
72	Impl. Dev. Charged to Patients	0.335192	10,628.961			3,562.743			72
73	Drugs Charged to Patients	0.107770	54,959.464	1,298	330,885	5,922.981	140	35,659	73
74	Renal Dialysis	0.501684	77,220			38,740			74
76	CARDIAC REHABILITATION								76
76.97	CARDIAC REHABILITATION	0.300960	810,996			244,077			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.571829	14,367.246	2,518	1,710	8,215.608	1,440	978	90
90.01	OUTPATIENT CLINICS	0.608690	472,924			287,864			90.01
91	Emergency	0.189060	9,187,386			1,736,967			91
92	Observation Beds (Non-Distinct	0.344569	6,367.656			2,194.097			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		228,702,877	6,525	332,595	43,287,949	2,064	36,637	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		228,702,877	6,525	332,595	43,287,949	2,064	36,637	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	12,178,131		12,178,131	63,337	192.28	3,104	596,837	30
31	Intensive Care Unit	1,633,663		1,633,663	11,823	138.18	475	65,636	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	48,345		48,345	4,173	11.59	1,220	14,140	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	13,860,139		13,860,139	79,333		4,799	676,613	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0200

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,609,614	129,813,683	0.043213			50
53	Anesthesiology	247,420	50,514,382	0.004898			53
54	Radiology-Diagnostic	2,157,092	64,771,525	0.033303			54
54.01	ULTRASOUND	336,603	26,001,389	0.012946			54.01
55	Radiology-Therapeutic	2,451,255	34,957,788	0.070120			55
55.01	CYBERKNIFE	137,866	19,017,612	0.007249			55.01
56	Radioisotope	288,334	17,806,427	0.016193			56
57	CT Scan	797,752	97,385,343	0.008192			57
58	MRI	719,881	49,698,060	0.014485			58
59	Cardiac Catheterization	1,650,198	45,703,187	0.036107			59
60	Laboratory	2,129,704	135,134,281	0.015760			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	383,269	29,855,967	0.012837			65
65.01	SLEEP LAB	52,357	5,503,053	0.009514			65.01
66	Physical Therapy	199,087	20,889,602	0.009530			66
67	Occupational Therapy	76,129	3,497,515	0.021767			67
68	Speech Pathology	9,389	1,709,751	0.005491			68
69	Electrocardiology	560,517	24,988,913	0.022431			69
70	Electroencephalography	2,764	490,623	0.005634			70
71	Medical Supplies Charged to Pat	501,899	118,370,496	0.004240			71
72	Impl. Dev. Charged to Patients	782,159	101,666,069	0.007693			72
73	Drugs Charged to Patients	1,059,352	340,532,897	0.003111			73
74	Renal Dialysis	51,174	2,058,842	0.024856			74
76	CARDIAC REHABILITATION						76
76.97	CARDIAC REHABILITATION	40,992	2,534,017	0.016177			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,391,105	70,277,409	0.019794			90
90.01	OUTPATIENT CLINICS	211,232	10,698,043	0.019745			90.01
91	Emergency	1,554,391	77,974,774	0.019935			91
92	Observation Beds (Non-Distinct	1,328,433	24,085,861	0.055154			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	24,729,968	1,505,937,509				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		389,515			389,515	30
31	Intensive Care Unit		105,847			105,847	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		495,362			495,362	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	63,337	6.15	3,104	19,090	30
31	Intensive Care Unit	11,823	8.95	475	4,251	31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	4,173		1,220		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	79,333		4,799	23,341	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0200

**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	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
55	Radiology-Therapeutic							55
55.01	CYBERKNIFE							55.01
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OUTPATIENT CLINICS			69,859		69,859	69,859	90.01
91	Emergency			105,847		105,847	105,847	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			175,706		175,706	175,706	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0200

**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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	129,813,683							50
53	Anesthesiology	50,514,382							53
54	Radiology-Diagnostic	64,771,525							54
54.01	ULTRASOUND	26,001,389							54.01
55	Radiology-Therapeutic	34,957,788							55
55.01	CYBERKNIFE	19,017,612							55.01
56	Radioisotope	17,806,427							56
57	CT Scan	97,385,343							57
58	MRI	49,698,060							58
59	Cardiac Catheterization	45,703,187							59
60	Laboratory	135,134,281							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	29,855,967							65
65.01	SLEEP LAB	5,503,053							65.01
66	Physical Therapy	20,889,602							66
67	Occupational Therapy	3,497,515							67
68	Speech Pathology	1,709,751							68
69	Electrocardiology	24,988,913							69
70	Electroencephalography	490,623							70
71	Medical Supplies Charged to Pat	118,370,496							71
72	Impl. Dev. Charged to Patients	101,666,069							72
73	Drugs Charged to Patients	340,532,897							73
74	Renal Dialysis	2,058,842							74
76	CARDIAC REHABILITATION								76
76.97	CARDIAC REHABILITATION	2,534,017							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	70,277,409							90
90.01	OUTPATIENT CLINICS	10,698,043	0.006530	0.006530					90.01
91	Emergency	77,974,774	0.001357	0.001357					91
92	Observation Beds (Non-Distinct	24,085,861							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,505,937,509							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.256457							50
53	Anesthesiology	0.028792							53
54	Radiology-Diagnostic	0.157582							54
54.01	ULTRASOUND	0.120786							54.01
55	Radiology-Therapeutic	0.272917							55
55.01	CYBERKNIFE	0.308861							55.01
56	Radioisotope	0.169220							56
57	CT Scan	0.044177							57
58	MRI	0.061563							58
59	Cardiac Catheterization	0.107851							59
60	Laboratory	0.177945							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.153992							65
65.01	SLEEP LAB	0.162989							65.01
66	Physical Therapy	0.256197							66
67	Occupational Therapy	0.293382							67
68	Speech Pathology	0.213302							68
69	Electrocardiology	0.107611							69
70	Electroencephalography	0.216753							70
71	Medical Supplies Charged to Pat	0.183859							71
72	Impl. Dev. Charged to Patients	0.335192							72
73	Drugs Charged to Patients	0.107770							73
74	Renal Dialysis	0.501684							74
76	CARDIAC REHABILITATION								76
76.97	CARDIAC REHABILITATION	0.300960							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.571829							90
90.01	OUTPATIENT CLINICS	0.608690							90.01
91	Emergency	0.189060							91
92	Observation Beds (Non-Distinct	0.344569							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

**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)	63,337	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	63,337	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)	56,428	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)	24,434	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)	76,081,513	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)	76,081,513	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)	76,081,513	37

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

**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)						1,201.22	38				
39	Program general inpatient routine service cost (line 9 x line 38)						29,350,609	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)						29,350,609	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				
	Intensive Care Type Inpatient Hospital Units											
43	Intensive Care Unit						16,350,207	11,823	1,382.92	6,598	9,124,506	43
44	Coronary Care Unit											44
45	Burn Intensive Care Unit											45
46	Surgical Intensive Care Unit											46
47	Other Special Care (specify)											47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						49,682,560	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						88,157,675	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						5,819,203	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,974,296	51
52	Total Program excludable cost (sum of lines 50 and 51)						9,793,499	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						78,364,176	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

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

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)					6,909	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,201.22	88
89	Observation bed cost (line 87 x line 88) (see instructions)					8,299,229	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	12,178,131	76,081,513	0.160067	8,299,229	1,328,433	90
91	Nursing School						91
92	Allied Health	389,515	76,081,513	0.005120	8,299,229	42,492	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	63,337	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	63,337	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)	56,428	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)	3,104	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	4,173	15
16	Nursery days (title V or XIX only)	1,220	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	76,081,513	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)	76,081,513	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)	76,081,513	37

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

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)						1,201.22	38	
39	Program general inpatient routine service cost (line 9 x line 38)						3,728,587	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40	
41	Total Program general inpatient routine service cost (line 39 + line 40)						3,728,587	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)	2,033,940	4,173	487.40	1,220	594,628		42	
	Intensive Care Type Inpatient Hospital Units								
43	Intensive Care Unit	16,350,207	11,823	1,382.92	475	656,887		43	
44	Coronary Care Unit							44	
45	Burn Intensive Care Unit							45	
46	Surgical Intensive Care Unit							46	
47	Other Special Care (specify)							47	
							1		
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						4,980,102	49	
	PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						699,954	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)						699,954	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

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

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)					6,909	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	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

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0200

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/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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		76,854,665		30
31	Intensive Care Unit		25,223,022		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.256944	27,388,954	7,037,427	50
53	Anesthesiology	0.028792	11,546,963	332,460	53
54	Radiology-Diagnostic	0.157582	12,344,000	1,945,192	54
54.01	ULTRASOUND	0.120786	2,305,266	278,444	54.01
55	Radiology-Therapeutic	0.272917	297,469	81,184	55
55.01	CYBERKNIFE	0.308861	12,018	3,712	55.01
56	Radioisotope	0.169220	2,117,118	358,259	56
57	CT Scan	0.044177	12,596,900	556,493	57
58	MRI	0.061563	4,374,668	269,318	58
59	Cardiac Catheterization	0.107851	8,602,070	927,742	59
60	Laboratory	0.178138	26,860,585	4,784,891	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.153992	19,816,900	3,051,644	65
65.01	SLEEP LAB	0.162989	12,159	1,982	65.01
66	Physical Therapy	0.256197	5,095,448	1,305,438	66
67	Occupational Therapy	0.293382	1,305,565	383,029	67
68	Speech Pathology	0.213302	1,170,374	249,643	68
69	Electrocardiology	0.107611	5,422,368	583,506	69
70	Electroencephalography	0.216753	140,099	30,367	70
71	Medical Supplies Charged to Patients	0.183859	30,006,706	5,517,003	71
72	Impl. Dev. Charged to Patients	0.335192	29,036,298	9,732,735	72
73	Drugs Charged to Patients	0.107770	87,121,236	9,389,056	73
74	Renal Dialysis	0.501684	1,250,181	627,196	74
76	CARDIAC REHABILITATION				76
76.97	CARDIAC REHABILITATION	0.300960	180,313	54,267	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.572137	183,504	104,989	90
90.01	OUTPATIENT CLINICS	0.617206	208,976	128,981	90.01
91	Emergency	0.195185	9,978,236	1,947,602	91
92	Observation Beds (Non-Distinct Part)	0.344569			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		299,374,374	49,682,560	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		299,374,374		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0200

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/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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.256457			50
53	Anesthesiology	0.028792			53
54	Radiology-Diagnostic	0.157582			54
54.01	ULTRASOUND	0.120786			54.01
55	Radiology-Therapeutic	0.272917			55
55.01	CYBERKNIFE	0.308861			55.01
56	Radioisotope	0.169220			56
57	CT Scan	0.044177			57
58	MRI	0.061563			58
59	Cardiac Catheterization	0.107851			59
60	Laboratory	0.177945			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.153992			65
65.01	SLEEP LAB	0.162989			65.01
66	Physical Therapy	0.256197			66
67	Occupational Therapy	0.293382			67
68	Speech Pathology	0.213302			68
69	Electrocardiology	0.107611			69
70	Electroencephalography	0.216753			70
71	Medical Supplies Charged to Patients	0.183859			71
72	Impl. Dev. Charged to Patients	0.335192			72
73	Drugs Charged to Patients	0.107770			73
74	Renal Dialysis	0.501684			74
76	CARDIAC REHABILITATION				76
76.97	CARDIAC REHABILITATION	0.300960			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.571829			90
90.01	OUTPATIENT CLINICS	0.608690			90.01
91	Emergency	0.189060			91
92	Observation Beds (Non-Distinct Part)	0.344569			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	13,877,238			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	41,631,714			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)	2,622,295			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				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	263.07			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				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)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)				30
31	Percentage of Medicaid patient days to total patient days (see instructions)				31
32	Sum of lines 30 and 31				32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to October 1	On or after October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
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)	58,131,247			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)	58,131,247			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,471,452			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)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	7,401			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).	209,321			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	14,905			58
59	Total (sum of amounts on lines 49 through 58)	63,834,326			59
60	Primary payer payments	11,458			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	63,822,868			61
62	Deductibles billed to program beneficiaries	5,469,216			62
63	Coinsurance billed to program beneficiaries	191,410			63
64	Allowable bad debts (see instructions)	533,099			64
65	Adjusted reimbursable bad debts (see instructions)	346,514			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	467,847			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	58,508,756			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)	24,153			70.93
70.94	HRR adjustment amount (see instructions)	-235,581			70.94
71	Amount due provider (see instructions)	58,297,328			71
71.01	Sequestration adjustment (see instructions)	1,165,947			71.01
72	Interim payments	56,926,347			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	205,034			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	117,698			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0200

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)	38,701			1
2	Medical and other services reimbursed under OPPTS (see instructions)	43,261,161			2
3	PPS payments	38,631,465			3
4	Outlier payment (see instructions)	253,414			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	26,788			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	38,701			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	339,120			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)	339,120			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	339,120			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	300,419			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)	38,701			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)	38,911,667			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	7,868,605			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)	31,081,763			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)	31,081,763			30
31	Primary payer payments	9,721			31
32	Subtotal (line 30 minus line 31)	31,072,042			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	601,064			34
35	Adjusted reimbursable bad debts (see instructions)	390,692			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	535,784			36
37	Subtotal (see instructions)	31,462,734			37
38	MSP-LCC reconciliation amount from PS&R	-118			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	31,462,852			40
40.01	Sequestration adjustment (see instructions)	629,257			40.01
41	Interim payments	31,052,385			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-218,790			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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0200

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		56,588,284		30,515,978	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		346,542		412,307	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)			03/02/2015	124,100	3.01
						3.02
		Program				3.03
		to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
			03/02/2015	8,479		3.50
						3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-8,479		124,100	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)		56,926,347		31,052,385	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					5.01
						5.02
		Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)					6.01
						6.02
7	Total Medicare program liability (see instructions)					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

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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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)	15,407	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	31,032	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	551	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	68,251	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,759,103,628	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	32,843,000	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,716,011	8
9	Sequestration adjustment amount (see instructions)	34,320	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,681,691	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,316,746	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	364,945	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

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks					1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	68,617,284				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	8,560,438				7
8	Prepaid expenses	6,751,187				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	83,928,909				11
FIXED ASSETS						
12	Land	32,022,770				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	444,535,771				15
16	Accumulated depreciation	-141,633,257				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	196,552,386				19
20	Accumulated depreciation	-125,599,305				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					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	2,258,206				29
30	Total fixed assets (sum of lines 12-29)	408,136,571				30
OTHER ASSETS						
31	Investments	3,229,293				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	-1,699,075				34
35	Total other assets (sum of lines 31-34)	1,530,218				35
36	Total assets (sum of lines 11, 30 and 35)	493,595,698				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,701,291				37
38	Salaries, wages and fees payable	28,310,434				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					43
44	Other current liabilities	55,714,462				44
45	Total current liabilities (sum of lines 37 thru 44)	92,726,187				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	42,972,612				49
50	Total long term liabilities (sum of lines 46 thru 49)	42,972,612				50
51	Total liabilities (sum of lines 45 and 50)	135,698,799				51
CAPITAL ACCOUNTS						
52	General fund balance	357,896,899				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)	357,896,899				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	493,595,698				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		367,841,149		1
2	Net income (loss) (from Worksheet G-3, line 29)		-9,944,250		2
3	Total (sum of line 1 and line 2)		357,896,899		3
4	Additions (credit adjustments) (specify)				4
5					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)		357,896,899		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)		357,896,899		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					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

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	255,625,348		255,625,348	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	255,625,348		255,625,348	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	255,625,348		255,625,348	17
18	Ancillary services	627,323,275	882,318,775	1,509,642,050	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)	882,948,623	882,318,775	1,765,267,398	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		404,594,949	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		404,594,949	43

KPMG LLP Compu-Max 2552-10

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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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)	1,765,267,398	1
2	Less contractual allowances and discounts on patients' accounts	1,385,434,982	2
3	Net patient revenues (line 1 minus line 2)	379,832,416	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	404,594,949	4
5	Net income from service to patients (line 3 minus line 4)	-24,762,533	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	449,539	6
7	Income from investments	1,974,635	7
8	Revenues from telephone and other miscellaneous communication services	249,721	8
9	Revenue from television and radio service		9
10	Purchase discounts	20,632	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	2,142,153	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	1,072,634	20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (MEANINGFUL USE)	2,349,066	24
24.01	Other (MGMT FEES)	589,101	24.01
24.02	Other (RENTAL INCOME)	2,511,061	24.02
24.03	Other (IHP DISTRIBUTIONS)	489,288	24.03
24.04	Other (APN'S)	161,926	24.04
24.05	Other (GRANTS)	182,990	24.05
24.06	Other (SCHOOL NURSES)	1,074,431	24.06
24.07	Other (EMP LEASING)	642,516	24.07
24.08	Other (MISC REVENUE)	817,144	24.08
24.09	Other (NON OPERATING)	91,446	24.09
25	Total other income (sum of lines 6-24)	14,818,283	25
26	Total (line 5 plus line 25)	-9,944,250	26
29	Net income (or loss) for the period (line 26 minus line 28)	-9,944,250	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0200

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	4,437,813	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	937,338	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)	186.99	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0019	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1043	8
9	Sum of lines 7 and 8	0.1062	9
10	Allowable disproportionate share percentage (see instructions)	0.0217	10
11	Disproportionate share adjustment (see instructions)	96,301	11
12	Total prospective capital payments (see instructions)	5,471,452	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

KPMG LLP Compu-Max 2552-10

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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	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
23	PARAMED ED PRGM-PASTORAL CARE						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRASOUND						54.01
55	Radiology-Therapeutic						55
55.01	CYBERKNIFE						55.01
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	CARDIAC REHABILITATION						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	OUTPATIENT CLINICS						90.01
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
192.01	SCHOOL NURSES						192.01
194	OUTPATIENT PHARMACY						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 11:48 Version: 2015.10 (11/17/2015)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	38.58		4.90				43.48	30
31	Intensive Care Unit	55.81		4.02				59.83	31
43	Nursery			29.24				29.24	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	21.10	9.86					30.96	50
53	Anesthesiology	22.86	7.95					30.81	53
54	Radiology-Diagnostic	19.06	18.09					37.15	54
54.01	ULTRASOUND	8.87	15.22					24.09	54.01
55	Radiology-Therapeutic	0.85	40.44					41.29	55
55.01	CYBERKNIFE	0.06	54.90					54.96	55.01
56	Radioisotope	11.89	26.25					38.14	56
57	CT Scan	12.94	21.01					33.95	57
58	MRI	8.80	19.46					28.26	58
59	Cardiac Catheterization	18.82	28.08					46.90	59
60	Laboratory	19.88	6.90					26.78	60
65	Respiratory Therapy	66.38	2.61					68.99	65
65.01	SLEEP LAB	0.22	19.55					19.77	65.01
66	Physical Therapy	24.39	0.92					25.31	66
67	Occupational Therapy	37.33	0.02					37.35	67
68	Speech Pathology	68.45						68.45	68
69	Electrocardiology	21.70	15.60					37.30	69
70	Electroencephalography	28.56	12.35					40.91	70
71	Medical Supplies Charged to Pat	25.35	9.95					35.30	71
72	Impl. Dev. Charged to Patients	28.56	10.45					39.01	72
73	Drugs Charged to Patients	25.58	16.24					41.82	73
74	Renal Dialysis	60.72	3.75					64.47	74
76.97	CARDIAC REHABILITATION	7.12	32.00					39.12	76.97
90	Clinic	0.26	20.45					20.71	90
90.01	OUTPATIENT CLINICS	1.95	4.42					6.37	90.01
91	Emergency	12.80	11.78					24.58	91
92	Observation Beds (Non-Distinct		26.44					26.44	92
200	TOTAL CHARGES	19.88	15.21					35.09	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	16,670,151	4.39	-16,670,151	-9.24			1
2	Cap Rel Costs-Mvble Equip	21,381,867	5.64	-21,381,867	-11.85			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	43,858,176	11.56	-43,858,176	-24.32			4
5	Administrative & General	57,111,060	15.06	-57,111,060	-31.66			5
6	Maintenance & Repairs							6
7	Operation of Plant	15,045,809	3.97	-15,045,809	-8.34			7
8	Laundry & Linen Service	1,974,869	0.52	-1,974,869	-1.09			8
9	Housekeeping	4,310,438	1.14	-4,310,438	-2.39			9
10	Dietary	2,223,131	0.59	-2,223,131	-1.23			10
11	Cafeteria	89,465	0.02	-89,465	-0.05			11
13	Nursing Administration	2,107,033	0.56	-2,107,033	-1.17			13
14	Central Services & Supply							14
15	Pharmacy	11,288,991	2.98	-11,288,991	-6.26			15
16	Medical Records & Library	3,887,272	1.02	-3,887,272	-2.16			16
17	Social Service							17
23	PARAMED ED PRGM-PASTORAL CARE	421,145	0.11	-421,145	-0.23			23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	28,225,281	7.44	47,856,232	26.53	76,081,513	20.06	30
31	Intensive Care Unit	7,397,000	1.95	8,953,207	4.96	16,350,207	4.31	31
43	Nursery	1,255,931	0.33	778,009	0.43	2,033,940	0.54	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	14,742,293	3.89	18,549,320	10.28	33,291,613	8.78	50
53	Anesthesiology	737,461	0.19	716,933	0.40	1,454,394	0.38	53
54	Radiology-Diagnostic	4,089,983	1.08	6,116,869	3.39	10,206,852	2.69	54
54.01	ULTRASOUND	1,644,823	0.43	1,495,772	0.83	3,140,595	0.83	54.01
55	Radiology-Therapeutic	3,133,365	0.83	6,407,223	3.55	9,540,588	2.52	55
55.01	CYBERKNIFE	4,500,198	1.19	1,373,609	0.76	5,873,807	1.55	55.01
56	Radioisotope	1,475,336	0.39	1,537,861	0.85	3,013,197	0.79	56
57	CT Scan	2,044,817	0.54	2,257,405	1.25	4,302,222	1.13	57
58	MRI	1,306,965	0.34	1,752,580	0.97	3,059,545	0.81	58
59	Cardiac Catheterization	1,420,082	0.37	3,509,051	1.95	4,929,133	1.30	59
60	Laboratory	13,802,384	3.64	10,244,093	5.68	24,046,477	6.34	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,456,813	0.65	2,140,771	1.19	4,597,584	1.21	65
65.01	SLEEP LAB	520,865	0.14	376,074	0.21	896,939	0.24	65.01
66	Physical Therapy	3,182,205	0.84	2,169,656	1.20	5,351,861	1.41	66
67	Occupational Therapy	543,049	0.14	483,058	0.27	1,026,107	0.27	67
68	Speech Pathology	223,092	0.06	141,601	0.08	364,693	0.10	68
69	Electrocardiology	893,049	0.24	1,796,029	1.00	2,689,078	0.71	69
70	Electroencephalography	63,771	0.02	42,573	0.02	106,344	0.03	70
71	Medical Supplies Charged to Patients	17,237,464	4.54	4,526,015	2.51	21,763,479	5.74	71
72	Impl. Dev. Charged to Patients	27,220,074	7.18	6,857,606	3.80	34,077,680	8.98	72
73	Drugs Charged to Patients	18,446,452	4.86	18,252,822	10.12	36,699,274	9.68	73
74	Renal Dialysis	580,204	0.15	452,685	0.25	1,032,889	0.27	74
76	CARDIAC REHABILITATION							76
76.97	CARDIAC REHABILITATION	431,245	0.11	331,394	0.18	762,639	0.20	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	25,097,223	6.62	15,089,422	8.37	40,186,645	10.59	90
90.01	OUTPATIENT CLINICS	3,927,427	1.04	2,584,369	1.43	6,511,796	1.72	90.01
91	Emergency	6,789,682	1.79	7,952,216	4.41	14,741,898	3.89	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen	814,401	0.21	955,139	0.53	1,769,540	0.47	190
192	Physicians' Private Offices	1,448,815	0.38	2,355,488	1.31	3,804,303	1.00	192
192.01	SCHOOL NURSES	819,665	0.22	540,411	0.30	1,360,076	0.36	192.01
194	OUTPATIENT PHARMACY	2,460,876	0.65	1,773,914	0.98	4,234,790	1.12	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	379,301,698	100.00			379,301,698	100.00	202

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,609,614	129,813,683	0.043213	27,388,954	1,183,559	50
53	Anesthesiology	247,420	50,514,382	0.004898	11,546,963	56,557	53
54	Radiology-Diagnostic	2,157,092	64,771,525	0.033303	12,344,000	411,092	54
54.01	ULTRASOUND	336,603	26,001,389	0.012946	2,305,266	29,844	54.01
55	Radiology-Therapeutic	2,451,255	34,957,788	0.070120	297,469	20,859	55
55.01	CYBERKNIFE	137,866	19,017,612	0.007249	12,018	87	55.01
56	Radioisotope	288,334	17,806,427	0.016193	2,117,118	34,282	56
57	CT Scan	797,752	97,385,343	0.008192	12,596,900	103,194	57
58	MRI	719,881	49,698,060	0.014485	4,374,668	63,367	58
59	Cardiac Catheterization	1,650,198	45,703,187	0.036107	8,602,070	310,595	59
60	Laboratory	2,129,704	135,134,281	0.015760	26,860,585	423,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	383,269	29,855,967	0.012837	19,816,900	254,390	65
65.01	SLEEP LAB	52,357	5,503,053	0.009514	12,159	116	65.01
66	Physical Therapy	199,087	20,889,602	0.009530	5,095,448	48,560	66
67	Occupational Therapy	76,129	3,497,515	0.021767	1,305,565	28,418	67
68	Speech Pathology	9,389	1,709,751	0.005491	1,170,374	6,427	68
69	Electrocardiology	560,517	24,988,913	0.022431	5,422,368	121,629	69
70	Electroencephalography	2,764	490,623	0.005634	140,099	789	70
71	Medical Supplies Charged to Pat	501,899	118,370,496	0.004240	30,006,706	127,228	71
72	Impl. Dev. Charged to Patients	782,159	101,666,069	0.007693	29,036,298	223,376	72
73	Drugs Charged to Patients	1,059,352	340,532,897	0.003111	87,121,236	271,034	73
74	Renal Dialysis	51,174	2,058,842	0.024856	1,250,181	31,074	74
76	CARDIAC REHABILITATION						76
76.97	CARDIAC REHABILITATION	40,992	2,534,017	0.016177	180,313	2,917	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,391,105	70,277,409	0.019794	183,504	3,632	90
90.01	OUTPATIENT CLINICS	211,232	10,698,043	0.019745	208,976	4,126	90.01
91	Emergency	1,554,391	77,974,774	0.019935	9,978,236	198,916	91
92	Observation Beds (Non-Distinct	1,328,433	24,085,861	0.055154			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	24,729,968	1,505,937,509		299,374,374	3,959,391	200

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	12,178,131		12,178,131	63,337	192.28	24,434	4,698,170	30
31	Intensive Care Unit	1,633,663		1,633,663	11,823	138.18	6,598	911,712	31
200	TOTAL	13,811,794		13,811,794	75,160		31,032	5,609,882	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	5,609,882
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	3,959,391
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	9,569,273
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	6,136
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	31,032
PER DISCHARGE CAPITAL COSTS	1,559.53

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	78,364,176
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	401,452,061
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.195

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	9,569,273
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x (Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	43,172,987
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	228,432,874
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.189