

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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 V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
			PART A 2	PART B 3			
1	HOSPITAL		239,750	22,250	856,822		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		239,750	22,250	856,822		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: 801 SOUTH WASHINGTON STREET	P.O. Box:			1
2	City: NAPERVILLE	State: IL	ZIP Code: 60540-7499	County:	2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	EDWARD HOSPITAL	14-0231	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 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
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.	3,978	252			2,453		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?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

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

**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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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**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:			9,955,776	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 S. WASHINGTON	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)	1.00			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)		N		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		
<b>Provider Organization and Operation</b>					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

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

		Y/N	Y/N	
<b>Approved Educational Activities</b>				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	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	
<b>Bad Debts</b>			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/02/2015	Y	11/02/2015
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	

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

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

**WORKSHEET S-2  
PART II**

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

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

Capital Related Cost		
22	Have assets been relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	27

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: MARY JO	Last name: MACKNISKAS	Title: SYSTEM DIRECTOR OF REIMBUR
42	Employer: EDWARD ELMHURST HEALTH		
43	Phone number: 630-646-3102	E-mail Address: MMACKNISKAS@EDWARD.ORG	

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
						5	6	7		
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	229	83,585		29,777	2,281	69,130	1	
2	HMO and other (see instructions)					5,507	2,453		2	
3	HMO IPF Subprovider								3	
4	HMO IRF Subprovider								4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		229	83,585		29,777	2,281	69,130	7	
8	Intensive Care Unit	31	25	9,110		2,383	303	5,407	8	
9	Coronary Care Unit	32	22	8,030		3,096	169	5,899	9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	NICU	35	22	8,030			1,038	6,351	12	
13	Nursery	43					439	6,189	13	
14	Total (see instructions)		298	108,755		35,256	4,230	92,976	14	
15	CAH Visits								15	
16	Subprovider - IPF	40							16	
17	Subprovider - IRF	41							17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101							22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		298						27	
28	Observation Bed Days							6,034	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**

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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)					7,333	1,140	22,384	1
2	HMO and other (see instructions)					1,270	716		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NICU								12
13	Nursery								13
14	Total (see instructions)		2,809.99			7,333	1,140	22,384	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)		2,809.99						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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

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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	Total salaries (see instructions)	200	205,640,863		205,640,863	5,844,790.00	35.18
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative		754,715		754,715	4,770.00	158.22
4.01	Physician-Part A - Teaching						
5	Physician-Part B		13,226,725		13,226,725	66,375.00	199.27
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		39,440,415		39,440,415	1,020,742.00	38.64
9	SNF	44					
10	Excluded area salaries (see instructions)		3,212,317	86,769	3,299,086	71,666.00	46.03
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	Contract labor (see instructions)		1,338,387		1,338,387	9,292.00	144.04
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative						
14	Home office salaries & wage-related costs		33,998,612		33,998,612	809,152.00	42.02
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
<b>WAGE-RELATED COSTS</b>							
17	Wage-related costs (core)(see instructions)		43,983,488		43,983,488		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		677,001		677,001		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative		116,393		116,393		
22.01	Physician Part A - Teaching						
23	Physician Part B		677,001		677,001		
24	Wage-related costs (RHC/FOHC)						
25	Interns & residents (in an approved program)						
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	Employee Benefits Department		2,957,521		2,957,521	243,101.00	12.17
27	Administrative & General		40,281,547	-547,777	39,733,770	1,034,779.00	38.40
28	Administrative & General under contract (see instructions)						
29	Maintenance & Repairs						
30	Operation of Plant		4,713,585		4,713,585	158,332.00	29.77
31	Laundry & Linen Service						
32	Housekeeping			16	16		
33	Housekeeping under contract (see instructions)						
34	Dietary						
35	Dietary under contract (see instructions)		3,100,000	165,000	3,265,000	170,000.00	19.21
36	Cafeteria						
37	Maintenance of Personnel						
38	Nursing Administration		3,320,096		3,320,096	146,172.00	22.71
39	Central Services and Supply		1,817,701		1,817,701	99,490.00	18.27
40	Pharmacy		4,155,966		4,155,966	100,699.00	41.27
41	Medical Records & Medical Records Library		3,036,029		3,036,029	125,050.00	24.28
42	Social Service						
43	Other General Service						

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		156,073,723	165,000	156,238,723	4,927,673.00	31.71
2	Excluded area salaries (see instructions)		3,212,317	86,769	3,299,086	71,666.00	46.03
3	Subtotal salaries (line 1 minus line 2)		152,861,406	78,231	152,939,637	4,856,007.00	31.49
4	Subtotal other wages & related costs (see instructions)		35,336,999		35,336,999	818,444.00	43.18
5	Subtotal wage-related costs (see instructions)		44,099,881		44,099,881		28.83%
6	Total (sum of lines 3 through 5)		232,298,286	78,231	232,376,517	5,674,451.00	40.95
7	Total overhead cost (see instructions)		63,382,445	-382,761	62,999,684	2,077,623.00	30.32

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	9,595,398	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	16,500,754	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	774,687	10
11	Life Insurance (If employee is owner or beneficiary)	229,416	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,354,355	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	3,696,201	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	13,922,325	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	197,987	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	488,601	23
24	Total Wage Related cost (Sum of lines 1-23)	46,759,724	24

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

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

EDWARD HOSPITAL Provider CCN: 14-0231	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

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

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

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

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

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

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

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

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

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

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**HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**

**WORKSHEET S-5**

**RENAL DIALYSIS STATISTICS**

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

**ESRD PPS**

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

**TRANSPLANT INFORMATION**

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

**EPOETIN**

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

**ARANESP**

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

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

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

# KPMG LLP Compu-Max 2552-10

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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)		0.196635	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		34,520,000	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		192,387,000	6
7	Medicaid cost (line 1 times line 6)		37,830,018	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.		3,310,018	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)			3,310,018	19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	44,392,000		44,392,000	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,729,021		8,729,021	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	8,729,021		8,729,021	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			15,801,000	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,150,535	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			14,650,465	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,880,794	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			11,609,815	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,919,833	31

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

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

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
<b>GENERAL SERVICE COST CENTERS</b>										
1	00100	Cap Rel Costs-Bldg & Fixt		18,286,275	18,286,275		18,286,275	-5,806,374	12,479,901	1
2	00200	Cap Rel Costs-Mvble Equip		21,798,322	21,798,322		21,798,322	-3,734,535	18,063,787	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,957,521	32,891,220	35,848,741	-9,211,489	26,637,252	-331,737	26,305,515	4
5	00500	Administrative & General	40,281,547	84,684,447	124,965,994	8,640,931	133,606,925	-27,067,140	106,539,785	5
7	00700	Operation of Plant	4,713,585	18,024,324	22,737,909		22,737,909	-1,630,216	21,107,693	7
8	00800	Laundry & Linen Service		509,800	509,800		509,800		509,800	8
9	00900	Housekeeping		5,868,187	5,868,187		5,868,204		5,868,204	9
10	01000	Dietary		5,473,777	5,473,777	-3,861,150	1,612,627		1,612,627	10
11	01100	Cafeteria				3,861,150	3,861,150	-1,910,310	1,950,840	11
13	01300	Nursing Administration	3,320,096	986,616	4,306,712		4,306,712	-306,568	4,000,144	13
14	01400	Central Services & Supply	1,817,701	2,591,420	4,409,121	-336,777	4,072,344		4,072,344	14
15	01500	Pharmacy	4,155,966	13,678,367	17,834,333	-12,588,412	5,245,921	-12,536	5,233,385	15
16	01600	Medical Records & Library	3,036,029	1,582	3,037,611		3,037,611	325,767	3,363,378	16
23	02300	PARAMED ED PRGM-EMS	691,296	754,302	1,445,598	-440,249	1,005,349	-250,688	754,661	23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30	03000	Adults & Pediatrics	36,082,615	5,474,639	41,557,254	-1,436,941	40,120,313	-498,928	39,621,385	30
31	03100	Intensive Care Unit	4,852,432	564,805	5,417,237	14,065	5,431,302		5,431,302	31
32	03200	Coronary Care Unit	5,121,478	642,902	5,764,380	25,555	5,789,935	15,899	5,805,834	32
35	02060	NICU	4,827,989	1,003,427	5,831,416	69	5,831,485	-424,316	5,407,169	35
43	04300	Nursery				1,594,117	1,594,117		1,594,117	43
<b>ANCILLARY SERVICE COST CENTERS</b>										
50	05000	Operating Room	7,152,822	45,185,849	52,338,671	-43,436,247	8,902,424	-40,057	8,862,367	50
50.02	03330	ENDOSCOPY	1,687,945	1,538,257	3,226,202	-98,376	3,127,826	-9,368	3,118,458	50.02
51	05100	Recovery Room	1,413,999	131,799	1,545,798	47,944	1,593,742		1,593,742	51
52	05200	Delivery Room & Labor Room	5,672,266	1,379,816	7,052,082	2,411	7,054,493	-493,570	6,560,923	52
53	05300	Anesthesiology	429,506	2,087,119	2,516,625		2,516,625		2,516,625	53
54	05400	Radiology-Diagnostic	3,493,824	510,684	4,004,508	-658,946	3,345,562	-74,476	3,271,086	54
54.01	03630	ULTRASOUND	1,282,859	136,237	1,419,096	117,411	1,536,507	-5,388	1,531,119	54.01
54.02	03440	WOMENS IMAGING CENTER	837,604	758,740	1,596,344	31,013	1,627,357	-69,833	1,557,524	54.02
54.03	05401	SPECIAL PROCEDURES	725,071	529,078	1,254,149	-485,882	768,267		768,267	54.03
54.04	05402	IMAGING CENTER	1,125,146	570,913	1,696,059	90,732	1,786,791	-95,487	1,691,304	54.04
55	05500	Radiology-Therapeutic	4,694,486	20,389,062	25,083,548	2,240	25,085,788	-822,735	24,263,053	55
56	05600	Radioisotope	582,623	885,700	1,468,323	40,328	1,508,651	-35,464	1,473,187	56
57	05700	CT Scan	1,515,252	508,464	2,023,716	367,601	2,391,317	-16,240	2,375,077	57
58	05800	MRI	818,040	558,747	1,376,787	117,284	1,494,071		1,494,071	58
59	05900	Cardiac Catheterization	3,283,240	16,500,102	19,783,342	-15,891,353	3,891,989	-75,891	3,816,098	59
60	06000	Laboratory	4,982,284	7,790,444	12,772,728	172	12,772,900	-3,883,396	8,889,504	60
62	06200	Whole Blood & Packed Red Blood Cells	434,643	2,154,286	2,588,929		2,588,929	-31,516	2,557,413	62
65	06500	Respiratory Therapy	3,047,462	1,359,443	4,406,905	-1,122,583	3,284,322	-87,852	3,196,470	65
66	06600	Physical Therapy	4,247,790	553,490	4,801,280		4,801,280	-84,587	4,716,693	66
68	06800	Speech Pathology	644,412	16,928	661,340		661,340		661,340	68
69	06900	Electrocardiology	3,227,259	3,473,955	6,701,214	77	6,701,291	-3,288,864	3,412,427	69
69.01	03140	CARDIOLOGY OUTREACH	341,921	364,535	706,456		706,456	-92,630	613,826	69.01
69.02	03290	EMG/NCV	34,894	96,382	131,276		131,276	-89,048	42,228	69.02
70	07000	Electroencephalography	1,294,861	6,477,336	7,772,197		7,772,197	-266,240	7,505,957	70
71	07100	Medical Supplies Charged to Patients				19,730,138	19,730,138		19,730,138	71
72	07200	Impl. Dev. Charged to Patients				42,278,960	42,278,960		42,278,960	72
73	07300	Drugs Charged to Patients				12,588,412	12,588,412		12,588,412	73
75	07500	ASC (Non-Distinct Part)	3,500,965	626,468	4,127,433	-521,766	3,605,667		3,605,667	75
76.97	07697	CARDIAC REHABILITATION	923,484	35,016	958,500		958,500	-1,558	956,942	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>										
90	09000	Clinic	1,578,766	448,587	2,027,353		2,027,353	-440,702	1,586,651	90
90.01	09001	WOUND OSTOMY	913,659	581,046	1,494,705	86	1,494,791	-41,625	1,453,166	90.01
90.02	09002	URODYNAMICS	274,676	134,881	409,557		409,557	-36,986	372,571	90.02
90.03	09003	PLAINFIELD CLINIC	7,167,961	12,218,326	19,386,287		19,386,287	-1,120,155	18,266,132	90.03
90.04	09004	OSWEGO CLINIC	1,958,002	592,313	2,550,315		2,550,315	-818,887	1,731,428	90.04
90.05	09005	BOLINGBROOK CLINIC	2,639,703	516,357	3,156,060		3,156,060	-1,202,483	1,953,577	90.05
91	09100	Emergency	19,334,162	1,849,568	21,183,730	539,458	21,723,188	-11,508,064	10,215,124	91
92	09200	Observation Beds (Non-Distinct Part)								92
<b>OTHER REIMBURSABLE COST CENTERS</b>										
<b>SPECIAL PURPOSE COST CENTERS</b>										
118		SUBTOTALS (sum of lines 1-117)	203,119,842	344,194,340	547,314,182		547,314,182	-66,364,784	480,949,398	118
<b>NONREIMBURSABLE COST CENTERS</b>										
190	19000	Gift, Flower, Coffee Shop & Canteen	102,181	378,671	480,852		480,852		480,852	190
192	19200	Physicians' Private Offices	2,418,840	2,651,065	5,069,905		5,069,905	-64,729	5,005,176	192
194	07950	LINDEN OAKS HOSPITAL								194
200		TOTAL (sum of lines 118-199)	205,640,863	347,224,076	552,864,939		552,864,939	-66,429,513	486,435,426	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	PENSION	A	Administrative & General	5		9,211,489	1
500	Total reclassifications					9,211,489	500
	Code Letter - A						
1	CAFETERIA	B	Cafeteria	11		3,861,150	1
500	Total reclassifications					3,861,150	500
	Code Letter - B						
1	CHARGEABLE SUPPLIES	C	Medical Supplies Charged to P	71		336,777	1
500	Total reclassifications					336,777	500
	Code Letter - C						
1	CHARGEABLE DRUGS	D	Drugs Charged to Patients	73		12,588,412	1
500	Total reclassifications					12,588,412	500
	Code Letter - D						
1	PATIENT TRANSPORT	E	NICU	35	66	3	1
2			Nursery	43	461	20	2
3			Delivery Room & Labor Room	52	2,315	96	3
4			Housekeeping	9	16	1	4
5			ASC (Non-Distinct Part)	75	12,622	525	5
6			Radiology-Diagnostic	54	35,023	1,456	6
7			ULTRASOUND	54.01	32,823	1,365	7
8			CT Scan	57	36,844	1,532	8
9			MRI	58	16,420	683	9
10			ENDOSCOPY	50.02	10,315	429	10
11			Operating Room	50	33,911	1,410	11
12			Recovery Room	51	46,030	1,914	12
13			Radiology-Therapeutic	55	2,150	90	13
14			Cardiac Catheterization	59	5,742	239	14
15			Emergency	91	95,248	3,961	15
16			Laboratory	60	165	7	16
17			Adults & Pediatrics	30	150,440	6,255	17
18			Intensive Care Unit	31	13,503	562	18
19			Coronary Care Unit	32	24,535	1,020	19
20			Medical Supplies Charged to P	71	23,324	970	20
21			Electrocardiology	69	74	3	21
22			WOUND OSTOMY	90.01	82	4	22
23			Radioisotope	56	5,668	236	23
500	Total reclassifications				547,777	22,781	500
	Code Letter - E						
1	RADIOLOGY DIRECTOR	F	ULTRASOUND	54.01	76,754	6,469	1
2			WOMENS IMAGING CENTER	54.02	28,602	2,411	2
3			SPECIAL PROCEDURES	54.03	24,557	2,070	3
4			CT Scan	57	303,633	25,592	4
5			MRI	58	92,394	7,787	5
6			IMAGING CENTER	54.04	83,679	7,053	6
7			Radioisotope	56	31,748	2,676	7
500	Total reclassifications				641,367	54,058	500
	Code Letter - F						
1	NURSERY	G	Nursery	43	1,408,482	185,154	1
500	Total reclassifications				1,408,482	185,154	500
	Code Letter - G						
1	MEDICAL SUPPLIES	H	Medical Supplies Charged to P	71		19,369,067	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					19,369,067	500
	Code Letter - H						
1	EMT	I	PARAMED ED PRGM-EMS	23	86,769		1
2			Emergency	91		7,751	2
500	Total reclassifications				86,769	7,751	500
	Code Letter - I						
1	IMPLANTS	J	Impl. Dev. Charged to Patient	72		42,278,960	1
2							2
3							3
4							4
500	Total reclassifications					42,278,960	500
	Code Letter - J						

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
1	ON CALL ER PHYSICIANS	K	Emergency	91		519,267	1
500	Total reclassifications					519,267	500
	Code Letter - K						
GRAND TOTAL (Increases)						2,684,395	88,434,866

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

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

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PENSION	A	Employee Benefits Department	4		9,211,489	1	
500	Total reclassifications					9,211,489	500	
	Code letter - A							
1	CAFETERIA	B	Dietary	10		3,861,150	1	
500	Total reclassifications					3,861,150	500	
	Code letter - B							
1	CHARGEABLE SUPPLIES	C	Central Services & Supply	14		336,777	1	
500	Total reclassifications					336,777	500	
	Code letter - C							
1	CHARGEABLE DRUGS	D	Pharmacy	15		12,588,412	1	
500	Total reclassifications					12,588,412	500	
	Code letter - D							
1	PATIENT TRANSPORT	E	Administrative & General	5	547,777	22,781	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
500	Total reclassifications				547,777	22,781	500	
	Code letter - E							
1	RADIOLOGY DIRECTOR	F	Radiology-Diagnostic	54	641,367	54,058	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
500	Total reclassifications				641,367	54,058	500	
	Code letter - F							
1	NURSERY	G	Adults & Pediatrics	30	1,408,482	185,154	1	
500	Total reclassifications				1,408,482	185,154	500	
	Code letter - G							
1	MEDICAL SUPPLIES	H	Operating Room	50		10,696,121	1	
2			ENDOSCOPY	50.02		6,475	2	
3			SPECIAL PROCEDURES	54.03		456,272	3	
4			Cardiac Catheterization	59		6,552,703	4	
5			Respiratory Therapy	65		1,122,583	5	
6			ASC (Non-Distinct Part)	75		534,913	6	
500	Total reclassifications					19,369,067	500	
	Code letter - H							
1	EMT	I	Emergency	91	86,769		1	
2			PARAMED ED PRGM-EMS	23		7,751	2	
500	Total reclassifications				86,769	7,751	500	
	Code letter - I							
1	IMPLANTS	J	Operating Room	50		32,775,447	1	
2			ENDOSCOPY	50.02		102,645	2	
3			SPECIAL PROCEDURES	54.03		56,237	3	
4			Cardiac Catheterization	59		9,344,631	4	
500	Total reclassifications					42,278,960	500	

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

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
	Code letter - J							
1	ON CALL ER PHYSICIANS	K	PARAMED ED PRGM-EMS	23		519,267	1	
500	Total reclassifications					519,267	500	
	Code letter - K							
	GRAND TOTAL (Decreases)				2,684,395	88,434,866		

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

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

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**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	10,325,000					10,325,000		1
2	Land Improvements								2
3	Buildings and Fixtures	459,544,000	3,885,000		3,885,000		463,429,000		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	289,619,000	7,379,000		7,379,000	3,260,000	293,738,000		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	759,488,000	11,264,000		11,264,000	3,260,000	767,492,000		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	759,488,000	11,264,000		11,264,000	3,260,000	767,492,000		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	18,286,275						18,286,275	1	
2	Cap Rel Costs-Mvble Equip	21,798,322						21,798,322	2	
3	Total (sum of lines 1-2)	40,084,597						40,084,597	3	

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	463,429,000		463,429,000	0.615307					1
2	Cap Rel Costs-Mvble Equip	289,738,000		289,738,000	0.384693					2
3	Total (sum of lines 1-2)	753,167,000		753,167,000	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	18,059,629		-5,579,728				12,479,901	1	
2	Cap Rel Costs-Mvble Equip	18,063,787						18,063,787	2	
3	Total (sum of lines 1-2)	36,123,416		-5,579,728				30,543,688	3	

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

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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			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	-31,388	Administrative & General	5	5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-104,037	Administrative & General	5	7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-19,235,448			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-12,022,490			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,910,310	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients	B	-7,902	Pharmacy	15	17
18	Sale of medical records and abstracts	B	-4,686	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	TELEVISION	A	-11,300	Cap Rel Costs-Mvble Equip	2	9 33
33.01	PAT TELEPHONE CAPITAL	A	-4,708	Cap Rel Costs-Mvble Equip	2	9 33.01
33.02	MISC REVENUE	B	-155,208	Administrative & General	5	33.02
33.03	MISC REVENUE	B	-581,062	Operation of Plant	7	33.03
33.04	MISC REVENUE	B	-306,568	Nursing Administration	13	33.04
33.05	MISC REVENUE	B	-144,135	Adults & Pediatrics	30	33.05
33.06	MISC REVENUE	B	15,899	Coronary Care Unit	32	33.06
33.07	MISC REVENUE	B	-15,474	Operating Room	50	33.07
33.08	MISC REVENUE	B	-9,368	ENDOSCOPY	50.02	33.08
33.09	MISC REVENUE	B	-25,546	Radiology-Diagnostic	54	33.09
33.10	MISC REVENUE	B	-5,388	ULTRASOUND	54.01	33.10
33.11	MISC REVENUE	B	-4,659	IMAGING CENTER	54.04	33.11
33.12	MISC REVENUE	B	-167,978	Radiology-Therapeutic	55	33.12
33.13	MISC REVENUE	B	-1,222	Radioisotope	56	33.13
33.14	MISC REVENUE	B	-12,049	CT Scan	57	33.14
33.15	MISC REVENUE	B	-75,891	Cardiac Catheterization	59	33.15
33.16	MISC REVENUE	B	-3,121,633	Laboratory	60	33.16
33.17	MISC REVENUE	B	-31,516	Whole Blood & Packed Red Blood Cells	62	33.17
33.18	MISC REVENUE	B	-13,042	Respiratory Therapy	65	33.18
33.19	MISC REVENUE	B	-16,178	Physical Therapy	66	33.19
33.20	MISC REVENUE	B	-681,078	Electrocardiology	69	33.20
33.21	MISC REVENUE	B	-11,250	CARDIOLOGY OUTREACH	69.01	33.21
33.22	MISC REVENUE	B	-9,723	Electroencephalography	70	33.22
33.23	MISC REVENUE	B	-72,042	Clinic	90	33.23
33.24	MISC REVENUE	B	-131,135	PLAINFIELD CLINIC	90.03	33.24
33.25	MISC REVENUE	B	-24,336	OSWEGO CLINIC	90.04	33.25
33.26	MISC REVENUE	B	-150,717	BOLINGBROOK CLINIC	90.05	33.26
33.27	MISC REVENUE-PARAMED ED PROGRAM	B	-250,688	PARAMED ED PRGM-EMS	23	33.27
34	MEDICAID TAX	A	-19,095,655	Administrative & General	5	34
35	INTEREST EXPENSE	A	-5,579,728	Cap Rel Costs-Bldg & Fixt	1	11 35
36	INCOME TAXES	A	16,063	Administrative & General	5	36
37	REAL ESTATE TAXES	A	-97,957	Administrative & General	5	37
38	IMPUTED COST OF VOLUNTEERS	A	-844,573	Administrative & General	5	38

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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	
39	COMMUNITY SPONSORSHIP	A	-500,495	Administrative & General	5		39
40	CONTRIBUTIONS	A	-292,214	Administrative & General	5		40
40.01	CONTRIBUTIONS	A	-47,600	Emergency	91		40.01
41	HEALTH PROMOTIONS	A	-85,180	Administrative & General	5		41
42	IRB	A	-341,272	Clinic	90		42
43	RENTAL INCOME	B	-226,646	Cap Rel Costs-Bldg & Fixt	1	9	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)		-66,429,513				50

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

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

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

**WORKSHEET A-8-1**

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	2	Cap Rel Costs-Mvble Equip	IS EQUIPMENT DEPRECIATION	4,319,404	8,037,931	-3,718,527	9
2	4	Employee Benefits Department	HUMAN RESOURCES, BENEFITS	2,807,112	3,138,849	-331,737	2
3	5	Administrative & General	VARIOUS ADMIN DEPTS	60,742,184	65,586,632	-4,844,448	3
3.01	7	Operation of Plant	ENGINEERING, CONSTRUCTION	11,938,623	12,977,584	-1,038,961	3.01
3.02	16	Medical Records & Library	HEALTH INFO MGMT	2,965,100	2,634,647	330,453	3.02
3.03	5	Administrative & General	INTERCO RENT	50,505	75,833	-25,328	3.03
3.04	7	Operation of Plant	INTERCO RENT	20,326	30,519	-10,193	3.04
3.05	15	Pharmacy	INTERCO RENT	9,239	13,873	-4,634	3.05
3.06	35	NICU	INTERCO RENT	61,536	92,396	-30,860	3.06
3.07	54	Radiology-Diagnostic	INTERCO RENT	97,568	146,498	-48,930	3.07
3.08	54.02	WOMENS IMAGING CENTER	INTERCO RENT	139,248	209,081	-69,833	3.08
3.09	54.04	IMAGING CENTER	INTERCO RENT	181,111	271,939	-90,828	3.09
3.10	55	Radiology-Therapeutic	INTERCO RENT	1,305,593	1,960,350	-654,757	3.10
3.11	56	Radioisotope	INTERCO RENT	68,278	102,520	-34,242	3.11
3.12	66	Physical Therapy	INTERCO RENT	136,409	204,818	-68,409	3.12
3.13	69.01	CARDIOLOGY OUTREACH	INTERCO RENT	162,272	243,652	-81,380	3.13
3.14	70	Electroencephalography	INTERCO RENT	167,897	252,098	-84,201	3.14
3.15	76.97	CARDIAC REHABILITATION	INTERCO RENT	3,106	4,664	-1,558	3.15
3.16	90	Clinic	INTERCO RENT	54,614	82,002	-27,388	3.16
3.17	90.02	URODYNAMICS	INTERCO RENT	46,407	69,680	-23,273	3.17
3.18	90.03	PLAINFIELD CLINIC	INTERCO RENT	1,590,887	2,388,719	-797,832	3.18
3.19	90.04	OSWEGO CLINIC	INTERCO RENT	296,307	444,905	-148,598	3.19
3.20	90.05	BOLINGBROOK CLINIC	INTERCO RENT	205,588	308,691	-103,103	3.20
3.21	192	Physicians' Private Offices	INTERCO RENT	129,070	193,799	-64,729	3.21
3.22	5	Administrative & General	SERVICES TO LOH		49,194	-49,194	3.22
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			87,498,384	99,520,874	-12,022,490	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			
7						
8						
9						
10						

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	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	957,526	957,526						1
2	30	Adults & Pediatrics AGGREGATE	690,667	197,317	493,350	177,000	3,947	335,874	16,794	2
3	35	NICU AGGREGATE	506,208	340,600	165,608	177,000	1,325	112,752	5,638	3
4	50	Operating Room AGGREGATE	24,583	24,583						4
5	52	Delivery Room & Labo AGGREGATE	493,570	493,570						5
6	55	Radiology-Therapeuti	100,564		100,564	177,000	1,200	102,115	5,106	6
7	57	CT Scan AGGREGATE	4,191	4,191						7
8	60	Laboratory AGGREGATE	761,763	761,763						8
9	65	Respiratory Therapy AGGREGATE	74,810	74,810						9
10	69	Electrocardiology AGGREGATE	2,607,786	2,607,786						10
11	69.02	EMG/NCV AGGREGATE	89,048	89,048						11
12	90.01	WOUND OSTOMY AGGREGATE	41,625	41,625						12
13	70	Electroencephalogram AGGREGATE	172,316	172,316						13
14	90.02	URODYNAMICS AGGREGATE	13,713	13,713						14
15	90.03	PLAINFIELD CLINIC AGGREGATE	191,188	191,188						15
16	90.04	OSWEGO CLINIC AGGREGATE	645,953	645,953						16
17	90.05	BOLINGBROOK CLINIC AGGREGATE	948,663	948,663						17
18	91	Emergency AGGREGATE	11,460,464	11,460,464						18
19										19
20										20
200		TOTAL	19,784,638	19,025,116	759,522		6,472	550,741	27,538	200

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE							957,526	1
2	30	Adults & Pediatrics AGGREGATE					335,874	157,476	354,793	2
3	35	NICU AGGREGATE					112,752	52,856	393,456	3
4	50	Operating Room AGGREGATE							24,583	4
5	52	Delivery Room & Labo AGGREGATE							493,570	5
6	55	Radiology-Therapeuti					102,115			6
7	57	CT Scan AGGREGATE							4,191	7
8	60	Laboratory AGGREGATE							761,763	8
9	65	Respiratory Therapy AGGREGATE							74,810	9
10	69	Electrocardiology AGGREGATE							2,607,786	10
11	69.02	EMG/NCV AGGREGATE							89,048	11
12	90.01	WOUND OSTOMY AGGREGATE							41,625	12
13	70	Electroencephalogram AGGREGATE							172,316	13
14	90.02	URODYNAMICS AGGREGATE							13,713	14
15	90.03	PLAINFIELD CLINIC AGGREGATE							191,188	15
16	90.04	OSWEGO CLINIC AGGREGATE							645,953	16
17	90.05	BOLINGBROOK CLINIC AGGREGATE							948,663	17
18	91	Emergency AGGREGATE							11,460,464	18
19										19
20										20
200		TOTAL					550,741	210,332	19,235,448	200

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

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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	12,479,901	12,479,901					1
2	Cap Rel Costs-Mvble Equip	18,063,787		18,063,787				2
4	Employee Benefits Department	26,305,515	90,875	131,535	26,527,925			4
5	Administrative & General	106,539,785	1,414,205	2,046,963	5,200,436	115,201,389	115,201,389	5
7	Operation of Plant	21,107,693	3,211,104	4,647,850	616,933	29,583,580	9,180,377	7
8	Laundry & Linen Service	509,800	32,237	46,661		588,698	182,685	8
9	Housekeeping	5,868,204	63,511	91,927	2	6,023,644	1,869,257	9
10	Dietary	1,612,627	95,345	138,005		1,845,977	572,844	10
11	Cafeteria	1,950,840	243,034	351,775		2,545,649	789,966	11
13	Nursing Administration	4,000,144	31,308	45,317	434,547	4,511,316	1,399,952	13
14	Central Services & Supply	4,072,344	202,225	292,706	237,908	4,805,183	1,491,144	14
15	Pharmacy	5,233,385	112,209	162,414	543,949	6,051,957	1,878,043	15
16	Medical Records & Library	3,363,378	28,819	41,714	397,368	3,831,279	1,188,922	16
23	PARAMED ED PRGM-EMS	754,661	41,686	60,338	101,836	958,521	297,448	23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	39,621,385	2,220,526	3,214,057	4,557,979	49,613,947	15,396,242	30
31	Intensive Care Unit	5,431,302	218,107	315,694	636,873	6,601,976	2,048,725	31
32	Coronary Care Unit	5,805,834	525,914	761,223	7,766,502	2,410,101	2,410,101	32
35	NICU	5,407,169	286,175	414,219	631,915	6,739,478	2,091,395	35
43	Nursery	1,594,117	123,638	178,958	184,408	2,081,121	645,813	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,862,367	737,955	1,068,138	940,628	11,609,088	3,602,532	50
50.02	ENDOSCOPY	3,118,458	169,233	244,954	222,275	3,754,920	1,165,227	50.02
51	Recovery Room	1,593,742	83,214	120,447	191,094	1,988,497	617,070	51
52	Delivery Room & Labor Room	6,560,923	420,612	608,806	742,712	8,333,053	2,585,913	52
53	Anesthesiology	2,516,625	11,798	17,076	56,215	2,601,714	807,364	53
54	Radiology-Diagnostic	3,271,086	210,779	305,088	377,925	4,164,878	1,292,445	54
54.01	ULTRASOUND	1,531,119	16,618	24,054	182,248	1,754,039	544,313	54.01
54.02	WOMENS IMAGING CENTER	1,557,524	8,765	12,687	113,373	1,692,349	525,170	54.02
54.03	SPECIAL PROCEDURES	768,267	24,559	35,548	98,114	926,488	287,508	54.03
54.04	IMAGING CENTER	1,691,304			158,216	1,849,520	573,943	54.04
55	Radiology-Therapeutic	24,263,053			614,715	24,877,768	7,720,069	55
56	Radioisotope	1,473,187	59,865	86,650	81,153	1,700,855	527,809	56
57	CT Scan	2,375,077	111,017	160,689	242,885	2,889,668	896,722	57
58	MRI	1,494,071	56,359	81,575	121,310	1,753,315	544,089	58
59	Cardiac Catheterization	3,816,098	143,202	207,274	430,475	4,597,049	1,426,556	59
60	Laboratory	8,889,504	136,470	197,531	652,123	9,875,628	3,064,605	60
62	Whole Blood & Packed Red Blood Cells	2,557,413	11,990	17,355	56,888	2,643,646	820,376	62
65	Respiratory Therapy	3,196,470	48,312	69,929	398,864	3,713,575	1,152,397	65
66	Physical Therapy	4,716,693	3,418	4,948	555,968	5,281,027	1,638,808	66
68	Speech Pathology	661,340			84,343	745,683	231,400	68
69	Electrocardiology	3,412,427	214,969	311,152	422,406	4,360,954	1,353,291	69
69.01	CARDIOLOGY OUTREACH	613,826			44,752	658,578	204,370	69.01
69.02	EMG/NCV	42,228			4,567	46,795	14,521	69.02
70	Electroencephalography	7,505,957			169,477	7,675,434	2,381,841	70
71	Medical Supplies Charged to Patients	19,730,138			3,053	19,733,191	6,123,604	71
72	Impl. Dev. Charged to Patients	42,278,960				42,278,960	13,120,007	72
73	Drugs Charged to Patients	12,588,412				12,588,412	3,906,436	73
75	ASC (Non-Distinct Part)	3,605,667	246,470	356,748	459,872	4,668,757	1,448,809	75
76.97	CARDIAC REHABILITATION	956,942	62,354	90,253	120,869	1,230,418	381,823	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,586,651	23,876	34,558	206,635	1,851,720	574,626	90
90.01	WOUND OSTOMY	1,453,166	101,761	147,292	119,594	1,821,813	565,345	90.01
90.02	URODYNAMICS	372,571			35,951	408,522	126,773	90.02
90.03	PLAINFIELD CLINIC	18,266,132			938,171	19,204,303	5,959,479	90.03
90.04	OSWEGO CLINIC	1,731,428			256,271	1,987,699	616,823	90.04
90.05	BOLINGBROOK CLINIC	1,953,577			345,495	2,299,072	713,448	90.05
91	Emergency	10,215,124	548,492	793,904	2,531,642	14,089,162	4,372,149	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
118	SUBTOTALS (sum of lines 1-117)	480,949,398	12,393,006	17,938,012	26,197,964	480,406,767	113,330,575	118
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen	480,852	19,493	28,215	13,374	541,934	168,173	190
192	Physicians' Private Offices	5,005,176	67,402	97,560	316,587	5,486,725	1,702,641	192
194	LINDEN OAKS HOSPITAL							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	486,435,426	12,479,901	18,063,787	26,527,925	486,435,426	115,201,389	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	38,763,957						7
8	Laundry & Linen Service	160,960	932,343					8
9	Housekeeping	317,107		8,210,008				9
10	Dietary	476,054	1,036	93,669	2,989,580			10
11	Cafeteria	1,213,461		238,762		4,787,838		11
13	Nursing Administration	156,321		30,758		166,727	6,265,074	13
14	Central Services & Supply	1,009,700	1,627	198,670		113,481		14
15	Pharmacy	560,254		110,236		114,860		15
16	Medical Records & Library	143,893		15,396		142,635		16
23	PARAMED ED PRGM-EMS	208,137	23,440	40,953		12,869	26,819	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	11,087,007	363,025	2,181,499	2,569,368	1,151,254	2,399,312	30
31	Intensive Care Unit	1,088,999	31,693	214,273	200,963	128,360	267,514	31
32	Coronary Care Unit	2,625,868	34,951	516,670	219,249	143,470	299,004	32
35	NICU	1,428,862	25,685	281,145		132,529	276,202	35
43	Nursery	617,321		121,465				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	3,684,582	59,749	724,984		239,074	498,250	50
50.02	ENDOSCOPY	844,976	15,003	166,259		53,858	112,245	50.02
51	Recovery Room	415,486	20,416	81,752		42,031	87,596	51
52	Delivery Room & Labor Room	2,100,099	61,914	413,219		176,029	366,860	52
53	Anesthesiology	58,905		11,590		20,445	42,608	53
54	Radiology-Diagnostic	1,052,413	18,266	207,074		137,202	285,941	54
54.01	ULTRASOUND	82,975	13,962	16,326		35,699	74,400	54.01
54.02	WOMENS IMAGING CENTER	43,763	2,049	8,611		24,870	51,832	54.02
54.03	SPECIAL PROCEDURES	122,624	2,643	24,128		16,864		54.03
54.04	IMAGING CENTER		10,660			27,192		54.04
55	Radiology-Therapeutic		7,421			147,428		55
56	Radioisotope	298,901	13,584	58,812		14,252		56
57	CT Scan	554,302	13,770	70,041		50,209	104,640	57
58	MRI	281,396	12,200	55,368		22,515	46,923	58
59	Cardiac Catheterization	715,000	1,992	138,790		84,132		59
60	Laboratory	681,390	201	134,071		201,846	420,664	60
62	Whole Blood & Packed Red Blood Cells	59,868		11,780		14,284	29,769	62
65	Respiratory Therapy	241,222		47,463		124,625		65
66	Physical Therapy	17,068	8,986	3,358		137,580		66
68	Speech Pathology					18,560		68
69	Electrocardiology	1,073,331		385,785		117,637		69
69.01	CARDIOLOGY OUTREACH		964					69.01
69.02	EMG/NCV					1,828		69.02
70	Electroencephalography		3,306			41,895	87,313	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)	1,230,616	21,267	242,138		111,755		75
76.97	CARDIAC REHABILITATION	311,330	1,306	50,804		33,337		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	119,210	901	23,456		79,492	165,669	90
90.01	WOUND OSTOMY	508,088	3,222			32,894		90.01
90.02	URODYNAMICS		449			8,232		90.02
90.03	PLAINFIELD CLINIC		41,687			216,725		90.03
90.04	OSWEGO CLINIC		2,196			35,034		90.04
90.05	BOLINGBROOK CLINIC		328			47,035		90.05
91	Emergency	2,738,601	65,273	538,852		298,218	621,513	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	38,330,090	885,172	7,458,157	2,989,580	4,718,962	6,265,074	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	97,329		19,151		3,992		190
192	Physicians' Private Offices	336,538	1,423	66,218		64,884		192
194	LINDEN OAKS HOSPITAL		45,748	666,482				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	38,763,957	932,343	8,210,008	2,989,580	4,787,838	6,265,074	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		14	15	16	23	24	25
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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	7,619,805					14
15	Pharmacy		8,715,350				15
16	Medical Records & Library			5,322,125			16
23	PARAMED ED PRGM-EMS				1,568,187		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics			340,961	103,682	85,206,297	30
31	Intensive Care Unit			48,959	23,040	10,654,502	31
32	Coronary Care Unit			58,327		14,074,142	32
35	NICU			32,690		11,007,986	35
43	Nursery			10,175		3,475,895	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room			272,039	23,040	20,713,338	50
50.02	ENDOSCOPY			78,600		6,191,088	50.02
51	Recovery Room			57,902		3,310,750	51
52	Delivery Room & Labor Room			49,850		14,086,937	52
53	Anesthesiology			114,921		3,657,547	53
54	Radiology-Diagnostic			143,940		7,302,159	54
54.01	ULTRASOUND			83,859		2,605,573	54.01
54.02	WOMENS IMAGING CENTER			31,250		2,379,894	54.02
54.03	SPECIAL PROCEDURES			26,830		1,407,085	54.03
54.04	IMAGING CENTER			91,425		2,552,740	54.04
55	Radiology-Therapeutic			329,167		33,081,853	55
56	Radioisotope			34,687		2,648,900	56
57	CT Scan			331,740		4,911,092	57
58	MRI			100,947		2,816,753	58
59	Cardiac Catheterization			211,554		7,175,073	59
60	Laboratory			567,786	60,481	15,006,672	60
62	Whole Blood & Packed Red Blood Cells			34,520		3,614,243	62
65	Respiratory Therapy			108,091	11,520	5,398,893	65
66	Physical Therapy			81,354		7,168,181	66
68	Speech Pathology			13,022		1,008,665	68
69	Electrocardiology			172,236		7,463,234	69
69.01	CARDIOLOGY OUTREACH			19,638		883,550	69.01
69.02	EMG/NCV			2,016		65,160	69.02
70	Electroencephalography			48,563		10,238,352	70
71	Medical Supplies Charged to Patients	2,394,055		162,833		28,413,683	71
72	Impl. Dev. Charged to Patients	5,225,750		277,613		60,902,330	72
73	Drugs Charged to Patients		8,715,350	293,911		25,504,109	73
75	ASC (Non-Distinct Part)			29,963	17,280	7,770,585	75
76.97	CARDIAC REHABILITATION			17,180		2,026,198	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic			9,977		2,825,051	90
90.01	WOUND OSTOMY			31,467		2,962,829	90.01
90.02	URODYNAMICS			3,563		547,539	90.02
90.03	PLAINFIELD CLINIC			522,935		25,945,129	90.03
90.04	OSWEGO CLINIC			32,471		2,674,223	90.04
90.05	BOLINGBROOK CLINIC			21,062		3,080,945	90.05
91	Emergency			422,101	1,329,144	24,475,013	91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	7,619,805	8,715,350	5,322,125	1,568,187	477,234,188	118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen					830,579	190
192	Physicians' Private Offices					7,658,429	192
194	LINDEN OAKS HOSPITAL					712,230	194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	7,619,805	8,715,350	5,322,125	1,568,187	486,435,426	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
23	PARAMED ED PRGM-EMS						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	85,206,297					30
31	Intensive Care Unit	10,654,502					31
32	Coronary Care Unit	14,074,142					32
35	NICU	11,007,986					35
43	Nursery	3,475,895					43
	<b>ANCLLARY SERVICE COST CENTERS</b>						
50	Operating Room	20,713,338					50
50.02	ENDOSCOPY	6,191,088					50.02
51	Recovery Room	3,310,750					51
52	Delivery Room & Labor Room	14,086,937					52
53	Anesthesiology	3,657,547					53
54	Radiology-Diagnostic	7,302,159					54
54.01	ULTRASOUND	2,605,573					54.01
54.02	WOMENS IMAGING CENTER	2,379,894					54.02
54.03	SPECIAL PROCEDURES	1,407,085					54.03
54.04	IMAGING CENTER	2,552,740					54.04
55	Radiology-Therapeutic	33,081,853					55
56	Radioisotope	2,648,900					56
57	CT Scan	4,911,092					57
58	MRI	2,816,753					58
59	Cardiac Catheterization	7,175,073					59
60	Laboratory	15,006,672					60
62	Whole Blood & Packed Red Blood Cells	3,614,243					62
65	Respiratory Therapy	5,398,893					65
66	Physical Therapy	7,168,181					66
68	Speech Pathology	1,008,665					68
69	Electrocardiology	7,463,234					69
69.01	CARDIOLOGY OUTREACH	883,550					69.01
69.02	EMG/NCV	65,160					69.02
70	Electroencephalography	10,238,352					70
71	Medical Supplies Charged to Patients	28,413,683					71
72	Impl. Dev. Charged to Patients	60,902,330					72
73	Drugs Charged to Patients	25,504,109					73
75	ASC (Non-Distinct Part)	7,770,585					75
76.97	CARDIAC REHABILITATION	2,026,198					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	2,825,051					90
90.01	WOUND OSTOMY	2,962,829					90.01
90.02	URODYNAMICS	547,539					90.02
90.03	PLAINFIELD CLINIC	25,945,129					90.03
90.04	OSWEGO CLINIC	2,674,223					90.04
90.05	BOLINGBROOK CLINIC	3,080,945					90.05
91	Emergency	24,475,013					91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	477,234,188					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	830,579					190
192	Physicians' Private Offices	7,658,429					192
194	LINDEN OAKS HOSPITAL	712,230					194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	486,435,426					202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		90,875	131,535	222,410	222,410		4
5	Administrative & General	1,414,205		2,046,963	3,461,168	43,654	3,504,822	5
7	Operation of Plant		3,211,104	4,647,850	7,858,954	5,171	279,299	7
8	Laundry & Linen Service		32,237	46,661	78,898		5,558	8
9	Housekeeping		63,511	91,927	155,438		56,869	9
10	Dietary		95,345	138,005	233,350		17,428	10
11	Cafeteria		243,034	351,775	594,809		24,033	11
13	Nursing Administration		31,308	45,317	76,625	3,642	42,591	13
14	Central Services & Supply		202,225	292,706	494,931	1,994	45,366	14
15	Pharmacy		112,209	162,414	274,623	4,559	57,137	15
16	Medical Records & Library		28,819	41,714	70,533	3,331	36,171	16
23	PARAMED ED PRGM-EMS		41,686	60,338	102,024	854	9,049	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		2,220,526	3,214,057	5,434,583	38,203	468,406	30
31	Intensive Care Unit		218,107	315,694	533,801	5,338	62,329	31
32	Coronary Care Unit		525,914	761,223	1,287,137	5,645	73,324	32
35	NICU		286,175	414,219	700,394	5,296	63,627	35
43	Nursery		123,638	178,958	302,596	1,546	19,648	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		737,955	1,068,138	1,806,093	7,884	109,601	50
50.02	ENDOSCOPY		169,233	244,954	414,187	1,863	35,450	50.02
51	Recovery Room		83,214	120,447	203,661	1,602	18,773	51
52	Delivery Room & Labor Room		420,612	608,806	1,029,418	6,225	78,672	52
53	Anesthesiology		11,798	17,076	28,874	471	24,563	53
54	Radiology-Diagnostic		210,779	305,088	515,867	3,168	39,321	54
54.01	ULTRASOUND		16,618	24,054	40,672	1,528	16,560	54.01
54.02	WOMENS IMAGING CENTER		8,765	12,687	21,452	950	15,977	54.02
54.03	SPECIAL PROCEDURES		24,559	35,548	60,107	822	8,747	54.03
54.04	IMAGING CENTER					1,326	17,461	54.04
55	Radiology-Therapeutic					5,152	234,871	55
56	Radioisotope		59,865	86,650	146,515	680	16,058	56
57	CT Scan		111,017	160,689	271,706	2,036	27,281	57
58	MRI		56,359	81,575	137,934	1,017	16,553	58
59	Cardiac Catheterization		143,202	207,274	350,476	3,608	43,401	59
60	Laboratory		136,470	197,531	334,001	5,466	93,236	60
62	Whole Blood & Packed Red Blood Cells		11,990	17,355	29,345	477	24,959	62
65	Respiratory Therapy		48,312	69,929	118,241	3,343	35,060	65
66	Physical Therapy		3,418	4,948	8,366	4,660	49,858	66
68	Speech Pathology					707	7,040	68
69	Electrocardiology		214,969	311,152	526,121	3,540	41,172	69
69.01	CARDIOLOGY OUTREACH					375	6,218	69.01
69.02	EMG/NCV					38	442	69.02
70	Electroencephalography					1,420	72,464	70
71	Medical Supplies Charged to Patients					26	186,301	71
72	Impl. Dev. Charged to Patients						399,156	72
73	Drugs Charged to Patients						118,847	73
75	ASC (Non-Distinct Part)		246,470	356,748	603,218	3,854	44,078	75
76.97	CARDIAC REHABILITATION		62,354	90,253	152,607	1,013	11,616	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		23,876	34,558	58,434	1,732	17,482	90
90.01	WOUND OSTOMY		101,761	147,292	249,053	1,002	17,200	90.01
90.02	URODYNAMICS					301	3,857	90.02
90.03	PLAINFIELD CLINIC					7,863	181,308	90.03
90.04	OSWEGO CLINIC					2,148	18,766	90.04
90.05	BOLINGBROOK CLINIC					2,896	21,706	90.05
91	Emergency		548,492	793,904	1,342,396	21,219	133,016	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		12,393,006	17,938,012	30,331,018	219,645	3,447,906	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		19,493	28,215	47,708	112	5,116	190
192	Physicians' Private Offices		67,402	97,560	164,962	2,653	51,800	192
194	LINDEN OAKS HOSPITAL							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		12,479,901	18,063,787	30,543,688	222,410	3,504,822	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	8,143,424						7
8	Laundry & Linen Service	33,814	118,270					8
9	Housekeeping	66,617		278,924				9
10	Dietary	100,008	131	3,182	354,099			10
11	Cafeteria	254,920		8,112		881,874		11
13	Nursing Administration	32,840		1,045		30,710	187,453	13
14	Central Services & Supply	212,115	206	6,750		20,902		14
15	Pharmacy	117,697		3,745		21,156		15
16	Medical Records & Library	30,229		523		26,272		16
23	PARAMED ED PRGM-EMS	43,725	2,973	1,391		2,370	802	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	2,329,127	46,052	74,111	304,327	212,048	71,789	30
31	Intensive Care Unit	228,774	4,020	7,280	23,803	23,643	8,004	31
32	Coronary Care Unit	551,635	4,434	17,553	25,969	26,426	8,946	32
35	NICU	300,171	3,258	9,552		24,411	8,264	35
43	Nursery	129,685		4,127				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	774,047	7,579	24,630		44,035	14,908	50
50.02	ENDOSCOPY	177,510	1,903	5,648		9,920	3,358	50.02
51	Recovery Room	87,284	2,590	2,777		7,742	2,621	51
52	Delivery Room & Labor Room	441,183	7,854	14,039		32,423	10,977	52
53	Anesthesiology	12,375		394		3,766	1,275	53
54	Radiology-Diagnostic	221,088	2,317	7,035		25,271	8,555	54
54.01	ULTRASOUND	17,431	1,771	555		6,575	2,226	54.01
54.02	WOMENS IMAGING CENTER	9,194	260	293		4,581	1,551	54.02
54.03	SPECIAL PROCEDURES	25,760	335	820		3,106		54.03
54.04	IMAGING CENTER		1,352			5,009		54.04
55	Radiology-Therapeutic		941			27,155		55
56	Radioisotope	62,792	1,723	1,998		2,625		56
57	CT Scan	116,446	1,747	2,380		9,248	3,131	57
58	MRI	59,115	1,548	1,881		4,147	1,404	58
59	Cardiac Catheterization	150,205	253	4,715		15,496		59
60	Laboratory	143,145	25	4,555		37,178	12,586	60
62	Whole Blood & Packed Red Blood Cells	12,577		400		2,631	891	62
65	Respiratory Therapy	50,675		1,612		22,955		65
66	Physical Therapy	3,586	1,140	114		25,341		66
68	Speech Pathology					3,419		68
69	Electrocardiology	225,482		13,107		21,668		69
69.01	CARDIOLOGY OUTREACH		122					69.01
69.02	EMG/NCV					337		69.02
70	Electroencephalography		419			7,717	2,612	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)	258,524	2,698	8,226		20,584		75
76.97	CARDIAC REHABILITATION	65,403	166	1,726		6,140		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	25,043	114	797		14,642	4,957	90
90.01	WOUND OSTOMY	106,738	409			6,059		90.01
90.02	URODYNAMICS		57			1,516		90.02
90.03	PLAINFIELD CLINIC		5,288			39,919		90.03
90.04	OSWEGO CLINIC		279			6,453		90.04
90.05	BOLINGBROOK CLINIC		42			8,663		90.05
91	Emergency	575,318	8,280	18,307		54,929	18,596	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	8,052,278	112,286	253,380	354,099	869,188	187,453	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	20,447		651		735		190
192	Physicians' Private Offices	70,699	181	2,250		11,951		192
194	LINDEN OAKS HOSPITAL		5,803	22,643				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,143,424	118,270	278,924	354,099	881,874	187,453	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		14	15	16	23	24	25
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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	782,264					14
15	Pharmacy		478,917				15
16	Medical Records & Library			167,059			16
23	PARAMED ED PRGM-EMS				163,188		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics			10,728		8,989,374	30
31	Intensive Care Unit			1,540		898,532	31
32	Coronary Care Unit			1,835		2,002,904	32
35	NICU			1,029		1,116,002	35
43	Nursery			320		457,922	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room			8,559		2,797,336	50
50.02	ENDOSCOPY			2,473		652,312	50.02
51	Recovery Room			1,822		328,872	51
52	Delivery Room & Labor Room			1,568		1,622,359	52
53	Anesthesiology			3,616		75,334	53
54	Radiology-Diagnostic			4,529		827,151	54
54.01	ULTRASOUND			2,639		89,957	54.01
54.02	WOMENS IMAGING CENTER			983		55,241	54.02
54.03	SPECIAL PROCEDURES			844		100,541	54.03
54.04	IMAGING CENTER			2,877		28,025	54.04
55	Radiology-Therapeutic			10,357		278,476	55
56	Radioisotope			1,091		233,482	56
57	CT Scan			10,438		444,413	57
58	MRI			3,176		226,775	58
59	Cardiac Catheterization			6,656		574,810	59
60	Laboratory			17,468		647,660	60
62	Whole Blood & Packed Red Blood Cells			1,086		72,366	62
65	Respiratory Therapy			3,401		235,287	65
66	Physical Therapy			2,560		95,625	66
68	Speech Pathology			410		11,576	68
69	Electrocardiology			5,419		836,509	69
69.01	CARDIOLOGY OUTREACH			618		7,333	69.01
69.02	EMG/NCV			63		880	69.02
70	Electroencephalography			1,528		86,160	70
71	Medical Supplies Charged to Patients	245,774		5,123		437,224	71
72	Impl. Dev. Charged to Patients	536,490		8,735		944,381	72
73	Drugs Charged to Patients		478,917	9,248		607,012	73
75	ASC (Non-Distinct Part)			943		942,125	75
76.97	CARDIAC REHABILITATION			541		239,212	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic			314		123,515	90
90.01	WOUND OSTOMY			990		381,451	90.01
90.02	URODYNAMICS			112		5,843	90.02
90.03	PLAINFIELD CLINIC			16,454		250,832	90.03
90.04	OSWEGO CLINIC			1,022		28,668	90.04
90.05	BOLINGBROOK CLINIC			663		33,970	90.05
91	Emergency			13,281		2,185,342	91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	782,264	478,917	167,059		29,972,789	118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen					74,769	190
192	Physicians' Private Offices					304,496	192
194	LINDEN OAKS HOSPITAL					28,446	194
200	Cross Foot Adjustments				163,188	163,188	200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	782,264	478,917	167,059	163,188	30,543,688	202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
23	PARAMED ED PRGM-EMS						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	8,989,374					30
31	Intensive Care Unit	898,532					31
32	Coronary Care Unit	2,002,904					32
35	NICU	1,116,002					35
43	Nursery	457,922					43
	<b>ANCLLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,797,336					50
50.02	ENDOSCOPY	652,312					50.02
51	Recovery Room	328,872					51
52	Delivery Room & Labor Room	1,622,359					52
53	Anesthesiology	75,334					53
54	Radiology-Diagnostic	827,151					54
54.01	ULTRASOUND	89,957					54.01
54.02	WOMENS IMAGING CENTER	55,241					54.02
54.03	SPECIAL PROCEDURES	100,541					54.03
54.04	IMAGING CENTER	28,025					54.04
55	Radiology-Therapeutic	278,476					55
56	Radioisotope	233,482					56
57	CT Scan	444,413					57
58	MRI	226,775					58
59	Cardiac Catheterization	574,810					59
60	Laboratory	647,660					60
62	Whole Blood & Packed Red Blood Cells	72,366					62
65	Respiratory Therapy	235,287					65
66	Physical Therapy	95,625					66
68	Speech Pathology	11,576					68
69	Electrocardiology	836,509					69
69.01	CARDIOLOGY OUTREACH	7,333					69.01
69.02	EMG/NCV	880					69.02
70	Electroencephalography	86,160					70
71	Medical Supplies Charged to Patients	437,224					71
72	Impl. Dev. Charged to Patients	944,381					72
73	Drugs Charged to Patients	607,012					73
75	ASC (Non-Distinct Part)	942,125					75
76.97	CARDIAC REHABILITATION	239,212					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	123,515					90
90.01	WOUND OSTOMY	381,451					90.01
90.02	URODYNAMICS	5,843					90.02
90.03	PLAINFIELD CLINIC	250,832					90.03
90.04	OSWEGO CLINIC	28,668					90.04
90.05	BOLINGBROOK CLINIC	33,970					90.05
91	Emergency	2,185,342					91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	29,972,789					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	74,769					190
192	Physicians' Private Offices	304,496					192
194	LINDEN OAKS HOSPITAL	28,446					194
200	Cross Foot Adjustments	163,188					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	30,543,688					202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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 SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	711,922						1
2	Cap Rel Costs-Mvble Equip		711,922					2
4	Employee Benefits Department	5,184	5,184	202,683,342				4
5	Administrative & General	80,674	80,674	39,733,770	-115,201,389	371,234,037		5
7	Operation of Plant	183,179	183,179	4,713,585		29,583,580	442,885	7
8	Laundry & Linen Service	1,839	1,839			588,698	1,839	8
9	Housekeeping	3,623	3,623	16		6,023,644	3,623	9
10	Dietary	5,439	5,439			1,845,977	5,439	10
11	Cafeteria	13,864	13,864			2,545,649	13,864	11
13	Nursing Administration	1,786	1,786	3,320,096		4,511,316	1,786	13
14	Central Services & Supply	11,536	11,536	1,817,701		4,805,183	11,536	14
15	Pharmacy	6,401	6,401	4,155,966		6,051,957	6,401	15
16	Medical Records & Library	1,644	1,644	3,036,029		3,831,279	1,644	16
23	PARAMED ED PRGM-EMS	2,378	2,378	778,065		958,521	2,378	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	126,671	126,671	34,824,573		49,613,947	126,671	30
31	Intensive Care Unit	12,442	12,442	4,865,935		6,601,976	12,442	31
32	Coronary Care Unit	30,001	30,001	5,146,013		7,766,502	30,001	32
35	NICU	16,325	16,325	4,828,055		6,739,478	16,325	35
43	Nursery	7,053	7,053	1,408,943		2,081,121	7,053	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	42,097	42,097	7,186,733		11,609,088	42,097	50
50.02	ENDOSCOPY	9,654	9,654	1,698,260		3,754,920	9,654	50.02
51	Recovery Room	4,747	4,747	1,460,029		1,988,497	4,747	51
52	Delivery Room & Labor Room	23,994	23,994	5,674,581		8,333,053	23,994	52
53	Anesthesiology	673	673	429,506		2,601,714	673	53
54	Radiology-Diagnostic	12,024	12,024	2,887,480		4,164,878	12,024	54
54.01	ULTRASOUND	948	948	1,392,436		1,754,039	948	54.01
54.02	WOMENS IMAGING CENTER	500	500	866,206		1,692,349	500	54.02
54.03	SPECIAL PROCEDURES	1,401	1,401	749,628		926,488	1,401	54.03
54.04	IMAGING CENTER			1,208,825		1,849,520		54.04
55	Radiology-Therapeutic			4,696,636		24,877,768		55
56	Radioisotope	3,415	3,415	620,039		1,700,855	3,415	56
57	CT Scan	6,333	6,333	1,855,729		2,889,668	6,333	57
58	MRI	3,215	3,215	926,854		1,753,315	3,215	58
59	Cardiac Catheterization	8,169	8,169	3,288,982		4,597,049	8,169	59
60	Laboratory	7,785	7,785	4,982,449		9,875,628	7,785	60
62	Whole Blood & Packed Red Blood Cells	684	684	434,643		2,643,646	684	62
65	Respiratory Therapy	2,756	2,756	3,047,462		3,713,575	2,756	65
66	Physical Therapy	195	195	4,247,790		5,281,027	195	66
68	Speech Pathology			644,412		745,683		68
69	Electrocardiology	12,263	12,263	3,227,333		4,360,954	12,263	69
69.01	CARDIOLOGY OUTREACH			341,921		658,578		69.01
69.02	EMG/NCV			34,894		46,795		69.02
70	Electroencephalography			1,294,861		7,675,434		70
71	Medical Supplies Charged to Patients			23,324		19,733,191		71
72	Impl. Dev. Charged to Patients					42,278,960		72
73	Drugs Charged to Patients					12,588,412		73
75	ASC (Non-Distinct Part)	14,060	14,060	3,513,587		4,668,757	14,060	75
76.97	CARDIAC REHABILITATION	3,557	3,557	923,484		1,230,418	3,557	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,362	1,362	1,578,766		1,851,720	1,362	90
90.01	WOUND OSTOMY	5,805	5,805	913,741		1,821,813	5,805	90.01
90.02	URODYNAMICS			274,676		408,522		90.02
90.03	PLAINFIELD CLINIC			7,167,961		19,204,303		90.03
90.04	OSWEGO CLINIC			1,958,002		1,987,699		90.04
90.05	BOLINGBROOK CLINIC			2,639,703		2,299,072		90.05
91	Emergency	31,289	31,289	19,342,641		14,089,162	31,289	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	706,965	706,965	200,162,321	-115,201,389	365,205,378	437,928	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,112	1,112	102,181		541,934	1,112	190
192	Physicians' Private Offices	3,845	3,845	2,418,840		5,486,725	3,845	192
194	LINDEN OAKS HOSPITAL							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	12,479,901	18,063,787	26,527,925		115,201,389	38,763,957	202
203	Unit Cost Multiplier (Wkst. B, Part I)	17,529,871	25,373,267	0,130,884		0,310,320	87,526,010	203
204	Cost to be allocated (Per Wkst. B, Part II)			222,410		3,504,822	8,143,424	204

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

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
205	Unit Cost Multiplier (Wkst. B. Part II)			0.001097		0.009441	18.387220	205

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

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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 PATIENT DAYS	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service	1,493,655						8
9	Housekeeping		476,723					9
10	Dietary	1,660	5,439	80,436				10
11	Cafeteria		13,864		4,197,562			11
13	Nursing Administration		1,786		146,172	2,635,530		13
14	Central Services & Supply	2,606	11,536		99,490		61,648,027	14
15	Pharmacy		6,401		100,699			15
16	Medical Records & Library		894		125,050			16
23	PARAMED ED PRGM-EMS	37,552	2,378		11,282	11,282		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	581,587	126,671	69,130	1,009,319	1,009,319		30
31	Intensive Care Unit	50,773	12,442	5,407	112,535	112,535		31
32	Coronary Care Unit	55,993	30,001	5,899	125,782	125,782		32
35	NICU	41,148	16,325		116,190	116,190		35
43	Nursery		7,053					43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	95,720	42,097		209,599	209,599		50
50.02	ENDOSCOPY	24,035	9,654		47,218	47,218		50.02
51	Recovery Room	32,707	4,747		36,849	36,849		51
52	Delivery Room & Labor Room	99,189	23,994		154,327	154,327		52
53	Anesthesiology		673		17,924	17,924		53
54	Radiology-Diagnostic	29,263	12,024		120,287	120,287		54
54.01	ULTRASOUND	22,367	948		31,298	31,298		54.01
54.02	WOMENS IMAGING CENTER	3,282	500		21,804	21,804		54.02
54.03	SPECIAL PROCEDURES	4,235	1,401		14,785			54.03
54.04	IMAGING CENTER	17,078			23,840			54.04
55	Radiology-Therapeutic	11,888			129,252			55
56	Radioisotope	21,762	3,415		12,495			56
57	CT Scan	22,060	4,067		44,019	44,019		57
58	MRI	19,545	3,215		19,739	19,739		58
59	Cardiac Catheterization	3,192	8,059		73,760			59
60	Laboratory	322	7,785		176,961	176,961		60
62	Whole Blood & Packed Red Blood Cells		684		12,523	12,523		62
65	Respiratory Therapy		2,756		109,260			65
66	Physical Therapy	14,396	195		120,618			66
68	Speech Pathology				16,272			68
69	Electrocardiology		22,401		103,134			69
69.01	CARDIOLOGY OUTREACH	1,544						69.01
69.02	EMG/NCV				1,603			69.02
70	Electroencephalography	5,296			36,730	36,730		70
71	Medical Supplies Charged to Patients						19,369,067	71
72	Impl. Dev. Charged to Patients						42,278,960	72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)	34,070	14,060		97,977			75
76.97	CARDIAC REHABILITATION	2,093	2,950		29,227			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,443	1,362		69,692	69,692		90
90.01	WOUND OSTOMY	5,162			28,839			90.01
90.02	URODYNAMICS	719			7,217			90.02
90.03	PLAINFIELD CLINIC	66,784			190,006			90.03
90.04	OSWEGO CLINIC	3,518			30,715			90.04
90.05	BOLINGBROOK CLINIC	526			41,236			90.05
91	Emergency	104,570	31,289		261,452	261,452		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,418,085	433,066	80,436	4,137,177	2,635,530	61,648,027	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		1,112		3,500			190
192	Physicians' Private Offices	2,280	3,845		56,885			192
194	LINDEN OAKS HOSPITAL	73,290	38,700					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	932,343	8,210,008	2,989,580	4,787,838	6,265,074	7,619,805	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.624202	17.221758	37.167189	1.140624	2.377159	0.123602	203
204	Cost to be allocated (Per Wkst. B, Part II)	118,270	278,924	354,099	881,874	187,453	782,264	204

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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 PATIENT DAYS	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
205	Unit Cost Multiplier (Wkst. B. Part II)	0.079182	0.585086	4.402245	0.210092	0.071125	0.012689	205

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

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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	12,588,412					15
16	Medical Records & Library		2,427,000,432				16
23	PARAMED ED PRGM-EMS			1,089			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		155,477,160	72			30
31	Intensive Care Unit		22,324,988	16			31
32	Coronary Care Unit		26,596,676				32
35	NICU		14,906,660				35
43	Nursery		4,639,977				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		124,048,847	16			50
50.02	ENDOSCOPY		35,841,360				50.02
51	Recovery Room		26,403,144				51
52	Delivery Room & Labor Room		22,731,400				52
53	Anesthesiology		52,403,781				53
54	Radiology-Diagnostic		65,635,970				54
54.01	ULTRASOUND		38,239,286				54.01
54.02	WOMENS IMAGING CENTER		14,249,904				54.02
54.03	SPECIAL PROCEDURES		12,234,551				54.03
54.04	IMAGING CENTER		41,689,588				54.04
55	Radiology-Therapeutic		150,098,903				55
56	Radioisotope		15,817,127				56
57	CT Scan		151,272,208				57
58	MRI		46,031,322				58
59	Cardiac Catheterization		96,467,880				59
60	Laboratory		259,038,777	42			60
62	Whole Blood & Packed Red Blood Cells		15,740,825				62
65	Respiratory Therapy		49,288,966	8			65
66	Physical Therapy		37,096,987				66
68	Speech Pathology		5,937,982				68
69	Electrocardiology		78,539,125				69
69.01	CARDIOLOGY OUTREACH		8,954,824				69.01
69.02	EMG/NCV		919,229				69.02
70	Electroencephalography		22,144,324				70
71	Medical Supplies Charged to Patients		74,251,351				71
72	Impl. Dev. Charged to Patients		126,590,611				72
73	Drugs Charged to Patients	12,588,412	134,022,376				73
75	ASC (Non-Distinct Part)		13,662,985	12			75
76.97	CARDIAC REHABILITATION		7,834,042				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		4,549,314				90
90.01	WOUND OSTOMY		14,348,941				90.01
90.02	URODYNAMICS		1,624,703				90.02
90.03	PLAINFIELD CLINIC		238,456,607				90.03
90.04	OSWEGO CLINIC		14,806,784				90.04
90.05	BOLINGBROOK CLINIC		9,604,301				90.05
91	Emergency		192,476,646	923			91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	12,588,412	2,427,000,432	1,089			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	LINDEN OAKS HOSPITAL						194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	8,715,350	5,322,125	1,568,187			202

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EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION EMS ASSIGNED TIME				
		15	16	23				
203	Unit Cost Multiplier (Wkst. B, Part I)	0.692331	0.002193	1,440.024793				203
204	Cost to be allocated (Per Wkst. B, Part II)	478,917	167,059	163,188				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.038044	0.000069	149.851240				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

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

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	85,206,297		85,206,297	157,476	85,363,773	30
31	Intensive Care Unit	10,654,502		10,654,502		10,654,502	31
32	Coronary Care Unit	14,074,142		14,074,142		14,074,142	32
35	NICU	11,007,986		11,007,986	52,856	11,060,842	35
43	Nursery	3,475,895		3,475,895		3,475,895	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	20,713,338		20,713,338		20,713,338	50
50.02	ENDOSCOPY	6,191,088		6,191,088		6,191,088	50.02
51	Recovery Room	3,310,750		3,310,750		3,310,750	51
52	Delivery Room & Labor Room	14,086,937		14,086,937		14,086,937	52
53	Anesthesiology	3,657,547		3,657,547		3,657,547	53
54	Radiology-Diagnostic	7,302,159		7,302,159		7,302,159	54
54.01	ULTRASOUND	2,605,573		2,605,573		2,605,573	54.01
54.02	WOMENS IMAGING CENTER	2,379,894		2,379,894		2,379,894	54.02
54.03	SPECIAL PROCEDURES	1,407,085		1,407,085		1,407,085	54.03
54.04	IMAGING CENTER	2,552,740		2,552,740		2,552,740	54.04
55	Radiology-Therapeutic	33,081,853		33,081,853		33,081,853	55
56	Radioisotope	2,648,900		2,648,900		2,648,900	56
57	CT Scan	4,911,092		4,911,092		4,911,092	57
58	MRI	2,816,753		2,816,753		2,816,753	58
59	Cardiac Catheterization	7,175,073		7,175,073		7,175,073	59
60	Laboratory	15,006,672		15,006,672		15,006,672	60
62	Whole Blood & Packed Red Blood Cells	3,614,243		3,614,243		3,614,243	62
65	Respiratory Therapy	5,398,893		5,398,893		5,398,893	65
66	Physical Therapy	7,168,181		7,168,181		7,168,181	66
68	Speech Pathology	1,008,665		1,008,665		1,008,665	68
69	Electrocardiology	7,463,234		7,463,234		7,463,234	69
69.01	CARDIOLOGY OUTREACH	883,550		883,550		883,550	69.01
69.02	EMG/NCV	65,160		65,160		65,160	69.02
70	Electroencephalography	10,238,352		10,238,352		10,238,352	70
71	Medical Supplies Charged to Patients	28,413,683		28,413,683		28,413,683	71
72	Impl. Dev. Charged to Patients	60,902,330		60,902,330		60,902,330	72
73	Drugs Charged to Patients	25,504,109		25,504,109		25,504,109	73
75	ASC (Non-Distinct Part)	7,770,585		7,770,585		7,770,585	75
76.97	CARDIAC REHABILITATION	2,026,198		2,026,198		2,026,198	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	2,825,051		2,825,051		2,825,051	90
90.01	WOUND OSTOMY	2,962,829		2,962,829		2,962,829	90.01
90.02	URODYNAMICS	547,539		547,539		547,539	90.02
90.03	PLAINFIELD CLINIC	25,945,129		25,945,129		25,945,129	90.03
90.04	OSWEGO CLINIC	2,674,223		2,674,223		2,674,223	90.04
90.05	BOLINGBROOK CLINIC	3,080,945		3,080,945		3,080,945	90.05
91	Emergency	24,475,013		24,475,013		24,475,013	91
92	Observation Beds (Non-Distinct Part)	6,852,814		6,852,814		6,852,814	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Subtotal (sum of lines 30 thru 199)	484,087,002		484,087,002	210,332	484,297,334	200
201	Less Observation Beds	6,852,814		6,852,814		6,852,814	201
202	Total (line 200 minus line 201)	477,234,188		477,234,188		477,444,520	202

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

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	134,908,194		134,908,194				30
31	Intensive Care Unit	22,324,988		22,324,988				31
32	Coronary Care Unit	26,596,676		26,596,676				32
35	NICU	14,906,660		14,906,660				35
43	Nursery	4,639,977		4,639,977				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	68,641,739	55,407,108	124,048,847	0.166977	0.166977	0.166977	50
50.02	ENDOSCOPY	7,728,979	28,112,381	35,841,360	0.172736	0.172736	0.172736	50.02
51	Recovery Room	10,843,198	15,559,946	26,403,144	0.125392	0.125392	0.125392	51
52	Delivery Room & Labor Room	19,383,145	3,348,255	22,731,400	0.619713	0.619713	0.619713	52
53	Anesthesiology	19,408,566	32,995,215	52,403,781	0.069795	0.069795	0.069795	53
54	Radiology-Diagnostic	21,206,110	44,429,860	65,635,970	0.111252	0.111252	0.111252	54
54.01	ULTRASOUND	11,544,802	26,694,484	38,239,286	0.068139	0.068139	0.068139	54.01
54.02	WOMENS IMAGING CENTER	21,380	14,228,524	14,249,904	0.167011	0.167011	0.167011	54.02
54.03	SPECIAL PROCEDURES	7,035,053	5,199,498	12,234,551	0.115009	0.115009	0.115009	54.03
54.04	IMAGING CENTER	141,816	41,547,772	41,689,588	0.061232	0.061232	0.061232	54.04
55	Radiology-Therapeutic	2,223,524	147,875,379	150,098,903	0.220400	0.220400	0.220400	55
56	Radioisotope	2,379,857	13,437,270	15,817,127	0.167470	0.167470	0.167470	56
57	CT Scan	52,209,496	99,062,712	151,272,208	0.032465	0.032465	0.032465	57
58	MRI	16,540,598	29,490,724	46,031,322	0.061192	0.061192	0.061192	58
59	Cardiac Catheterization	39,065,638	57,402,242	96,467,880	0.074378	0.074378	0.074378	59
60	Laboratory	96,601,092	162,437,685	259,038,777	0.057932	0.057932	0.057932	60
62	Whole Blood & Packed Red Blood Cells	11,915,130	3,825,695	15,740,825	0.229610	0.229610	0.229610	62
65	Respiratory Therapy	44,498,304	4,790,662	49,288,966	0.109536	0.109536	0.109536	65
66	Physical Therapy	17,224,820	19,872,167	37,096,987	0.193228	0.193228	0.193228	66
68	Speech Pathology	3,191,609	2,746,373	5,937,982	0.169867	0.169867	0.169867	68
69	Electrocardiology	22,100,153	56,438,972	78,539,125	0.095026	0.095026	0.095026	69
69.01	CARDIOLOGY OUTREACH	59,125	8,895,699	8,954,824	0.098667	0.098667	0.098667	69.01
69.02	EMG/NCV	4,122	915,107	919,229	0.070885	0.070885	0.070885	69.02
70	Electroencephalography	9,335,628	12,808,696	22,144,324	0.462347	0.462347	0.462347	70
71	Medical Supplies Charged to Patients	42,372,405	31,878,946	74,251,351	0.382669	0.382669	0.382669	71
72	Impl. Dev. Charged to Patients	80,232,234	46,358,377	126,590,611	0.481097	0.481097	0.481097	72
73	Drugs Charged to Patients	104,483,178	29,539,198	134,022,376	0.190297	0.190297	0.190297	73
75	ASC (Non-Distinct Part)	2,858,975	10,804,010	13,662,985	0.568733	0.568733	0.568733	75
76.97	CARDIAC REHABILITATION	243,435	7,590,607	7,834,042	0.258640	0.258640	0.258640	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	32,174	4,517,140	4,549,314	0.620984	0.620984	0.620984	90
90.01	WOUND OSTOMY	675,668	13,673,273	14,348,941	0.206484	0.206484	0.206484	90.01
90.02	URODYNAMICS	366	1,624,337	1,624,703	0.337009	0.337009	0.337009	90.02
90.03	PLAINFIELD CLINIC	11,545,071	226,911,536	238,456,607	0.108804	0.108804	0.108804	90.03
90.04	OSWEGO CLINIC	64,853	14,741,931	14,806,784	0.180608	0.180608	0.180608	90.04
90.05	BOLINGBROOK CLINIC	75,214	9,529,087	9,604,301	0.320788	0.320788	0.320788	90.05
91	Emergency	58,971,957	133,504,689	192,476,646	0.127158	0.127158	0.127158	91
92	Observation Beds (Non-Distinct Part)		20,568,966	20,568,966	0.333163	0.333163	0.333163	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	988,235,909	1,438,764,523	2,427,000,432				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	988,235,909	1,438,764,523	2,427,000,432				202

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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

	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)	
(A)	1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	8,989,374		8,989,374	75,164	119.60	29,777	3,561,329	30
31	898,532		898,532	5,407	166.18	2,383	396,007	31
32	2,002,904		2,002,904	5,899	339.53	3,096	1,051,185	32
33								33
34								34
35	1,116,002		1,116,002	6,351	175.72			35
40								40
41								41
42								42
43	457,922		457,922	6,189	73.99			43
44								44
45								45
200	13,464,734		13,464,734	99,010		35,256	5,008,521	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,797,336	124,048,847	0.022550	25,275,994	569,974	50
50.02	ENDOSCOPY	652,312	35,841,360	0.018200	3,491,426	63,544	50.02
51	Recovery Room	328,872	26,403,144	0.012456	3,757,541	46,804	51
52	Delivery Room & Labor Room	1,622,359	22,731,400	0.071371	15,045	1,074	52
53	Anesthesiology	75,334	52,403,781	0.001438	6,358,634	9,144	53
54	Radiology-Diagnostic	827,151	65,635,970	0.012602	10,067,857	126,875	54
54.01	ULTRASOUND	89,957	38,239,286	0.002352	5,112,451	12,024	54.01
54.02	WOMENS IMAGING CENTER	55,241	14,249,904	0.003877	11,866	46	54.02
54.03	SPECIAL PROCEDURES	100,541	12,234,551	0.008218	3,768,650	30,971	54.03
54.04	IMAGING CENTER	28,025	41,689,588	0.000672	88,938	60	54.04
55	Radiology-Therapeutic	278,476	150,098,903	0.001855	952,055	1,766	55
56	Radioisotope	233,482	15,817,127	0.014761	1,032,682	15,243	56
57	CT Scan	444,413	151,272,208	0.002938	20,901,169	61,408	57
58	MRI	226,775	46,031,322	0.004927	6,066,861	29,891	58
59	Cardiac Catheterization	574,810	96,467,880	0.005959	17,970,052	107,084	59
60	Laboratory	647,660	259,038,777	0.002500	41,862,173	104,655	60
62	Whole Blood & Packed Red Blood	72,366	15,740,825	0.004597	5,163,799	23,738	62
65	Respiratory Therapy	235,287	49,288,966	0.004774	20,874,239	99,654	65
66	Physical Therapy	95,625	37,096,987	0.002578	9,406,041	24,249	66
68	Speech Pathology	11,576	5,937,982	0.001949	1,871,978	3,648	68
69	Electrocardiology	836,509	78,539,125	0.010651	10,135,158	107,950	69
69.01	CARDIOLOGY OUTREACH	7,333	8,954,824	0.000819	27,566	23	69.01
69.02	EMG/NCV	880	919,229	0.000957	1,150	1	69.02
70	Electroencephalography	86,160	22,144,324	0.003891	2,172,702	8,454	70
71	Medical Supplies Charged to Pat	437,224	74,251,351	0.005888	17,353,125	102,175	71
72	Impl. Dev. Charged to Patients	944,381	126,590,611	0.007460	35,357,224	263,765	72
73	Drugs Charged to Patients	607,012	134,022,376	0.004529	47,877,910	216,839	73
75	ASC (Non-Distinct Part)	942,125	13,662,985	0.068955	1,311,402	90,428	75
76.97	CARDIAC REHABILITATION	239,212	7,834,042	0.030535	133,444	4,075	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	123,515	4,549,314	0.027150	26,898	730	90
90.01	WOUND OSTOMY	381,451	14,348,941	0.026584	624,640	16,605	90.01
90.02	URODYNAMICS	5,843	1,624,703	0.003596	77		90.02
90.03	PLAINFIELD CLINIC	250,832	238,456,607	0.001052	3,922,692	4,127	90.03
90.04	OSWEGO CLINIC	28,668	14,806,784	0.001936			90.04
90.05	BOLINGBROOK CLINIC	33,970	9,604,301	0.003537			90.05
91	Emergency	2,185,342	192,476,646	0.011354	26,469,228	300,532	91
92	Observation Beds (Non-Distinct	721,649	20,568,966	0.035084			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	17,229,704	2,223,623,937		329,462,667	2,447,556	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		103,682			103,682	30
31	Intensive Care Unit		23,040			23,040	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NICU						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		126,722			126,722	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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                            [XX] PPS  
Applicable     [XX] Title XVIII, Part A       [ ] TEFRA  
Boxes:         [ ] Title XIX                       [ ] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	75,164	1.38	29,777	41,092	30
31	Intensive Care Unit	5,407	4.26	2,383	10,152	31
32	Coronary Care Unit	5,899		3,096		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NICU	6,351				35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,189				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	99,010		35,256	51,244	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			23,040		23,040	23,040	50
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
54.02	WOMENS IMAGING CENTER							54.02
54.03	SPECIAL PROCEDURES							54.03
54.04	IMAGING CENTER							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory			60,481		60,481	60,481	60
62	Whole Blood & Packed Red Blood							62
65	Respiratory Therapy			11,520		11,520	11,520	65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIOLOGY OUTREACH							69.01
69.02	EMG/NCV							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)			17,280		17,280	17,280	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	WOUND OSTOMY							90.01
90.02	URODYNAMICS							90.02
90.03	PLAINFIELD CLINIC							90.03
90.04	OSWEGO CLINIC							90.04
90.05	BOLINGBROOK CLINIC							90.05
91	Emergency			1,329,144		1,329,144	1,329,144	91
92	Observation Beds (Non-Distinct			8,326		8,326	8,326	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			1,449,791		1,449,791	1,449,791	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	124,048,847	0.000186	0.000186	25,275,994	4,701	7,993,828	1,487	50
50.02	ENDOSCOPY	35,841,360			3,491,426		7,593,255		50.02
51	Recovery Room	26,403,144			3,757,541		2,469,186		51
52	Delivery Room & Labor Room	22,731,400			15,045		2,608		52
53	Anesthesiology	52,403,781			6,358,634		7,282,698		53
54	Radiology-Diagnostic	65,635,970			10,067,857		8,201,471		54
54.01	ULTRASOUND	38,239,286			5,112,451		5,109,008		54.01
54.02	WOMENS IMAGING CENTER	14,249,904			11,866		1,298,856		54.02
54.03	SPECIAL PROCEDURES	12,234,551			3,768,650		2,121,724		54.03
54.04	IMAGING CENTER	41,689,588			88,938		8,353,336		54.04
55	Radiology-Therapeutic	150,098,903			952,055		56,324,085		55
56	Radioisotope	15,817,127			1,032,682		4,885,479		56
57	CT Scan	151,272,208			20,901,169		28,369,534		57
58	MRI	46,031,322			6,066,861		6,899,539		58
59	Cardiac Catheterization	96,467,880			17,970,052		26,751,471		59
60	Laboratory	259,038,777	0.000233	0.000233	41,862,173	9,754	22,411,199	5,222	60
62	Whole Blood & Packed Red Blood	15,740,825			5,163,799		1,210,351		62
65	Respiratory Therapy	49,288,966	0.000234	0.000234	20,874,239	4,885	1,141,413	267	65
66	Physical Therapy	37,096,987			9,406,041		5,213		66
68	Speech Pathology	5,937,982			1,871,978				68
69	Electrocardiology	78,539,125			10,135,158		19,092,977		69
69.01	CARDIOLOGY OUTREACH	8,954,824			27,566		2,997,533		69.01
69.02	EMG/NCV	919,229			1,150		212,714		69.02
70	Electroencephalography	22,144,324			2,172,702		2,554,303		70
71	Medical Supplies Charged to Pat	74,251,351			17,353,125		8,515,078		71
72	Impl. Dev. Charged to Patients	126,590,611			35,357,224		22,329,149		72
73	Drugs Charged to Patients	134,022,376			47,877,910		5,118,288		73
75	ASC (Non-Distinct Part)	13,662,985	0.001265	0.001265	1,311,402	1,659	2,261,093	2,860	75
76.97	CARDIAC REHABILITATION	7,834,042			133,444		3,427,670		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	4,549,314			26,898		589,217		90
90.01	WOUND OSTOMY	14,348,941			624,640		5,952,954		90.01
90.02	URODYNAMICS	1,624,703			77		433,879		90.02
90.03	PLAINFIELD CLINIC	238,456,607			3,922,692		47,197,454		90.03
90.04	OSWEGO CLINIC	14,806,784					1,702,838		90.04
90.05	BOLINGBROOK CLINIC	9,604,301					664,877		90.05
91	Emergency	192,476,646	0.006905	0.006905	26,469,228	182,770	20,362,173	140,601	91
92	Observation Beds (Non-Distinct	20,568,966	0.000405	0.000405			2,109,288	854	92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	2,223,623,937			329,462,667	203,769	343,945,739	151,291	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.166977	7,993,828			1,334,785			50
50.02	ENDOSCOPY	0.172736	7,593,255			1,311,628			50.02
51	Recovery Room	0.125392	2,469,186			309,616			51
52	Delivery Room & Labor Room	0.619713	2,608			1,616			52
53	Anesthesiology	0.069795	7,282,698			508,296			53
54	Radiology-Diagnostic	0.111252	8,201,471	13,300		912,430	1,480		54
54.01	ULTRASOUND	0.068139	5,109,008			348,123			54.01
54.02	WOMENS IMAGING CENTER	0.167011	1,298,856	17,800		216,923	2,973		54.02
54.03	SPECIAL PROCEDURES	0.115009	2,121,724			244,017			54.03
54.04	IMAGING CENTER	0.061232	8,353,336			511,491			54.04
55	Radiology-Therapeutic	0.220400	56,324,085			12,413,828			55
56	Radioisotope	0.167470	4,885,479			818,171			56
57	CT Scan	0.032465	28,369,534			921,017			57
58	MRI	0.061192	6,899,539			422,197			58
59	Cardiac Catheterization	0.074378	26,751,471			1,989,721			59
60	Laboratory	0.057932	22,411,199	149,074		1,298,326	8,636		60
62	Whole Blood & Packed Red Blood	0.229610	1,210,351			277,909			62
65	Respiratory Therapy	0.109536	1,141,413			125,026			65
66	Physical Therapy	0.193228	5,213			1,007			66
68	Speech Pathology	0.169867							68
69	Electrocardiology	0.095026	19,092,977	14,742		1,814,329	1,401		69
69.01	CARDIOLOGY OUTREACH	0.098667	2,997,533			295,758			69.01
69.02	EMG/NCV	0.070885	212,714			15,078			69.02
70	Electroencephalography	0.462347	2,554,303			1,180,974			70
71	Medical Supplies Charged to Pat	0.382669	8,515,078			3,258,456			71
72	Impl. Dev. Charged to Patients	0.481097	22,329,149			10,742,487			72
73	Drugs Charged to Patients	0.190297	5,118,288		117,123	973,995		22,288	73
75	ASC (Non-Distinct Part)	0.568733	2,261,093			1,285,958			75
76.97	CARDIAC REHABILITATION	0.258640	3,427,670			886,533			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.620984	589,217			365,894			90
90.01	WOUND OSTOMY	0.206484	5,952,954			1,229,190			90.01
90.02	URODYNAMICS	0.337009	433,879			146,221			90.02
90.03	PLAINFIELD CLINIC	0.108804	47,197,454			5,135,272			90.03
90.04	OSWEGO CLINIC	0.180608	1,702,838			307,546			90.04
90.05	BOLINGBROOK CLINIC	0.320788	664,877			213,285			90.05
91	Emergency	0.127158	20,362,173			2,589,213			91
92	Observation Beds (Non-Distinct	0.333163	2,109,288			702,737			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		343,945,739	194,916	117,123	55,109,053	14,490	22,288	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		343,945,739	194,916	117,123	55,109,053	14,490	22,288	202

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	8,989,374		8,989,374	75,164	119.60	2,281	272,808	30
31	Intensive Care Unit	898,532		898,532	5,407	166.18	303	50,353	31
32	Coronary Care Unit	2,002,904		2,002,904	5,899	339.53	169	57,381	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NICU	1,116,002		1,116,002	6,351	175.72	1,038	182,397	35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	457,922		457,922	6,189	73.99	439	32,482	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	13,464,734		13,464,734	99,010		4,230	595,421	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	2,797,336	124,048,847	0.022550		50
50.02	ENDOSCOPY	652,312	35,841,360	0.018200		50.02
51	Recovery Room	328,872	26,403,144	0.012456		51
52	Delivery Room & Labor Room	1,622,359	22,731,400	0.071371		52
53	Anesthesiology	75,334	52,403,781	0.001438		53
54	Radiology-Diagnostic	827,151	65,635,970	0.012602		54
54.01	ULTRASOUND	89,957	38,239,286	0.002352		54.01
54.02	WOMENS IMAGING CENTER	55,241	14,249,904	0.003877		54.02
54.03	SPECIAL PROCEDURES	100,541	12,234,551	0.008218		54.03
54.04	IMAGING CENTER	28,025	41,689,588	0.000672		54.04
55	Radiology-Therapeutic	278,476	150,098,903	0.001855		55
56	Radioisotope	233,482	15,817,127	0.014761		56
57	CT Scan	444,413	151,272,208	0.002938		57
58	MRI	226,775	46,031,322	0.004927		58
59	Cardiac Catheterization	574,810	96,467,880	0.005959		59
60	Laboratory	647,660	259,038,777	0.002500		60
62	Whole Blood & Packed Red Blood	72,366	15,740,825	0.004597		62
65	Respiratory Therapy	235,287	49,288,966	0.004774		65
66	Physical Therapy	95,625	37,096,987	0.002578		66
68	Speech Pathology	11,576	5,937,982	0.001949		68
69	Electrocardiology	836,509	78,539,125	0.010651		69
69.01	CARDIOLOGY OUTREACH	7,333	8,954,824	0.000819		69.01
69.02	EMG/NCV	880	919,229	0.000957		69.02
70	Electroencephalography	86,160	22,144,324	0.003891		70
71	Medical Supplies Charged to Pat	437,224	74,251,351	0.005888		71
72	Impl. Dev. Charged to Patients	944,381	126,590,611	0.007460		72
73	Drugs Charged to Patients	607,012	134,022,376	0.004529		73
75	ASC (Non-Distinct Part)	942,125	13,662,985	0.068955		75
76.97	CARDIAC REHABILITATION	239,212	7,834,042	0.030535		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	123,515	4,549,314	0.027150		90
90.01	WOUND OSTOMY	381,451	14,348,941	0.026584		90.01
90.02	URODYNAMICS	5,843	1,624,703	0.003596		90.02
90.03	PLAINFIELD CLINIC	250,832	238,456,607	0.001052		90.03
90.04	OSWEGO CLINIC	28,668	14,806,784	0.001936		90.04
90.05	BOLINGBROOK CLINIC	33,970	9,604,301	0.003537		90.05
91	Emergency	2,185,342	192,476,646	0.011354		91
92	Observation Beds (Non-Distinct	721,649	20,568,966	0.035084		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-199)	17,229,704	2,223,623,937			200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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	Nursing School 1	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)		103,682			103,682	30
31	Intensive Care Unit		23,040			23,040	31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	NICU						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		126,722			126,722	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	75,164	1.38	2,281	3,148	30
31	Intensive Care Unit	5,407	4.26	303	1,291	31
32	Coronary Care Unit	5,899		169		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NICU	6,351		1,038		35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,189		439		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	99,010		4,230	4,439	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			23,040		23,040	23,040	50
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
54.02	WOMENS IMAGING CENTER							54.02
54.03	SPECIAL PROCEDURES							54.03
54.04	IMAGING CENTER							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory			60,481		60,481	60,481	60
62	Whole Blood & Packed Red Blood							62
65	Respiratory Therapy			11,520		11,520	11,520	65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIOLOGY OUTREACH							69.01
69.02	EMG/NCV							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)			17,280		17,280	17,280	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	WOUND OSTOMY							90.01
90.02	URODYNAMICS							90.02
90.03	PLAINFIELD CLINIC							90.03
90.04	OSWEGO CLINIC							90.04
90.05	BOLINGBROOK CLINIC							90.05
91	Emergency			1,329,144		1,329,144	1,329,144	91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)			1,441,465		1,441,465	1,441,465	200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	124,048,847	0.000186	0.000186					50
50.02	ENDOSCOPY	35,841,360							50.02
51	Recovery Room	26,403,144							51
52	Delivery Room & Labor Room	22,731,400							52
53	Anesthesiology	52,403,781							53
54	Radiology-Diagnostic	65,635,970							54
54.01	ULTRASOUND	38,239,286							54.01
54.02	WOMENS IMAGING CENTER	14,249,904							54.02
54.03	SPECIAL PROCEDURES	12,234,551							54.03
54.04	IMAGING CENTER	41,689,588							54.04
55	Radiology-Therapeutic	150,098,903							55
56	Radioisotope	15,817,127							56
57	CT Scan	151,272,208							57
58	MRI	46,031,322							58
59	Cardiac Catheterization	96,467,880							59
60	Laboratory	259,038,777	0.000233	0.000233					60
62	Whole Blood & Packed Red Blood	15,740,825							62
65	Respiratory Therapy	49,288,966	0.000234	0.000234					65
66	Physical Therapy	37,096,987							66
68	Speech Pathology	5,937,982							68
69	Electrocardiology	78,539,125							69
69.01	CARDIOLOGY OUTREACH	8,954,824							69.01
69.02	EMG/NCV	919,229							69.02
70	Electroencephalography	22,144,324							70
71	Medical Supplies Charged to Pat	74,251,351							71
72	Impl. Dev. Charged to Patients	126,590,611							72
73	Drugs Charged to Patients	134,022,376							73
75	ASC (Non-Distinct Part)	13,662,985	0.001265	0.001265					75
76.97	CARDIAC REHABILITATION	7,834,042							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	4,549,314							90
90.01	WOUND OSTOMY	14,348,941							90.01
90.02	URODYNAMICS	1,624,703							90.02
90.03	PLAINFIELD CLINIC	238,456,607							90.03
90.04	OSWEGO CLINIC	14,806,784							90.04
90.05	BOLINGBROOK CLINIC	9,604,301							90.05
91	Emergency	192,476,646	0.006905	0.006905					91
92	Observation Beds (Non-Distinct	20,568,966							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	2,223,623,937							200

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0231**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.166977						50
50.02	ENDOSCOPY	0.172736						50.02
51	Recovery Room	0.125392						51
52	Delivery Room & Labor Room	0.619713						52
53	Anesthesiology	0.069795						53
54	Radiology-Diagnostic	0.111252						54
54.01	ULTRASOUND	0.068139						54.01
54.02	WOMENS IMAGING CENTER	0.167011						54.02
54.03	SPECIAL PROCEDURES	0.115009						54.03
54.04	IMAGING CENTER	0.061232						54.04
55	Radiology-Therapeutic	0.220400						55
56	Radioisotope	0.167470						56
57	CT Scan	0.032465						57
58	MRI	0.061192						58
59	Cardiac Catheterization	0.074378						59
60	Laboratory	0.057932						60
62	Whole Blood & Packed Red Blood	0.229610						62
65	Respiratory Therapy	0.109536						65
66	Physical Therapy	0.193228						66
68	Speech Pathology	0.169867						68
69	Electrocardiology	0.095026						69
69.01	CARDIOLOGY OUTREACH	0.098667						69.01
69.02	EMG/NCV	0.070885						69.02
70	Electroencephalography	0.462347						70
71	Medical Supplies Charged to Pat	0.382669						71
72	Impl. Dev. Charged to Patients	0.481097						72
73	Drugs Charged to Patients	0.190297						73
75	ASC (Non-Distinct Part)	0.568733						75
76.97	CARDIAC REHABILITATION	0.258640						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.620984						90
90.01	WOUND OSTOMY	0.206484						90.01
90.02	URODYNAMICS	0.337009						90.02
90.03	PLAINFIELD CLINIC	0.108804						90.03
90.04	OSWEGO CLINIC	0.180608						90.04
90.05	BOLINGBROOK CLINIC	0.320788						90.05
91	Emergency	0.127158						91
92	Observation Beds (Non-Distinct)	0.333163						92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0231**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/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)	75,164	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	75,164	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)	69,130	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)	29,777	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)	85,363,773	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)	85,363,773	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)	85,363,773	37

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1					
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,135.70	38				
39	Program general inpatient routine service cost (line 9 x line 38)						33,817,739	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)						33,817,739	41				
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)						
		1	2	3	4	5						
42	Nursery (Titles V and XIX only)							42				
	<b>Intensive Care Type Inpatient Hospital Units</b>											
43	Intensive Care Unit						10,654,502	5,407	1,970.50	2,383	4,695,702	43
44	Coronary Care Unit						14,074,142	5,899	2,385.85	3,096	7,386,592	44
45	Burn Intensive Care Unit											45
46	Surgical Intensive Care Unit											46
47	NICU						11,060,842	6,351	1,741.59			47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						57,909,994	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						103,810,027	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						5,059,765	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,651,325	51
52	Total Program excludable cost (sum of lines 50 and 51)						7,711,090	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						96,098,937	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**

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/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)					6,034	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,135.70	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,852,814	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	8,989,374	85,363,773	0.105307	6,852,814	721,649	90
91	Nursing School						91
92	Allied Health	103,682	85,363,773	0.001215	6,852,814	8,326	92
93	Other Medical Education						93

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0231**

**WORKSHEET D-1  
PART I**

Check  Title V - I/P                     Hospital             SUB (Other)                     ICF/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)	75,164	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	75,164	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)	69,130	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,281	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)	6,189	15
16	Nursery days (title V or XIX only)	439	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)	85,206,297	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)	85,206,297	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)	85,206,297	37

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,133.61	38	
39	Program general inpatient routine service cost (line 9 x line 38)					2,585,764	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)					2,585,764	41	
42	Nursery (Titles V and XIX only)	3,475,895	6,189	561.62	439	246,551	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	10,654,502	5,407	1,970.50	303	597,062	43	
44	Coronary Care Unit	14,074,142	5,899	2,385.85	169	403,209	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NICU	11,007,986	6,351	1,733.27	1,038	1,799,134	47	

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)					5,631,720	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					599,860	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)					599,860	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**

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0231

WORKSHEET D-1  
PARTS III & IV

Check             Title V - I/P                     Hospital             SUB (Other)                     ICF/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)					6,034	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**

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0231

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		61,464,255		30
31	Intensive Care Unit		10,163,185		31
32	Coronary Care Unit		13,163,185		32
35	NICU				35
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.166977	25,275,994	4,220,510	50
50.02	ENDOSCOPY	0.172736	3,491,426	603,095	50.02
51	Recovery Room	0.125392	3,757,541	471,166	51
52	Delivery Room & Labor Room	0.619713	15,045	9,324	52
53	Anesthesiology	0.069795	6,358,634	443,801	53
54	Radiology-Diagnostic	0.111252	10,067,857	1,120,069	54
54.01	ULTRASOUND	0.068139	5,112,451	348,357	54.01
54.02	WOMENS IMAGING CENTER	0.167011	11,866	1,982	54.02
54.03	SPECIAL PROCEDURES	0.115009	3,768,650	433,429	54.03
54.04	IMAGING CENTER	0.061232	88,938	5,446	54.04
55	Radiology-Therapeutic	0.220400	952,055	209,833	55
56	Radioisotope	0.167470	1,032,682	172,943	56
57	CT Scan	0.032465	20,901,169	678,556	57
58	MRI	0.061192	6,066,861	371,243	58
59	Cardiac Catheterization	0.074378	17,970,052	1,336,577	59
60	Laboratory	0.057932	41,862,173	2,425,159	60
62	Whole Blood & Packed Red Blood Cells	0.229610	5,163,799	1,185,660	62
65	Respiratory Therapy	0.109536	20,874,239	2,286,481	65
66	Physical Therapy	0.193228	9,406,041	1,817,510	66
68	Speech Pathology	0.169867	1,871,978	317,987	68
69	Electrocardiology	0.095026	10,135,158	963,104	69
69.01	CARDIOLOGY OUTREACH	0.098667	27,566	2,720	69.01
69.02	EMG/NCV	0.070885	1,150	82	69.02
70	Electroencephalography	0.462347	2,172,702	1,004,542	70
71	Medical Supplies Charged to Patients	0.382669	17,353,125	6,640,503	71
72	Impl. Dev. Charged to Patients	0.481097	35,357,224	17,010,254	72
73	Drugs Charged to Patients	0.190297	47,877,910	9,111,023	73
75	ASC (Non-Distinct Part)	0.568733	1,311,402	745,838	75
76.97	CARDIAC REHABILITATION	0.258640	133,444	34,514	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.620984	26,898	16,703	90
90.01	WOUND OSTOMY	0.206484	624,640	128,978	90.01
90.02	URODYNAMICS	0.337009	77	26	90.02
90.03	PLAINFIELD CLINIC	0.108804	3,922,692	426,805	90.03
90.04	OSWEGO CLINIC	0.180608			90.04
90.05	BOLINGBROOK CLINIC	0.320788			90.05
91	Emergency	0.127158	26,469,228	3,365,774	91
92	Observation Beds (Non-Distinct Part)	0.333163			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		329,462,667	57,909,994	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		329,462,667		202

(A) Worksheet A line numbers

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0231

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
<b>COST CENTER DESCRIPTION</b>				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30				30
31				31
32				32
35				35
43				43
<b>ANCILLARY SERVICE COST CENTERS</b>				
50	0.166977			50
50.02	0.172736			50.02
51	0.125392			51
52	0.619713			52
53	0.069795			53
54	0.111252			54
54.01	0.068139			54.01
54.02	0.167011			54.02
54.03	0.115009			54.03
54.04	0.061232			54.04
55	0.220400			55
56	0.167470			56
57	0.032465			57
58	0.061192			58
59	0.074378			59
60	0.057932			60
62	0.229610			62
65	0.109536			65
66	0.193228			66
68	0.169867			68
69	0.095026			69
69.01	0.098667			69.01
69.02	0.070885			69.02
70	0.462347			70
71	0.382669			71
72	0.481097			72
73	0.190297			73
75	0.568733			75
76.97	0.258640			76.97
76.98				76.98
76.99				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	0.620984			90
90.01	0.206484			90.01
90.02	0.337009			90.02
90.03	0.108804			90.03
90.04	0.180608			90.04
90.05	0.320788			90.05
91	0.127158			91
92	0.333163			92
<b>OTHER REIMBURSABLE COST CENTERS</b>				
200				200
201				201
202				202

(A) Worksheet A line numbers

**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	
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)	17,243,157			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	51,729,470			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)	4,250,985			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)	281.43			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				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
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				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
	<b>Disproportionate Share Adjustment</b>				
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
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				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
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
47	Subtotal (see instructions)	73,223,612			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)	73,223,612			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	6,111,481			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	55,190			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).	51,244			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	203,769			58
59	Total (sum of amounts on lines 49 through 58)	79,645,296			59
60	Primary payer payments	22,061			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	79,623,235			61
62	Deductibles billed to program beneficiaries	6,397,408			62
63	Coinsurance billed to program beneficiaries	150,968			63
64	Allowable bad debts (see instructions)	843,754			64
65	Adjusted reimbursable bad debts (see instructions)	548,440			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	344,779			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	73,623,299			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)	58,329			70.93
70.94	HRR adjustment amount (see instructions)	-172,619			70.94
71	Amount due provider (see instructions)	73,509,009			71
71.01	Sequestration adjustment (see instructions)	1,470,180			71.01
72	Interim payments	71,799,079			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	239,750			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	146,110			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

100	HSP bonus amount (see instructions)				100
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**HVBP Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

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

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

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

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0231

WORKSHEET E  
PART B

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

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

		1	1.01	1.02	
1	Medical and other services (see instructions)	36,778			1
2	Medical and other services reimbursed under OPPTS (see instructions)	54,957,762			2
3	PPS payments	45,407,869			3
4	Outlier payment (see instructions)	244,158			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	151,291			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	36,778			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	312,039			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)	312,039			14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	312,039			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	275,261			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)	36,778			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)	45,803,318			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	9,007,573			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)	36,832,523			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)	36,832,523			30
31	Primary payer payments	2			31
32	Subtotal (line 30 minus line 31)	36,832,521			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	926,300			34
35	Adjusted reimbursable bad debts (see instructions)	602,095			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	486,101			36
37	Subtotal (see instructions)	37,434,616			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	37,434,616			40
40.01	Sequestration adjustment (see instructions)	748,692			40.01
41	Interim payments	36,663,674			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	22,250			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0231

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		71,258,849		35,922,309	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		540,230		741,365	2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05			3.01 3.02 3.03 3.04 3.05
			.06 .07 .08 .09 .10 .50			3.06 3.07 3.08 3.09 3.10 3.50
		Provider to Program	.51 .52 .53 .54 .55 .56 .57 .58 .59			3.51 3.52 3.53 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)		.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			71,799,079	36,663,674	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05			5.01 5.02 5.03 5.04 5.05
			.06 .07 .08 .09 .10 .50			5.06 5.07 5.08 5.09 5.10 5.50
		Provider to Program	.51 .52 .53 .54 .55 .56 .57 .58 .59			5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01 .02			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**

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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)	22,384	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	35,256	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,507	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	86,787	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,427,000,432	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	44,392,000	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)	2,988,565	8
9	Sequestration adjustment amount (see instructions)	59,771	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	2,928,794	10

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

30	Initial/interim HIT payment(s)	2,071,972	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	856,822	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**

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	-69,006,798				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	96,476,218				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	9,734,517				7
8	Prepaid expenses	5,557,653				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	42,761,590				11
<b>FIXED ASSETS</b>						
12	Land	10,325,443				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	463,429,424				15
16	Accumulated depreciation	-225,139,763				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	293,738,599				23
24	Accumulated depreciation	-191,785,725				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	350,567,978				30
<b>OTHER ASSETS</b>						
31	Investments	474,038,234				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	66,941,979				34
35	Total other assets (sum of lines 31-34)	540,980,213				35
36	Total assets (sum of lines 11, 30 and 35)	934,309,781				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	16,320,766				37
38	Salaries, wages and fees payable	41,822,806				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	6,125,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	123,766,011				44
45	Total current liabilities (sum of lines 37 thru 44)	188,034,583				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	249,361,329				47
48	Unsecured loans					48
49	Other long term liabilities	37,781,854				49
50	Total long term liabilities (sum of lines 46 thru 49)	287,143,183				50
51	Total liabilities (sum of lines 45 and 50)	475,177,766				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	459,132,015				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)	459,132,015				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	934,309,781				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		419,257,463		
2	Net income (loss) (from Worksheet G-3, line 29)		39,874,552		
3	Total (sum of line 1 and line 2)		459,132,015		
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		459,132,015		
12	Deductions (debit adjustments) (specify)				
13					
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		459,132,015		

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

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	139,728,397		139,728,397	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)	139,728,397		139,728,397	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	22,351,875		22,351,875	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NICU	14,941,884		14,941,884	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,293,759		37,293,759	16
17	Total inpatient routine care services (sum of lines 10 and 16)	177,022,156		177,022,156	17
18	Ancillary services	797,776,010	1,500,077,596	2,297,853,606	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)	974,798,166	1,500,077,596	2,474,875,762	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		552,864,939	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)		552,864,939	43

# KPMG LLP Compu-Max 2552-10

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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)	2,474,875,762	1
2	Less contractual allowances and discounts on patients' accounts	1,907,116,103	2
3	Net patient revenues (line 1 minus line 2)	567,759,659	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	552,864,939	4
5	Net income from service to patients (line 3 minus line 4)	14,894,720	5

## OTHER INCOME

6	Contributions, donations, bequests, etc.	845,000	6
7	Income from investments	4,289,000	7
8	Revenues from telephone and other miscellaneous communication services	432,000	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,910,000	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	599,000	20
21	Rental of vending machines		21
22	Rental of hospitial space	772,000	22
23	Governmental appropriations		23
24	Other (MEANINGFUL USE)	2,740,000	24
24.01	Other (IHP DISTRIBUTIONS)	1,460,000	24.01
24.02	Other (CLINICAL INTEGRATION)	813,000	24.02
24.03	Other (AMBULATORY SERVICES)	176,000	24.03
24.04	Other (PERINATAL HEALTH PROMOTIONS)	81,000	24.04
24.05	Other (LABORATORY OTHER REVENUE)	3,122,000	24.05
24.06	Other (SIMULATION AND TRAINING)	234,000	24.06
24.07	Other (CARDIOGRAPHICS OTHER REVENUE)	681,000	24.07
24.08	Other (OUTPATIENT PHARMACY)	2,120,000	24.08
24.09	Other (OCCUPATIONAL HEALTH)	768,000	24.09
24.10	Other (OFFSITE OTHER OPERATING INCOME)	432,000	24.10
24.11	Other (ER TRAUMA)	372,000	24.11
24.12	Other (OTHER REVENUE)	3,133,832	24.12
25	Total other income (sum of lines 6-24)	24,979,832	25
26	Total (line 5 plus line 25)	39,874,552	26
29	Net income (or loss) for the period (line 26 minus line 28)	39,874,552	29

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

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0231**

**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	5,514,208	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	498,017	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)	237.77	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)	0.0159	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.0719	8
9	Sum of lines 7 and 8	0.0878	9
10	Allowable disproportionate share percentage (see instructions)	0.0180	10
11	Disproportionate share adjustment (see instructions)	99,256	11
12	Total prospective capital payments (see instructions)	6,111,481	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**

EDWARD HOSPITAL Provider CCN: 14-0231	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
23	PARAMED ED PRGM-EMS						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
35	NICU						35
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.02	ENDOSCOPY						50.02
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRASOUND						54.01
54.02	WOMENS IMAGING CENTER						54.02
54.03	SPECIAL PROCEDURES						54.03
54.04	IMAGING CENTER						54.04
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
65	Respiratory Therapy						65
66	Physical Therapy						66
68	Speech Pathology						68
69	Electrocardiology						69
69.01	CARDIOLOGY OUTREACH						69.01
69.02	EMG/NCV						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	WOUND OSTOMY						90.01
90.02	URODYNAMICS						90.02
90.03	PLAINFIELD CLINIC						90.03
90.04	OSWEGO CLINIC						90.04
90.05	BOLINGBROOK CLINIC						90.05
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	LINDEN OAKS HOSPITAL						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

# KPMG LLP Compu-Max 2552-10

EDWARD HOSPITAL Provider CCN: 14-0231	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 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		
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	Adults & Pediatrics	39.62		3.03				42.65	30
31	Intensive Care Unit	44.07		5.60				49.67	31
32	Coronary Care Unit	52.48		2.86				55.34	32
35	NICU			16.34				16.34	35
43	Nursery			7.09				7.09	43
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	20.38	6.44					26.82	50
50.02	ENDOSCOPY	9.74	21.19					30.93	50.02
51	Recovery Room	14.23	9.35					23.58	51
52	Delivery Room & Labor Room	0.07	0.01					0.08	52
53	Anesthesiology	12.13	13.90					26.03	53
54	Radiology-Diagnostic	15.34	12.52					27.86	54
54.01	ULTRASOUND	13.37	13.36					26.73	54.01
54.02	WOMENS IMAGING CENTER	0.08	9.24					9.32	54.02
54.03	SPECIAL PROCEDURES	30.80	17.34					48.14	54.03
54.04	IMAGING CENTER	0.21	20.04					20.25	54.04
55	Radiology-Therapeutic	0.63	37.52					38.15	55
56	Radioisotope	6.53	30.89					37.42	56
57	CT Scan	13.82	18.75					32.57	57
58	MRI	13.18	14.99					28.17	58
59	Cardiac Catheterization	18.63	27.73					46.36	59
60	Laboratory	16.16	8.71					24.87	60
62	Whole Blood & Packed Red Blood	32.81	7.69					40.50	62
65	Respiratory Therapy	42.35	2.32					44.67	65
66	Physical Therapy	25.36	0.01					25.37	66
68	Speech Pathology	31.53						31.53	68
69	Electrocardiology	12.90	24.33					37.23	69
69.01	CARDIOLOGY OUTREACH	0.31	33.47					33.78	69.01
69.02	EMG/NCV	0.13	23.14					23.27	69.02
70	Electroencephalography	9.81	11.53					21.34	70
71	Medical Supplies Charged to Pat	23.37	11.47					34.84	71
72	Impl. Dev. Charged to Patients	27.93	17.64					45.57	72
73	Drugs Charged to Patients	35.72	3.91					39.63	73
75	ASC (Non-Distinct Part)	9.60	16.55					26.15	75
76.97	CARDIAC REHABILITATION	1.70	43.75					45.45	76.97
90	Clinic	0.59	12.95					13.54	90
90.01	WOUND OSTOMY	4.35	41.49					45.84	90.01
90.02	URODYNAMICS		26.71					26.71	90.02
90.03	PLAINFIELD CLINIC	1.65	19.79					21.44	90.03
90.04	OSWEGO CLINIC		11.50					11.50	90.04
90.05	BOLINGBROOK CLINIC		6.92					6.92	90.05
91	Emergency	13.75	10.58					24.33	91
92	Observation Beds (Non-Distinct)		10.25					10.25	92
200	TOTAL CHARGES	14.82	15.48					30.30	200

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

EDWARD HOSPITAL Provider CCN: 14-0231	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	12,479,901	2.57	-12,479,901	-5.89			1
2	Cap Rel Costs-Mvble Equip	18,063,787	3.71	-18,063,787	-8.53			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	26,305,515	5.41	-26,305,515	-12.42			4
5	Administrative & General	106,539,785	21.90	-106,539,785	-50.29			5
7	Operation of Plant	21,107,693	4.34	-21,107,693	-9.96			7
8	Laundry & Linen Service	509,800	0.10	-509,800	-0.24			8
9	Housekeeping	5,868,204	1.21	-5,868,204	-2.77			9
10	Dietary	1,612,627	0.33	-1,612,627	-0.76			10
11	Cafeteria	1,950,840	0.40	-1,950,840	-0.92			11
13	Nursing Administration	4,000,144	0.82	-4,000,144	-1.89			13
14	Central Services & Supply	4,072,344	0.84	-4,072,344	-1.92			14
15	Pharmacy	5,233,385	1.08	-5,233,385	-2.47			15
16	Medical Records & Library	3,363,378	0.69	-3,363,378	-1.59			16
23	PARAMED ED PRGM-EMS	754,661	0.16	-754,661	-0.36			23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	39,621,385	8.15	45,584,912	21.52	85,206,297	17.52	30
31	Intensive Care Unit	5,431,302	1.12	5,223,200	2.47	10,654,502	2.19	31
32	Coronary Care Unit	5,805,834	1.19	8,268,308	3.90	14,074,142	2.89	32
35	NICU	5,407,169	1.11	5,600,817	2.64	11,007,986	2.26	35
43	Nursery	1,594,117	0.33	1,881,778	0.89	3,475,895	0.71	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,862,367	1.82	11,850,971	5.59	20,713,338	4.26	50
50.02	ENDOSCOPY	3,118,458	0.64	3,072,630	1.45	6,191,088	1.27	50.02
51	Recovery Room	1,593,742	0.33	1,717,008	0.81	3,310,750	0.68	51
52	Delivery Room & Labor Room	6,560,923	1.35	7,526,014	3.55	14,086,937	2.90	52
53	Anesthesiology	2,516,625	0.52	1,140,922	0.54	3,657,547	0.75	53
54	Radiology-Diagnostic	3,271,086	0.67	4,031,073	1.90	7,302,159	1.50	54
54.01	ULTRASOUND	1,531,119	0.31	1,074,454	0.51	2,605,573	0.54	54.01
54.02	WOMENS IMAGING CENTER	1,557,524	0.32	822,370	0.39	2,379,894	0.49	54.02
54.03	SPECIAL PROCEDURES	768,267	0.16	638,818	0.30	1,407,085	0.29	54.03
54.04	IMAGING CENTER	1,691,304	0.35	861,436	0.41	2,552,740	0.52	54.04
55	Radiology-Therapeutic	24,263,053	4.99	8,818,800	4.16	33,081,853	6.80	55
56	Radioisotope	1,473,187	0.30	1,175,713	0.55	2,648,900	0.54	56
57	CT Scan	2,375,077	0.49	2,536,015	1.20	4,911,092	1.01	57
58	MRI	1,494,071	0.31	1,322,682	0.62	2,816,753	0.58	58
59	Cardiac Catheterization	3,816,098	0.78	3,358,975	1.59	7,175,073	1.48	59
60	Laboratory	8,889,504	1.83	6,117,168	2.89	15,006,672	3.09	60
62	Whole Blood & Packed Red Blood Cells	2,557,413	0.53	1,056,830	0.50	3,614,243	0.74	62
65	Respiratory Therapy	3,196,470	0.66	2,202,423	1.04	5,398,893	1.11	65
66	Physical Therapy	4,716,693	0.97	2,451,488	1.16	7,168,181	1.47	66
68	Speech Pathology	661,340	0.14	347,325	0.16	1,008,665	0.21	68
69	Electrocardiology	3,412,427	0.70	4,050,807	1.91	7,463,234	1.53	69
69.01	CARDIOLOGY OUTREACH	613,826	0.13	269,724	0.13	883,550	0.18	69.01
69.02	EMG/NCV	42,228	0.01	22,932	0.01	65,160	0.01	69.02
70	Electroencephalography	7,505,957	1.54	2,732,395	1.29	10,238,352	2.10	70
71	Medical Supplies Charged to Patients	19,730,138	4.06	8,683,545	4.10	28,413,683	5.84	71
72	Impl. Dev. Charged to Patients	42,278,960	8.69	18,623,370	8.79	60,902,330	12.52	72
73	Drugs Charged to Patients	12,588,412	2.59	12,915,697	6.10	25,504,109	5.24	73
75	ASC (Non-Distinct Part)	3,605,667	0.74	4,164,918	1.97	7,770,585	1.60	75
76.97	CARDIAC REHABILITATION	956,942	0.20	1,069,256	0.50	2,026,198	0.42	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,586,651	0.33	1,238,400	0.58	2,825,051	0.58	90
90.01	WOUND OSTOMY	1,453,166	0.30	1,509,663	0.71	2,962,829	0.61	90.01
90.02	URODYNAMICS	372,571	0.08	174,968	0.08	547,539	0.11	90.02
90.03	PLAINFIELD CLINIC	18,266,132	3.76	7,678,997	3.62	25,945,129	5.33	90.03
90.04	OSWEGO CLINIC	1,731,428	0.36	942,795	0.45	2,674,223	0.55	90.04
90.05	BOLINGBROOK CLINIC	1,953,577	0.40	1,127,368	0.53	3,080,945	0.63	90.05
91	Emergency	10,215,124	2.10	14,259,889	6.73	24,475,013	5.03	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
<b>NONREIMBURSABLE COST CENTERS</b>								
190	Gift, Flower, Coffee Shop & Canteen	480,852	0.10	349,727	0.17	830,579	0.17	190
192	Physicians' Private Offices	5,005,176	1.03	2,653,253	1.25	7,658,429	1.57	192
194	LINDEN OAKS HOSPITAL			712,230	0.34	712,230	0.15	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	486,435,426	100.00			486,435,426	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,797,336	124,048,847	0.022550	25,275,994	569,974	50
50.02	ENDOSCOPY	652,312	35,841,360	0.018200	3,491,426	63,544	50.02
51	Recovery Room	328,872	26,403,144	0.012456	3,757,541	46,804	51
52	Delivery Room & Labor Room	1,622,359	22,731,400	0.071371	15,045	1,074	52
53	Anesthesiology	75,334	52,403,781	0.001438	6,358,634	9,144	53
54	Radiology-Diagnostic	827,151	65,635,970	0.012602	10,067,857	126,875	54
54.01	ULTRASOUND	89,957	38,239,286	0.002352	5,112,451	12,024	54.01
54.02	WOMENS IMAGING CENTER	55,241	14,249,904	0.003877	11,866	46	54.02
54.03	SPECIAL PROCEDURES	100,541	12,234,551	0.008218	3,768,650	30,971	54.03
54.04	IMAGING CENTER	28,025	41,689,588	0.000672	88,938	60	54.04
55	Radiology-Therapeutic	278,476	150,098,903	0.001855	952,055	1,766	55
56	Radioisotope	233,482	15,817,127	0.014761	1,032,682	15,243	56
57	CT Scan	444,413	151,272,208	0.002938	20,901,169	61,408	57
58	MRI	226,775	46,031,322	0.004927	6,066,861	29,891	58
59	Cardiac Catheterization	574,810	96,467,880	0.005959	17,970,052	107,084	59
60	Laboratory	647,660	259,038,777	0.002500	41,862,173	104,655	60
62	Whole Blood & Packed Red Blood	72,366	15,740,825	0.004597	5,163,799	23,738	62
65	Respiratory Therapy	235,287	49,288,966	0.004774	20,874,239	99,654	65
66	Physical Therapy	95,625	37,096,987	0.002578	9,406,041	24,249	66
68	Speech Pathology	11,576	5,937,982	0.001949	1,871,978	3,648	68
69	Electrocardiology	836,509	78,539,125	0.010651	10,135,158	107,950	69
69.01	CARDIOLOGY OUTREACH	7,333	8,954,824	0.000819	27,566	23	69.01
69.02	EMG/NCV	880	919,229	0.000957	1,150	1	69.02
70	Electroencephalography	86,160	22,144,324	0.003891	2,172,702	8,454	70
71	Medical Supplies Charged to Pat	437,224	74,251,351	0.005888	17,353,125	102,175	71
72	Impl. Dev. Charged to Patients	944,381	126,590,611	0.007460	35,357,224	263,765	72
73	Drugs Charged to Patients	607,012	134,022,376	0.004529	47,877,910	216,839	73
75	ASC (Non-Distinct Part)	942,125	13,662,985	0.068955	1,311,402	90,428	75
76.97	CARDIAC REHABILITATION	239,212	7,834,042	0.030535	133,444	4,075	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	123,515	4,549,314	0.027150	26,898	730	90
90.01	WOUND OSTOMY	381,451	14,348,941	0.026584	624,640	16,605	90.01
90.02	URODYNAMICS	5,843	1,624,703	0.003596	77		90.02
90.03	PLAINFIELD CLINIC	250,832	238,456,607	0.001052	3,922,692	4,127	90.03
90.04	OSWEGO CLINIC	28,668	14,806,784	0.001936			90.04
90.05	BOLINGBROOK CLINIC	33,970	9,604,301	0.003537			90.05
91	Emergency	2,185,342	192,476,646	0.011354	26,469,228	300,532	91
92	Observation Beds (Non-Distinct	721,649	20,568,966	0.035084			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL	17,229,704	2,223,623,937		329,462,667	2,447,556	200

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT 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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	8,989,374		8,989,374	75,164	119.60	29,777	3,561,329	30
31	Intensive Care Unit	898,532		898,532	5,407	166.18	2,383	396,007	31
32	Coronary Care Unit	2,002,904		2,002,904	5,899	339.53	3,096	1,051,185	32
35	NICU	1,116,002		1,116,002	6,351	175.72			35
200	<b>TOTAL</b>	<b>13,006,812</b>		<b>13,006,812</b>	<b>92,821</b>		<b>35,256</b>	<b>5,008,521</b>	<b>200</b>

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	5,008,521
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2,447,556
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	7,456,077
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	7,333
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	35,256
PER DISCHARGE CAPITAL COSTS	1,016.78

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

EDWARD HOSPITAL Provider CCN: 14-0231	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 10:10 Version: 2015.10 (11/17/2015)
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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)	96,098,937
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	414,253,292
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.232

**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)	7,456,077
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.018

**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)	54,956,763
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)	343,940,526
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.160