

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 09/28/2016 Time: 11:54	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR (14-0049) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 05/01/2015 and ending 04/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		654,832	52,696	7,004		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		654,832	52,696	7,004		200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

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		
						6	7	8		
3	Hospital	WEST SUBURBAN HOSP MED CTR	14-0049	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	WEST SUBURBAN SNF	14-5743	16974		12 / 28 / 1992	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 05 / 01 / 2015	To: 04 / 30 / 2016	20
21	Type of control (see instructions)	4		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,481	1,099	30		7,953	284	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

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**WORKSHEET S-2
PART I**

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
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
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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**WORKSHEET S-2
PART I**

		V	XVIII	XIX	
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
45	Prospective Payment System (PPS)-Capital Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	Y	Y	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	Y/N	IME	Direct GME	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	FAMILY MEDICINE	1350			26.00		65
65.01	INTERNAL MEDICINE	1400			24.00		65.01
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				2.97		66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	FAMILY MEDICINE	1350			28.08		67
67.01	INTERNAL MEDICINE	1400			26.09		67.01
67.02	INTERNAL MEDICINE	1400			22.16		67.02

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

		1	2	3	
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

		1	2	3	
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**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 HB0557	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011	141
142	Street: 1445 ROSS AVE., STE 1400	P.O. Box:		142
143	City: DALLAS, TX	State: TX	ZIP Code: 75202-2703	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2015	03 / 31 / 2015			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	C	12/31/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

		Y/N	
Bad Debts		Y/N	
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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/02/2016	Y	08/02/2016
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render 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: ROB	Last name: RIORDAN	Title: DIRECTOR OF REIMBURSEMENT	41
42	Employer: TENET HEALTHCARE CORP			42
43	Phone number: 469-893-6746	E-mail Address: ROB.RIORDAN@TENETHEALTH.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	114	41,724			7,479	2,697	23,274	1
2	HMO and other (see instructions)						3,221	7,962		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)		114	41,724			7,479	2,697	23,274	7
8	Intensive Care Unit	31	21	7,686			1,140	434	3,044	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,470	4,190	13
14	Total (see instructions)		135	49,410			8,619	4,601	30,508	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	39	14,274			7,041		10,380	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)		174							27
28	Observation Bed Days							169	1,780	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							284	492	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,982	1,007	7,665	1
2	HMO and other (see instructions)					755	2,230		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	56.91	828.69			1,982	1,007	7,665	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		38.47						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)	56.91	867.16						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	58,284,372		58,284,372	1,803,690.00	32.31	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		1,934,396		1,934,396	19,335.00	100.05	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,947,905	-1,934,396	3,013,509	134,700.00	22.37	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44	2,234,579		2,234,579	80,010.00	27.93	9
10	Excluded area salaries (see instructions)		569,541	124,554	694,095	22,157.00	31.33	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,068,172		1,068,172	18,402.00	58.05	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		123,286		123,286	766.00	160.95	13
14	Home office salaries & wage-related costs		4,980,427		4,980,427	106,816.00	46.63	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		10,276,591		10,276,591			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		136,859		136,859			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching		381,418		381,418			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		594,194		594,194			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		364,382	52,634	417,016	11,831.00	35.25	26
27	Administrative & General		6,528,494	-1,088,658	5,439,836	145,214.00	37.46	27
28	Administrative & General under contract (see instructions)		55,194		55,194	418.00	132.04	28
29	Maintenance & Repairs							29
30	Operation of Plant		1,609,155		1,609,155	63,978.00	25.15	30
31	Laundry & Linen Service							31
32	Housekeeping		1,315,856		1,315,856	95,197.00	13.82	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,130,646		1,130,646	72,502.00	15.59	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,281,929		1,281,929	24,270.00	52.82	38
39	Central Services and Supply		243,709		243,709	12,921.00	18.86	39
40	Pharmacy		1,374,135	113,507	1,487,642	35,186.00	42.28	40
41	Medical Records & Medical Records Library		401,974	797,963	1,199,937	46,408.00	25.86	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		51,457,265	1,934,396	53,391,661	1,650,073.00	32.36	1
2	Excluded area salaries (see instructions)		2,804,120	124,554	2,928,674	102,167.00	28.67	2
3	Subtotal salaries (line 1 minus line 2)		48,653,145	1,809,842	50,462,987	1,547,906.00	32.60	3
4	Subtotal other wages & related costs (see instructions)		6,171,885		6,171,885	125,984.00	48.99	4
5	Subtotal wage-related costs (see instructions)		10,276,591		10,276,591		20.36%	5
6	Total (sum of lines 3 through 5)		65,101,621	1,809,842	66,911,463	1,673,890.00	39.97	6
7	Total overhead cost (see instructions)		14,305,474	-124,554	14,180,920	507,925.00	27.92	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	837,809	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	4,465,635	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	83,015	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	96,567	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	227,630	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	3,709,359	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	733,081	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	123,494	23
24	Total Wage Related cost (Sum of lines 1-23)	10,276,590	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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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	1,127,798	11,492,318	1
2	Hospital	1,123,659	11,492,318	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	4,139		8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX	17		17	3
4	RUL	13		13	4
5	RVX				5
6	RVL	33		33	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	423		423	12
13	RUB	863		863	13
14	RUA	2,575		2,575	14
15	RVC	238		238	15
16	RVB	528		528	16
17	RVA	1,479		1,479	17
18	RHC	43		43	18
19	RHB	30		30	19
20	RHA	123		123	20
21	RMC	9		9	21
22	RMB	35		35	22
23	RMA	158		158	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1	4		4	30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	5		5	36
37	LE2				37
38	LE1	9		9	38
39	LD2				39
40	LD1	9		9	40
41	LC2				41
42	LC1	17		17	42
43	LB2	14		14	43
44	LB1	62		62	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	3		3	48
49	CC2	2		2	49
50	CC1	25		25	50
51	CB2	5		5	51
52	CB1	114		114	52
53	CA2				53
54	CA1	77		77	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1	5		5	66
67	BA2				67
68	BA1	7		7	68
69	PE2				69
70	PE1	13		13	70
71	PD2				71
72	PD1	1		1	72
73	PC2				73
74	PC1	3		3	74
75	PB2				75
76	PB1	58		58	76
77	PA2				77
78	PA1	41		41	78
199	AAA				199
200	TOTAL	7,041		7,041	200

SNF SERVICES

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	4,629,078			207

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.176554	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	23,794,732	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid	822,169	5
6	Medicaid charges	236,075,127	6
7	Medicaid cost (line 1 times line 6)	41,680,008	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	17,063,107	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations	8,854,084	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	17,063,107	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	10,027,695	137,854	10,165,549	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,770,430	24,339	1,794,769	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,770,430	24,339	1,794,769	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)	7,804,902	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,334,870	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	6,470,032	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,142,310	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	2,937,079	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	20,000,186	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- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				4,166,167	4,166,167	1,727,983	5,894,150	1
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						877,039	877,039	1.01
2	00200	Cap Rel Costs-Mvble Equip				3,085,128	3,085,128	2,028,802	5,113,930	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	364,382	11,562,312	11,926,694	52,056	11,978,750	-339,064	11,639,686	4
5	00500	Administrative & General	6,528,494	18,911,669	25,440,163	-7,942,764	17,497,399	4,193,063	21,690,462	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,609,155	5,113,395	6,722,550	-836,291	5,886,259	-20,030	5,866,229	7
7.01	00701	OPERATION OF PLANT-RIVER FOREST				835,019	835,019		835,019	7.01
8	00800	Laundry & Linen Service		708,548	708,548	75,458	784,006		784,006	8
9	00900	Housekeeping	1,315,856	1,101,417	2,417,273	-348,230	2,069,043	-46,417	2,022,626	9
9.01	00901	HOUSEKEEPING-RIVER FOREST				337,386	337,386		337,386	9.01
10	01000	Dietary	1,130,646	495,795	1,626,441	-9,384	1,617,057	-383,631	1,233,426	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,281,929	31,600	1,313,529	-1,685	1,311,844	-500	1,311,344	13
14	01400	Central Services & Supply	243,709	751,182	994,891	80,377	1,075,268		1,075,268	14
15	01500	Pharmacy	1,374,135	4,348,839	5,722,974	-1,959,229	3,763,745	-14,000	3,749,745	15
16	01600	Medical Records & Library	401,974	231,743	633,717	822,769	1,456,486	-23,184	1,433,302	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,947,905		4,947,905	-1,934,396	3,013,509		3,013,509	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,522,027	1,522,027	1,932,791	3,454,818	-966,981	2,487,837	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	10,305,282	2,634,272	12,939,554	-424,618	12,514,936	-1,533,822	10,981,114	30
31	03100	Intensive Care Unit	2,097,487	499,756	2,597,243	-180,874	2,416,369	-82,188	2,334,181	31
43	04300	Nursery	843,480	73,348	916,828	-49,761	867,067		867,067	43
44	04400	Skilled Nursing Facility	2,234,579	321,517	2,556,096	-139,426	2,416,670	-1,785	2,414,885	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,400,395	5,543,880	8,944,275	-2,665,129	6,279,146	-352,970	5,926,176	50
51	05100	Recovery Room	654,397	94,311	748,708	-78,714	669,994	-904	669,090	51
52	05200	Delivery Room & Labor Room	2,269,495	384,502	2,653,997	-204,890	2,449,107	-1,063	2,448,044	52
53	05300	Anesthesiology	111,821	946,300	1,058,121	-111,659	946,462	-760,527	185,935	53
54	05400	Radiology-Diagnostic	2,707,429	1,276,062	3,983,491	-693,555	3,289,936	-28,490	3,261,446	54
55.01	03340	GASTRO INTESTINAL SERVICES	750,196	497,096	1,247,292	-126,218	1,121,074	-9,917	1,111,157	55.01
55.02	03630	ULTRA SOUND	638,154	75,021	713,175	-12,547	700,628		700,628	55.02
56	05600	Radioisotope	191,094	287,640	478,734	-232,438	246,296		246,296	56
57	05700	CT Scan	777,012	498,161	1,275,173	-46,658	1,228,515	-671	1,227,844	57
58	05800	MRI	256,420	313,806	570,226	-11,359	558,867		558,867	58
59	05900	Cardiac Catheterization	479,591	2,353,774	2,833,365	-2,059,782	773,583		773,583	59
60	06000	Laboratory	286,432	4,220,795	4,507,227	13,213	4,520,440	-270,331	4,250,109	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		539,122	539,122	-2,064	537,058		537,058	63
65	06500	Respiratory Therapy	912,601	267,695	1,180,296	-108,557	1,071,739	-10,055	1,061,684	65
66	06600	Physical Therapy	2,090,360	230,191	2,320,551	-14,736	2,305,815		2,305,815	66
67	06700	Occupational Therapy	138,618	249	138,867		138,867		138,867	67
68	06800	Speech Pathology	172,124	2,419	174,543	-914	173,629		173,629	68
69	06900	Electrocardiology	540,523	194,856	735,379	-10,261	725,118	-123,468	601,650	69
71	07100	Medical Supplies Charged to Patients					2,297,729		2,297,729	71
72	07200	Impl. Dev. Charged to Patients					4,315,619		4,315,619	72
73	07300	Drugs Charged to Patients				8,130,531	8,130,531		8,130,531	73
74	07400	Renal Dialysis		600,401	600,401	-4,006	596,395		596,395	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,809,212	1,395,158	3,204,370	-292,004	2,912,366	-726,364	2,186,002	90
90.01	04950	DIABETOLOGY	91,906	3,286	95,192	-1,442	93,750		93,750	90.01
90.02	04951	CANCER CENTER	410,060	5,801,446	6,211,506	-4,707,728	1,503,778	-1,766	1,502,012	90.02
90.03	09001	WOUND CARE		865,230	865,230	-53,494	811,736	-9,311	802,425	90.03
91	09100	Emergency	4,347,978	2,407,777	6,755,755	-490,537	6,265,218	-1,370,207	4,895,011	91
92	09200	Observation Beds (Non-Distinct Part)								92

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	57,714,831	77,106,598	134,821,429	388,893	135,210,322	1,749,241	136,959,563	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		2,221	2,221		2,221		2,221	190
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	108,475	241,859	350,334	70,538	420,872		420,872	194
194.0	07951	HOSPITALIST								194.0
194.0	07952	RETAIL PHARMACY	249,831	542,834	792,665	-486,126	306,539		306,539	194.0
194.0	07953	COMMUNITY RELATIONS	62,105	105,168	167,273		167,273		167,273	194.0
194.0	07954	PHYSICIAN CLINICS	122,371	32,495	154,866	-31,837	123,029		123,029	194.0
194.0	07955	GUEST MEALS								194.0
194.0	07956	CATERING MEALS								194.0
194.0	07957	RESEARCH,RIVER FOREST NONREIMB	26,759	366	27,125	58,532	85,657		85,657	194.0
200		TOTAL (sum of lines 118-199)	58,284,372	78,031,541	136,315,913		136,315,913	1,749,241	138,065,154	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		3,712,169	1
2	DEPRECIATION EXPENSE	A	Cap Rel Costs-Mvble Equip	2		2,584,283	2
500	Total reclassifications					6,296,452	500
	Code Letter - A						
1	RENTS	B	Cap Rel Costs-Bldg & Fixt	1		200,500	1
2	RENTS	B	Cap Rel Costs-Mvble Equip	2		476,078	2
3	RENTS	B	Laboratory	60		15,294	3
4	RENTS	B					4
5	RENTS	B					5
6	RENTS	B					6
7	RENTS	B					7
8	RENTS	B					8
9	RENTS	B					9
10	RENTS	B					10
11	RENTS	B					11
12	RENTS	B					12
13	RENTS	B					13
14	RENTS	B					14
15	RENTS	B					15
16	RENTS	B					16
17	RENTS	B					17
18	RENTS	B					18
19	RENTS	B					19
20	RENTS	B					20
21	RENTS	B					21
22	RENTS	B					22
23	RENTS	B					23
24	RENTS	B					24
25	RENTS	B					25
26	RENTS	B					26
27	RENTS	B					27
28	RENTS	B					28
29	RENTS	B					29
30	RENTS	B					30
31	RENTS	B					31
500	Total reclassifications					691,872	500
	Code Letter - B						
1	INTEREST EXPENSE	C	Cap Rel Costs-Mvble Equip	2		24,767	1
500	Total reclassifications					24,767	500
	Code Letter - C						
1	PROPERTY TAXES	D	Cap Rel Costs-Bldg & Fixt	1		235,128	1
500	Total reclassifications					235,128	500
	Code Letter - D						
1	INSURANCE	E	Cap Rel Costs-Bldg & Fixt	1		18,370	1
500	Total reclassifications					18,370	500
	Code Letter - E						
1	BILLABLE DRUGS	F	Drugs Charged to Patients	73		8,130,531	1
2	BILLABLE DRUGS	F	Central Services & Supply	14		778	2
3	BILLABLE DRUGS	F					3
4	BILLABLE DRUGS	F					4
5	BILLABLE DRUGS	F					5
6	BILLABLE DRUGS	F					6
7	BILLABLE DRUGS	F					7
8	BILLABLE DRUGS	F					8
9	BILLABLE DRUGS	F					9
10	BILLABLE DRUGS	F					10
11	BILLABLE DRUGS	F					11
12	BILLABLE DRUGS	F					12
13	BILLABLE DRUGS	F					13
14	BILLABLE DRUGS	F					14
15	BILLABLE DRUGS	F					15
16	BILLABLE DRUGS	F					16
17	BILLABLE DRUGS	F					17
18	BILLABLE DRUGS	F					18
19	BILLABLE DRUGS	F					19

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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	
20	BILLABLE DRUGS	F					20
21	BILLABLE DRUGS	F					21
22	BILLABLE DRUGS	F					22
23	BILLABLE DRUGS	F					23
24	BILLABLE DRUGS	F					24
25	BILLABLE DRUGS	F					25
26	BILLABLE DRUGS	F					26
27	BILLABLE DRUGS	F					27
28	BILLABLE DRUGS	F					28
29	BILLABLE DRUGS	F					29
30	BILLABLE DRUGS	F					30
500	Total reclassifications					8,131,309	500
	Code Letter - F						
1	LAUNDRY LINEN	G	Laundry & Linen Service	8		75,458	1
2	LAUNDRY LINEN	G					2
3	LAUNDRY LINEN	G					3
4	LAUNDRY LINEN	G					4
5	LAUNDRY LINEN	G					5
6	LAUNDRY LINEN	G					6
7	LAUNDRY LINEN	G					7
8	LAUNDRY LINEN	G					8
9	LAUNDRY LINEN	G					9
10	LAUNDRY LINEN	G					10
11	LAUNDRY LINEN	G					11
12	LAUNDRY LINEN	G					12
13	LAUNDRY LINEN	G					13
14	LAUNDRY LINEN	G					14
15	LAUNDRY LINEN	G					15
16	LAUNDRY LINEN	G					16
17	LAUNDRY LINEN	G					17
18	LAUNDRY LINEN	G					18
19	LAUNDRY LINEN	G					19
20	LAUNDRY LINEN	G					20
500	Total reclassifications					75,458	500
	Code Letter - G						
1	BILLABLE SUPPLIES	H	Medical Supplies Charged to P	71		2,297,729	1
2	BILLABLE SUPPLIES	H	Central Services & Supply	14		168,541	2
3	BILLABLE SUPPLIES	H					3
4	BILLABLE SUPPLIES	H					4
5	BILLABLE SUPPLIES	H					5
6	BILLABLE SUPPLIES	H					6
7	BILLABLE SUPPLIES	H					7
8	BILLABLE SUPPLIES	H					8
9	BILLABLE SUPPLIES	H					9
10	BILLABLE SUPPLIES	H					10
11	BILLABLE SUPPLIES	H					11
12	BILLABLE SUPPLIES	H					12
13	BILLABLE SUPPLIES	H					13
14	BILLABLE SUPPLIES	H					14
15	BILLABLE SUPPLIES	H					15
16	BILLABLE SUPPLIES	H					16
17	BILLABLE SUPPLIES	H					17
18	BILLABLE SUPPLIES	H					18
19	BILLABLE SUPPLIES	H					19
20	BILLABLE SUPPLIES	H					20
21	BILLABLE SUPPLIES	H					21
22	BILLABLE SUPPLIES	H					22
23	BILLABLE SUPPLIES	H					23
24	BILLABLE SUPPLIES	H					24
25	BILLABLE SUPPLIES	H					25
26	BILLABLE SUPPLIES	H					26
27	BILLABLE SUPPLIES	H					27
28	BILLABLE SUPPLIES	H					28
29	BILLABLE SUPPLIES	H					29
30	BILLABLE SUPPLIES	H					30
31	BILLABLE SUPPLIES	H					31
32	BILLABLE SUPPLIES	H					32
33	BILLABLE SUPPLIES	H					33

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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	
500	Total reclassifications					2,466,270	500
	Code Letter - H						
1	IMPLANTABLE DEVICE	I	Impl. Dev. Charged to Patient	72		4,315,619	1
2	IMPLANTABLE DEVICE	I					2
3	IMPLANTABLE DEVICE	I					3
4	IMPLANTABLE DEVICE	I					4
5	IMPLANTABLE DEVICE	I					5
6	IMPLANTABLE DEVICE	I					6
7	IMPLANTABLE DEVICE	I					7
8	IMPLANTABLE DEVICE	I					8
9	IMPLANTABLE DEVICE	I					9
10	IMPLANTABLE DEVICE	I					10
11	IMPLANTABLE DEVICE	I					11
12	IMPLANTABLE DEVICE	I					12
13	IMPLANTABLE DEVICE	I					13
500	Total reclassifications					4,315,619	500
	Code Letter - I						
1	TRANSCRIPTION FEES	J	Medical Records & Library	16		245	1
500	Total reclassifications					245	500
	Code Letter - J						
1	REGIONAL (DEPT 5575)	K	Employee Benefits Department	4	52,634	11,901	1
2	REGIONAL (DEPT 5575)	K	Pharmacy	15	113,507	202	2
3	REGIONAL (DEPT 5575)	K	Medical Records & Library	16	797,963	25,868	3
4	REGIONAL (DEPT 5575)	K	MARKETING	194	59,801	10,980	4
5	REGIONAL (DEPT 5575)	K	RESEARCH,RIVER FOREST NONREIM	194.07	64,753		5
500	Total reclassifications				1,088,658	48,951	500
	Code Letter - K						
1	RIVER FOREST PLT OPS HOUSEKPNG	L	OPERATION OF PLANT-RIVER FORE	7.01	148,916	686,103	1
2	RIVER FOREST PLT OPS HOUSEKPNG	L	HOUSEKEEPING-RIVER FOREST	9.01		337,386	2
500	Total reclassifications				148,916	1,023,489	500
	Code Letter - L						
1	TEACHING PHYSICIANS	N	I&R Services-Other Prgm Costs	22	1,934,396		1
500	Total reclassifications				1,934,396		500
	Code Letter - N						
	GRAND TOTAL (Increases)				3,171,970	23,327,930	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A	Administrative & General	5		6,296,452	9	1
2	DEPRECIATION EXPENSE	A					9	2
500	Total reclassifications					6,296,452		500
	Code letter - A							
1	RENTS	B	Employee Benefits Department	4		1,532	10	1
2	RENTS	B	Administrative & General	5		232,025	10	2
3	RENTS	B	Operation of Plant	7		1,046		3
4	RENTS	B	Housekeeping	9		1,043		4
5	RENTS	B	Dietary	10		9,379		5
6	RENTS	B	Nursing Administration	13		1,685		6
7	RENTS	B	Central Services & Supply	14		88,942		7
8	RENTS	B	Pharmacy	15		17,728		8
9	RENTS	B	Medical Records & Library	16		1,307		9
10	RENTS	B	I&R Services-Other Prgm Costs	22		1,605		10
11	RENTS	B	Adults & Pediatrics	30		85,023		11
12	RENTS	B	Intensive Care Unit	31		19,784		12
13	RENTS	B	Nursery	43		243		13
14	RENTS	B	Skilled Nursing Facility	44		62,175		14
15	RENTS	B	Operating Room	50		24,926		15
16	RENTS	B	Delivery Room & Labor Room	52		1,849		16
17	RENTS	B	Radiology-Diagnostic	54		38,071		17
18	RENTS	B	GASTRO INTESTINAL SERVICES	55.01		1,276		18
19	RENTS	B	CT Scan	57		243		19
20	RENTS	B	MRI	58		1,289		20
21	RENTS	B	Respiratory Therapy	65		56,147		21
22	RENTS	B	Physical Therapy	66		730		22
23	RENTS	B	Speech Pathology	68		243		23
24	RENTS	B	Electrocardiology	69		1,849		24
25	RENTS	B	Clinic	90		25,619		25
26	RENTS	B	DIABETOLOGY	90.01		1,442		26
27	RENTS	B	CANCER CENTER	90.02		1,211		27
28	RENTS	B	WOUND CARE	90.03		2,037		28
29	RENTS	B	Emergency	91		10,378		29
30	RENTS	B	MARKETING	194		243		30
31	RENTS	B	PHYSICIAN CLINICS	194.04		802		31
500	Total reclassifications					691,872		500
	Code letter - B							
1	INTEREST EXPENSE	C	Administrative & General	5		24,767	11	1
500	Total reclassifications					24,767		500
	Code letter - C							
1	PROPERTY TAXES	D	Administrative & General	5		235,128	13	1
500	Total reclassifications					235,128		500
	Code letter - D							
1	INSURANCE	E	Administrative & General	5		18,370	12	1
500	Total reclassifications					18,370		500
	Code letter - E							
1	BILLABLE DRUGS	F	Employee Benefits Department	4		10,490		1
2	BILLABLE DRUGS	F	Administrative & General	5		686		2
3	BILLABLE DRUGS	F	Operation of Plant	7		9		3
4	BILLABLE DRUGS	F	Housekeeping	9		52		4
5	BILLABLE DRUGS	F	Pharmacy	15		2,035,203		5
6	BILLABLE DRUGS	F	Adults & Pediatrics	30		70,214		6
7	BILLABLE DRUGS	F	Intensive Care Unit	31		33,893		7
8	BILLABLE DRUGS	F	Nursery	43		3,106		8
9	BILLABLE DRUGS	F	Skilled Nursing Facility	44		3,154		9
10	BILLABLE DRUGS	F	Operating Room	50		55,941		10
11	BILLABLE DRUGS	F	Recovery Room	51		7,033		11
12	BILLABLE DRUGS	F	Delivery Room & Labor Room	52		39,476		12
13	BILLABLE DRUGS	F	Anesthesiology	53		25,958		13
14	BILLABLE DRUGS	F	Radiology-Diagnostic	54		2,840		14
15	BILLABLE DRUGS	F	GASTRO INTESTINAL SERVICES	55.01		18,457		15
16	BILLABLE DRUGS	F	Radioisotope	56		227,099		16
17	BILLABLE DRUGS	F	CT Scan	57		3,051		17
18	BILLABLE DRUGS	F	MRI	58		1,244		18

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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	
19	BILLABLE DRUGS	F	Cardiac Catheterization	59		2,843	19	
20	BILLABLE DRUGS	F	Laboratory	60		1	20	
21	BILLABLE DRUGS	F	Blood Storing, Processing & T	63		1,344	21	
22	BILLABLE DRUGS	F	Respiratory Therapy	65		4,986	22	
23	BILLABLE DRUGS	F	Electrocardiology	69		1,803	23	
24	BILLABLE DRUGS	F	Renal Dialysis	74		2,506	24	
25	BILLABLE DRUGS	F	Clinic	90		217,364	25	
26	BILLABLE DRUGS	F	CANCER CENTER	90.02		4,688,854	26	
27	BILLABLE DRUGS	F	WOUND CARE	90.03		11,003	27	
28	BILLABLE DRUGS	F	Emergency	91		145,893	28	
29	BILLABLE DRUGS	F	RETAIL PHARMACY	194.02		485,771	29	
30	BILLABLE DRUGS	F	PHYSICIAN CLINICS	194.04		31,035	30	
500	Total reclassifications					8,131,309	500	
	Code letter - F							
1	LAUNDRY LINEN	G	Housekeeping	9		69	1	
2	LAUNDRY LINEN	G	Adults & Pediatrics	30		8,412	2	
3	LAUNDRY LINEN	G	Intensive Care Unit	31		2,549	3	
4	LAUNDRY LINEN	G	Skilled Nursing Facility	44		760	4	
5	LAUNDRY LINEN	G	Operating Room	50		49,624	5	
6	LAUNDRY LINEN	G	Recovery Room	51		113	6	
7	LAUNDRY LINEN	G	Delivery Room & Labor Room	52		716	7	
8	LAUNDRY LINEN	G	Radiology-Diagnostic	54		3,908	8	
9	LAUNDRY LINEN	G	ULTRA SOUND	55.02		756	9	
10	LAUNDRY LINEN	G	CT Scan	57		1,119	10	
11	LAUNDRY LINEN	G	MRI	58		1,284	11	
12	LAUNDRY LINEN	G	Cardiac Catheterization	59		113	12	
13	LAUNDRY LINEN	G	Laboratory	60		1,314	13	
14	LAUNDRY LINEN	G	Physical Therapy	66		3,502	14	
15	LAUNDRY LINEN	G	Electrocardiology	69		304	15	
16	LAUNDRY LINEN	G	Renal Dialysis	74		100	16	
17	LAUNDRY LINEN	G	Clinic	90		43	17	
18	LAUNDRY LINEN	G	CANCER CENTER	90.02		31	18	
19	LAUNDRY LINEN	G	WOUND CARE	90.03		5	19	
20	LAUNDRY LINEN	G	Emergency	91		736	20	
500	Total reclassifications					75,458	500	
	Code letter - G							
1	BILLABLE SUPPLIES	H	Employee Benefits Department	4		457	1	
2	BILLABLE SUPPLIES	H	Administrative & General	5		3,948	2	
3	BILLABLE SUPPLIES	H	Operation of Plant	7		217	3	
4	BILLABLE SUPPLIES	H	Housekeeping	9		9,680	4	
5	BILLABLE SUPPLIES	H	Dietary	10		5	5	
6	BILLABLE SUPPLIES	H	Pharmacy	15		20,007	6	
7	BILLABLE SUPPLIES	H	Adults & Pediatrics	30		260,684	7	
8	BILLABLE SUPPLIES	H	Intensive Care Unit	31		124,426	8	
9	BILLABLE SUPPLIES	H	Nursery	43		46,412	9	
10	BILLABLE SUPPLIES	H	Skilled Nursing Facility	44		73,337	10	
11	BILLABLE SUPPLIES	H	Operating Room	50		835,601	11	
12	BILLABLE SUPPLIES	H	Recovery Room	51		71,568	12	
13	BILLABLE SUPPLIES	H	Delivery Room & Labor Room	52		161,417	13	
14	BILLABLE SUPPLIES	H	Anesthesiology	53		80,676	14	
15	BILLABLE SUPPLIES	H	Radiology-Diagnostic	54		206,810	15	
16	BILLABLE SUPPLIES	H	GASTRO INTESTINAL SERVICES	55.01		93,883	16	
17	BILLABLE SUPPLIES	H	ULTRA SOUND	55.02		11,791	17	
18	BILLABLE SUPPLIES	H	Radioisotope	56		5,339	18	
19	BILLABLE SUPPLIES	H	CT Scan	57		7,950	19	
20	BILLABLE SUPPLIES	H	MRI	58		3,639	20	
21	BILLABLE SUPPLIES	H	Cardiac Catheterization	59		24,079	21	
22	BILLABLE SUPPLIES	H	Laboratory	60		766	22	
23	BILLABLE SUPPLIES	H	Blood Storing, Processing & T	63		720	23	
24	BILLABLE SUPPLIES	H	Respiratory Therapy	65		47,424	24	
25	BILLABLE SUPPLIES	H	Physical Therapy	66		10,504	25	
26	BILLABLE SUPPLIES	H	Speech Pathology	68		671	26	
27	BILLABLE SUPPLIES	H	Electrocardiology	69		6,125	27	
28	BILLABLE SUPPLIES	H	Renal Dialysis	74		1,400	28	
29	BILLABLE SUPPLIES	H	Clinic	90		9,804	29	
30	BILLABLE SUPPLIES	H	CANCER CENTER	90.02		17,387	30	
31	BILLABLE SUPPLIES	H	WOUND CARE	90.03		40,449	31	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
32	BILLABLE SUPPLIES	H	Emergency	91		288,739	32	
33	BILLABLE SUPPLIES	H	RETAIL PHARMACY	194.02		355	33	
500	Total reclassifications					2,466,270	500	
	Code letter - H							
1	IMPLANTABLE DEVICE	I	Adults & Pediatrics	30		285	1	
2	IMPLANTABLE DEVICE	I	Intensive Care Unit	31		222	2	
3	IMPLANTABLE DEVICE	I	Operating Room	50		1,699,037	3	
4	IMPLANTABLE DEVICE	I	Delivery Room & Labor Room	52		1,432	4	
5	IMPLANTABLE DEVICE	I	Anesthesiology	53		5,025	5	
6	IMPLANTABLE DEVICE	I	Radiology-Diagnostic	54		441,926	6	
7	IMPLANTABLE DEVICE	I	GASTRO INTESTINAL SERVICES	55.01		12,602	7	
8	IMPLANTABLE DEVICE	I	CT Scan	57		34,295	8	
9	IMPLANTABLE DEVICE	I	MRI	58		3,903	9	
10	IMPLANTABLE DEVICE	I	Cardiac Catheterization	59		2,032,747	10	
11	IMPLANTABLE DEVICE	I	Electrocardiology	69		180	11	
12	IMPLANTABLE DEVICE	I	Clinic	90		39,174	12	
13	IMPLANTABLE DEVICE	I	Emergency	91		44,791	13	
500	Total reclassifications					4,315,619	500	
	Code letter - I							
1	TRANSCRIPTION FEES	J	CANCER CENTER	90.02		245	1	
500	Total reclassifications					245	500	
	Code letter - J							
1	REGIONAL (DEPT 5575)	K	Administrative & General	5	1,088,658	42,730	1	
2	REGIONAL (DEPT 5575)	K	RESEARCH,RIVER FOREST NONREIM	194.07		6,221	2	
3	REGIONAL (DEPT 5575)	K					3	
4	REGIONAL (DEPT 5575)	K					4	
5	REGIONAL (DEPT 5575)	K					5	
500	Total reclassifications				1,088,658	48,951	500	
	Code letter - K							
1	RIVER FOREST PLT OPS_HOUSEKPNG	L	Operation of Plant	7	148,916	686,103	1	
2	RIVER FOREST PLT OPS_HOUSEKPNG	L	Housekeeping	9		337,386	2	
500	Total reclassifications				148,916	1,023,489	500	
	Code letter - L							
1	TEACHING PHYSICIANS	N	I&R Services-Salary & Fringes	21	1,934,396		1	
500	Total reclassifications				1,934,396		500	
	Code letter - N							
	GRAND TOTAL (Decreases)				3,171,970	23,327,930		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,930,352					1,930,352		1
2	Land Improvements	2,360,389					2,360,389		2
3	Buildings and Fixtures	154,014,190	251,855		251,855		154,266,045		3
4	Building Improvements								4
5	Fixed Equipment	20,640,059					20,640,059		5
6	Movable Equipment	102,452,891	1,960,893		1,960,893		104,413,784		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	281,397,881	2,212,748		2,212,748		283,610,629		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	281,397,881	2,212,748		2,212,748		283,610,629		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt									1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR									1.01
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)									3

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	156,626,434		156,626,434	0.556043					1
1.01	CAP REL COSTS-BLDG & FI				0.000000					1.01
2	Cap Rel Costs-Mvble Equip	125,053,843		125,053,843	0.443957					2
3	Total (sum of lines 1-2)	281,680,277		281,680,277	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	5,345,847	200,500		18,370	329,433		5,894,150	1	
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	28,198				848,841		877,039	1.01	
2	Cap Rel Costs-Mvble Equip	4,613,085	476,078	24,767				5,113,930	2	
3	Total (sum of lines 1-2)	9,987,130	676,578	24,767	18,370	1,178,274		11,885,119	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)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-5,095,069			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-415,897			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-383,631	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-321,459	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	2,042,452	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	DIRECT PHONE COSTS	A	-30,321	Administrative & General	5	33
33.01	PBX SALARY	A	-24,691	Administrative & General	5	33.01
33.02	PBX BENEFITS	A	-41,922	Employee Benefits Department	4	33.02
33.03	TELEPHONE DEPRECIATION	A	-3,626	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION DEPRECIATION	A	-10,024	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	TELEVISION CABLE & SATELITE	A	-1,219	Operation of Plant	7	33.05
33.06	BADGE REPLACEMENT	B	-420	Employee Benefits Department	4	33.06
33.07	WSPH RECEIVABLE	B	-276,745	Administrative & General	5	33.07
33.08	MONAHAN LAW NON-PATIENT CASH	B	-2,377	Administrative & General	5	33.08
33.09	INTEREST & PAYMENTS	B	-46,074	Administrative & General	5	33.09
33.10	MEDICAL STIPEND FEES	B	-17,710	Administrative & General	5	33.10
33.11	WELLNESS PROGRAMS	B	-466,250	Administrative & General	5	33.11
33.12	ID BADGES	B	-20	Operation of Plant	7	33.12
33.13	TRIAL SUBPEONA	B	-23,184	Medical Records & Library	16	33.13
33.14	RESIDENT STIPENDS	B	-961,232	I&R Services-Other Prgm Costs Apprvd	22	33.14
33.15	MATERNAL CHILD CARE CLASSES	B	-3,545	Adults & Pediatrics	30	33.15
33.16	LOST ITEMS	B	159	Recovery Room	51	33.16
33.17	COPY OF X-RAYS	B	-2,670	Radiology-Diagnostic	54	33.17
33.18	WSPH RECEIVABLE	B	-2,000	Radiology-Diagnostic	54	33.18
33.19	MISC DEPOSITS	B	-330	Radiology-Diagnostic	54	33.19
33.20	RENTAL INCOME	B	-8,854	GASTRO INTESTINAL SERVICES	55.01	33.20
33.21	INTEREST PAYMENTS	B	-28,990	Clinic	90	33.21
33.22	MISCELLANEOUS DEPOSIT	B	-80	CANCER CENTER	90.02	33.22
33.23	SUBPEONA - MISCELLANEOUS CASH	B	-20	WOUND CARE	90.03	33.23
33.24	ADVERTISING	A	-9,718	Administrative & General	5	33.24

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	ADVERTISING	A	-1,531	I&R Services-Other Prgm Costs Apprvd	22	33.25
33.26	ADVERTISING	A	-171	Radiology-Diagnostic	54	33.26
33.27	ADVERTISING	A	-671	CT Scan	57	33.27
33.28	OTHER EXPENSE	A	-7,095	Administrative & General	5	33.28
33.29	OTHER EXPENSE	A	-164	Operation of Plant	7	33.29
33.31	OTHER EXPENSE	A	-541	Adults & Pediatrics	30	33.31
33.32	OTHER EXPENSE	A	-1,050	Radiology-Diagnostic	54	33.32
33.33	OTHER EXPENSE	A	-38	Clinic	90	33.33
33.34	PURCHASED SVCS	A	-19,160	Administrative & General	5	33.34
33.35	PURCHASED SVCS	A	-18,627	Operation of Plant	7	33.35
33.36	PURCHASED SVCS	A	-46,417	Housekeeping	9	33.36
33.37	PURCHASED SVCS	A	-500	Nursing Administration	13	33.37
33.38	PURCHASED SVCS	A	-650	I&R Services-Other Prgm Costs Apprvd	22	33.38
33.39	PURCHASED SVCS	A	-3,189	Adults & Pediatrics	30	33.39
33.40	PURCHASED SVCS	A	-1,063	Intensive Care Unit	31	33.40
33.41	PURCHASED SVCS	A	-823	Skilled Nursing Facility	44	33.41
33.42	PURCHASED SVCS	A	-2,126	Operating Room	50	33.42
33.43	PURCHASED SVCS	A	-1,063	Recovery Room	51	33.43
33.44	PURCHASED SVCS	A	-1,063	Delivery Room & Labor Room	52	33.44
33.45	PURCHASED SVCS	A	-2,420	Radiology-Diagnostic	54	33.45
33.46	PURCHASED SVCS	A	-1,063	GASTRO INTESTINAL SERVICES	55.01	33.46
33.47	PURCHASED SVCS	A	-1,686	CANCER CENTER	90.02	33.47
33.48	PURCHASED SVCS	A	-1,063	Emergency	91	33.48
33.50	PHYSICIAN INCENTIVES	A	-644	Administrative & General	5	33.50
33.51	PHYSICIAN RELOCATION	A	-65,673	Administrative & General	5	33.51
33.52	PHYSICIAN INCENTIVES	A	-507	Clinic	90	33.52
33.53	TRAVEL	A	-1,470	Administrative & General	5	33.53
33.54	TRAVEL	A	-11,290	Clinic	90	33.54
33.55	ALCOHOL	A	-1,754	Administrative & General	5	33.55
33.56	ALCOHOL	A	-443	I&R Services-Other Prgm Costs Apprvd	22	33.56
33.57	MEALS	A	-14,743	Administrative & General	5	33.57
33.58	MEALS	A	-3,125	I&R Services-Other Prgm Costs Apprvd	22	33.58
33.59	MEALS	A	-169	Clinic	90	33.59
33.60	PROPERTY TAXES	A	94,305	Cap Rel Costs-Bldg & Fixt	1	13 33.60
33.61	DONATIONS/CONTRIBUTIONS	A	-41,753	Administrative & General	5	33.61
33.62	DONATIONS/CONTRIBUTIONS	A	-1,000	Emergency	91	33.62
33.63	DUES & SUBSCRIPTION	A	-8,643	Administrative & General	5	33.63
33.64	DUES & SUBSCRIPTION	A	-5,150	Operating Room	50	33.64
33.65	DUES & SUBSCRIPTION	A	-1,680	Clinic	90	33.65
33.66	LOBBYING	A	-60,426	Administrative & General	5	33.66
33.67	IDPA TAX ASSESSMENT	A	-21,646	Administrative & General	5	33.67
33.68	NON-PATIENT BAD DEBT EXPENSE	A	249	Administrative & General	5	33.68
33.69	RIVER FOREST PROPERTY TAXES	A	848,841	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	13 33.69
33.70	RIVER FOREST DEPRECIATION EXP	A	28,198	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9 33.70
33.71	TENET H.O. WORKERS COMPENSATIO	A	-104,260	Employee Benefits Department	4	33.71
33.72	PERIOD 13 ADJUSTMENT	A	-192,462	Employee Benefits Department	4	33.72
33.73	PERIOD 13 ADJUSTMENT	A	7,562,127	Administrative & General	5	33.73
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		1,749,241			50

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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				
		1	2	COST CENTER	LINE#	Wkst. A-7 Ref.	5	
				3	4			

(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	1	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.- CAPITAL	1,127,690		1,127,690	9	1
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	827,447		827,447	9	2
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	3,545,120		3,545,120		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		5,645,823	-5,645,823		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	190,293	190,293		10	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	4,289	4,289		10	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	64,536	64,536			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	6,305,080	6,305,080			4.04
4.05	14	Central Services & Supply	REGIONAL ALLOCATION	61	61			4.05
4.06	15	Pharmacy	REGIONAL ALLOCATION	113,709	113,709			4.06
4.07	16	Medical Records & Library	REGIONAL ALLOCATION	823,831	823,831			4.07
4.08	194	MARKETING	REGIONAL ALLOCATION	70,780	70,780			4.08
4.09	194.0	RESEARCH,RIVER FOREST NONREIMB	REGIONAL ALLOCATION	58,533	58,533			4.09
4.10	7							
4.10	60	Laboratory	GENESIS LAB	3,930,598	4,200,929	-270,331		4.10
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			17,061,967	17,477,864	-415,897		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1	2	3	4	5	6
6	B			TENET HLTHCARE	100.00	HLTHCARE
7	G			GENESIS	1.00	LAB
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 ADMINISTRATIVE	151,717	151,717						1
	2	15 Pharmacy PHARMACY	14,000	14,000						2
	3	30 Adults & Pediatrics ADULTS & PEDIAT	1,526,547	1,526,547						3
	4	31 Intensive Care Unit INTENSIVE CARE	111,028	43,065	67,963	177,200	351	29,903	1,495	4
	5	44 Skilled Nursing Faci SKILLED NURSING	18,000		18,000	177,200	200	17,038	852	5
	6	50 Operating Room OPERATING ROOM	345,694	345,694						6
	7	53 Anesthesiology ANESTHESIOLOGY	760,527	760,527						7
	8	54 Radiology-Diagnostic RADIOLOGY - DIA	37,505	9,559	27,946	225,300	163	17,656	883	8
	9	65 Respiratory Therapy RESPIRATORY THE	13,718	5,321	8,397	177,200	43	3,663	183	9
	10	69 Electrocardiology ELECTRO CARDIOL	124,235	123,255	980	177,200	9	767	38	10
	11	90 Clinic CLINIC	683,690	683,690						11
	12	90.03 WOUND CARE WOUND CARE	9,291	9,291						12
	13	91 Emergency EMERGENCY	1,368,144	1,368,144						13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL	5,164,096	5,040,810	123,286		766	69,027	3,451	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 Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE							151,717	1
2	15	Pharmacy PHARMACY							14,000	2
3	30	Adults & Pediatrics ADULTS & PEDIAT							1,526,547	3
4	31	Intensive Care Unit INTENSIVE CARE					29,903	38,060	81,125	4
5	44	Skilled Nursing Faci SKILLED NURSING					17,038	962	962	5
6	50	Operating Room OPERATING ROOM							345,694	6
7	53	Anesthesiology ANESTHESIOLOGY							760,527	7
8	54	Radiology-Diagnostic RADIOLOGY - DIA					17,656	10,290	19,849	8
9	65	Respiratory Therapy RESPIRATORY THE					3,663	4,734	10,055	9
10	69	Electrocardiology ELECTRO CARDIOL					767	213	123,468	10
11	90	Clinic CLINIC							683,690	11
12	90.03	WOUND CARE WOUND CARE							9,291	12
13	91	Emergency EMERGENCY							1,368,144	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					69,027	54,259	5,095,069	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAPITAL RELATED COSTS BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	5,894,150	5,894,150					1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	877,039		877,039				1.01
2	Cap Rel Costs-Mvble Equip	5,113,930			5,113,930			2
4	Employee Benefits Department	11,639,686				11,639,686		4
5	Administrative & General	21,690,462	382,435		296,760	1,094,190	23,463,847	5
6	Maintenance & Repairs							6
7	Operation of Plant	5,866,229	1,525,667		1,183,878	293,718	8,869,492	7
7.01	OPERATION OF PLANT-RIVER FOREST	835,019		241,080	223,342	29,954	1,329,395	7.01
8	Laundry & Linen Service	784,006	19,756		15,330		819,092	8
9	Housekeeping	2,022,626	43,737		33,939	264,677	2,364,979	9
9.01	HOUSEKEEPING-RIVER FOREST	337,386					337,386	9.01
10	Dietary	1,233,426	197,817		153,500	227,423	1,812,166	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,311,344	17,086		13,259	257,852	1,599,541	13
14	Central Services & Supply	1,075,268	71,607		55,565	49,021	1,251,461	14
15	Pharmacy	3,749,745	42,820		33,228	299,230	4,125,023	15
16	Medical Records & Library	1,433,302	8,381		6,503	241,360	1,689,546	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	3,013,509				606,149	3,619,658	21
22	I&R Services-Other Prgm Costs Apprvd	2,487,837	94,428		73,273	389,092	3,044,630	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	10,981,114	746,786		579,486	2,072,863	14,380,249	30
31	Intensive Care Unit	2,334,181	182,796		141,845	421,897	3,080,719	31
43	Nursery	867,067	9,495		7,368	169,661	1,053,591	43
44	Skilled Nursing Facility	2,414,885	187,834		145,754	449,472	3,197,945	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	5,926,176	330,515		256,471	683,969	7,197,131	50
51	Recovery Room	669,090				131,628	800,718	51
52	Delivery Room & Labor Room	2,448,044	204,236		158,481	456,495	3,267,256	52
53	Anesthesiology	185,935	8,253		6,404	22,492	223,084	53
54	Radiology-Diagnostic	3,261,446	238,292	58,306	238,925	544,583	4,341,552	54
55.01	GASTRO INTESTINAL SERVICES	1,111,157	226,499		175,757	150,897	1,664,310	55.01
55.02	ULTRA SOUND	700,628				128,361	828,989	55.02
56	Radioisotope	246,296	33,407		25,923	38,437	344,063	56
57	CT Scan	1,227,844		42,526	39,397	156,291	1,466,058	57
58	MRI	558,867				51,577	610,444	58
59	Cardiac Catheterization	773,583	35,589		27,616	96,467	933,255	59
60	Laboratory	4,250,109	170,527		132,325	57,614	4,610,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	537,058	7,858		6,098		551,014	63
65	Respiratory Therapy	1,061,684	40,522		31,444	183,564	1,317,214	65
66	Physical Therapy	2,305,815	28,555	69,010	86,091	420,463	2,909,934	66
67	Occupational Therapy	138,867				27,882	166,749	67
68	Speech Pathology	173,629	17,365		13,475	34,622	239,091	68
69	Electrocardiology	601,650	32,768	47,631	69,554	108,723	860,326	69
71	Medical Supplies Charged to Patients	2,297,729					2,297,729	71
72	Impl. Dev. Charged to Patients	4,315,619					4,315,619	72
73	Drugs Charged to Patients	8,130,531					8,130,531	73
74	Renal Dialysis	596,395	6,210		4,819		607,424	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,186,002	72,594		56,331	363,912	2,678,839	90
90.01	DIABETOLOGY	93,750				18,486	112,236	90.01
90.02	CANCER CENTER	1,502,012		124,575	115,409	82,481	1,824,477	90.02
90.03	WOUND CARE	802,425					802,425	90.03
91	Emergency	4,895,011	438,767		340,472	874,570	6,548,820	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	136,959,563	5,422,602	583,128	4,748,022	11,500,073	135,688,583	118

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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	CAPITAL RELATED COSTS BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,221	25,572		19,843		47,636	190
192	Physicians' Private Offices		408,344		316,864		725,208	192
194	MARKETING	420,872				33,848	454,720	194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY	306,539		2,479		50,252	359,270	194.0 2
194.0 3	COMMUNITY RELATIONS	167,273				12,492	179,765	194.0 3
194.0 4	PHYSICIAN CLINICS	123,029	37,632		29,201	24,614	214,476	194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB	85,657		291,432		18,407	395,496	194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	138,065,154	5,894,150	877,039	5,113,930	11,639,686	138,065,154	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General	23,463,847						5
6	Maintenance & Repairs							6
7	Operation of Plant	1,815,966	10,685,458					7
7.01	OPERATION OF PLANT-RIVER FOREST	272,184		1,601,579				7.01
8	Laundry & Linen Service	167,703	52,961		1,039,756			8
9	Housekeeping	484,213	117,248			2,966,440		9
9.01	HOUSEKEEPING-RIVER FOREST	69,077					406,463	9.01
10	Dietary	371,028	530,290			149,599		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	327,495	45,804			12,922		13
14	Central Services & Supply	256,228	191,959		845	54,153		14
15	Pharmacy	844,570	114,789			32,383		15
16	Medical Records & Library	345,923	22,466			6,338		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	741,100						21
22	I&R Services-Other Prgm Costs Apprvd	623,367	253,134			71,411		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,944,287	2,001,919		464,375	564,758		30
31	Intensive Care Unit	630,756	490,025		99,314	138,240		31
43	Nursery	215,715	25,453			7,181		43
44	Skilled Nursing Facility	654,757	503,530		119,661	142,050		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,473,562	886,016		111,343	249,952		50
51	Recovery Room	163,941						51
52	Delivery Room & Labor Room	668,948	547,497		5,024	154,454		52
53	Anesthesiology	45,675	22,124			6,241		53
54	Radiology-Diagnostic	888,902	638,794	146,836	57,232	180,209	37,265	54
55.01	GASTRO INTESTINAL SERVICES	340,756	607,179		16,840	171,290		55.01
55.02	ULTRA SOUND	169,730						55.02
56	Radioisotope	70,444	89,554			25,264		56
57	CT Scan	300,165		107,097			27,180	57
58	MRI	124,984						58
59	Cardiac Catheterization	191,077	95,404		1,917	26,914		59
60	Laboratory	943,983	457,135			128,962		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	112,816	21,066			5,943		63
65	Respiratory Therapy	269,690	108,628		1,763	30,645		65
66	Physical Therapy	595,789	76,547	173,794	5,370	21,595	44,107	66
67	Occupational Therapy	34,141						67
68	Speech Pathology	48,952	46,551			13,132		68
69	Electrocardiology	176,146	87,842	119,951	833	24,781	30,442	69
71	Medical Supplies Charged to Patients	470,444						71
72	Impl. Dev. Charged to Patients	883,593						72
73	Drugs Charged to Patients	1,664,669						73
74	Renal Dialysis	124,366	16,647		1,747	4,696		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	548,474	194,604		4,533	54,899		90
90.01	DIABETOLOGY	22,980						90.01
90.02	CANCER CENTER	373,549		313,724			79,620	90.02
90.03	WOUND CARE	164,291						90.03
91	Emergency	1,340,825	1,176,209		148,959	331,819		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	22,977,261	9,421,375	861,402	1,039,756	2,609,831	218,614	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	9,753	68,550			19,339		190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	
		5	7	7.01	8	9	9.01	
192	Physicians' Private Offices	148,481	1,094,653			308,811		192
194	MARKETING	93,101						194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY	73,558		6,244			1,585	194.0 2
194.0 3	COMMUNITY RELATIONS	36,806						194.0 3
194.0 4	PHYSICIAN CLINICS	43,912	100,880			28,459		194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB	80,975		733,933			186,264	194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	23,463,847	10,685,458	1,601,579	1,039,756	2,966,440	406,463	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary	2,863,083						10
11	Cafeteria	1,447,914	1,447,914					11
12	Maintenance of Personnel							12
13	Nursing Administration		38,372	2,024,134				13
14	Central Services & Supply		7,295		1,761,941			14
15	Pharmacy		44,530			5,161,295		15
16	Medical Records & Library		35,918				2,100,191	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		90,203					21
22	I&R Services-Other Prgm Costs Apprvd		57,902					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	685,809	308,468	738,215			227,312	30
31	Intensive Care Unit	89,684	62,784	140,209			37,652	31
43	Nursery		25,248	44,823			36,571	43
44	Skilled Nursing Facility	304,532	66,888	187,952			13,864	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		101,784	229,146			205,364	50
51	Recovery Room		19,588	34,865			39,823	51
52	Delivery Room & Labor Room		67,933	139,952			39,609	52
53	Anesthesiology		3,347	10,524			28,856	53
54	Radiology-Diagnostic		81,041				108,666	54
55.01	GASTRO INTESTINAL SERVICES		22,456	54,147			80,492	55.01
55.02	ULTRA SOUND		19,102				42,108	55.02
56	Radioisotope		5,720				15,616	56
57	CT Scan		23,258				128,111	57
58	MRI		7,675				32,626	58
59	Cardiac Catheterization		14,356	22,443			64,306	59
60	Laboratory		8,574				206,336	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						14,970	63
65	Respiratory Therapy		27,317	67,433			41,973	65
66	Physical Therapy		62,571				47,740	66
67	Occupational Therapy		4,149				6,328	67
68	Speech Pathology		5,152				3,144	68
69	Electrocardiology		16,179	42,307			50,527	69
71	Medical Supplies Charged to Patients				616,679		74,723	71
72	Impl. Dev. Charged to Patients				1,145,262		47,409	72
73	Drugs Charged to Patients					5,161,295	245,299	73
74	Renal Dialysis						4,215	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		54,155				22,671	90
90.01	DIABETOLOGY		2,751				243	90.01
90.02	CANCER CENTER		12,274				5,742	90.02
90.03	WOUND CARE						13,144	90.03
91	Emergency		130,148	312,118			214,751	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,527,939	1,427,138	2,024,134	1,761,941	5,161,295	2,100,191	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192	Physicians' Private Offices	335,144						192
194	MARKETING		5,037					194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY		7,478					194.0 2
194.0 3	COMMUNITY RELATIONS		1,859					194.0 3
194.0 4	PHYSICIAN CLINICS		3,663					194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB		2,739					194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,863,083	1,447,914	2,024,134	1,761,941	5,161,295	2,100,191	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd	4,450,961					21
22	I&R Services-Other Prgm Costs Apprvd		4,050,444				22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	4,343,813	3,952,937	30,612,142	-8,296,750	22,315,392	30
31	Intensive Care Unit			4,769,383		4,769,383	31
43	Nursery			1,408,582		1,408,582	43
44	Skilled Nursing Facility			5,191,179		5,191,179	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room			10,454,298		10,454,298	50
51	Recovery Room			1,058,935		1,058,935	51
52	Delivery Room & Labor Room			4,890,673		4,890,673	52
53	Anesthesiology			339,851		339,851	53
54	Radiology-Diagnostic			6,480,497		6,480,497	54
55.01	GASTRO INTESTINAL SERVICES			2,957,470		2,957,470	55.01
55.02	ULTRA SOUND			1,059,929		1,059,929	55.02
56	Radioisotope			550,661		550,661	56
57	CT Scan			2,051,869		2,051,869	57
58	MRI			775,729		775,729	58
59	Cardiac Catheterization			1,349,672		1,349,672	59
60	Laboratory			6,355,565		6,355,565	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			705,809		705,809	63
65	Respiratory Therapy			1,864,663		1,864,663	65
66	Physical Therapy			3,937,447		3,937,447	66
67	Occupational Therapy			211,367		211,367	67
68	Speech Pathology			356,022		356,022	68
69	Electrocardiology			1,409,334		1,409,334	69
71	Medical Supplies Charged to Patients			3,459,575		3,459,575	71
72	Impl. Dev. Charged to Patients			6,391,883		6,391,883	72
73	Drugs Charged to Patients			15,201,794		15,201,794	73
74	Renal Dialysis			759,095		759,095	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic			3,558,175		3,558,175	90
90.01	DIABETOLOGY			138,210		138,210	90.01
90.02	CANCER CENTER			2,609,386		2,609,386	90.02
90.03	WOUND CARE			979,860		979,860	90.03
91	Emergency	107,148	97,507	10,408,304	-204,655	10,203,649	91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	4,450,961	4,050,444	132,297,359	-8,501,405	123,795,954	118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen			145,278		145,278	190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192	Physicians' Private Offices			2,612,297		2,612,297	192
194	MARKETING			552,858		552,858	194
194.0 1	HOSPITALIST						194.0 1
194.0 2	RETAIL PHARMACY			448,135		448,135	194.0 2
194.0 3	COMMUNITY RELATIONS			218,430		218,430	194.0 3
194.0 4	PHYSICIAN CLINICS			391,390		391,390	194.0 4
194.0 5	GUEST MEALS						194.0 5
194.0 6	CATERING MEALS						194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB			1,399,407		1,399,407	194.0 7
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	4,450,961	4,050,444	138,065,154	-8,501,405	129,563,749	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		382,435		296,760	679,195	679,195	5
6	Maintenance & Repairs							6
7	Operation of Plant		1,525,667		1,183,878	2,709,545	52,569	7
7.01	OPERATION OF PLANT-RIVER FOREST			241,080	223,342	464,422	7,879	7.01
8	Laundry & Linen Service		19,756		15,330	35,086	4,855	8
9	Housekeeping		43,737		33,939	77,676	14,017	9
9.01	HOUSEKEEPING-RIVER FOREST						2,000	9.01
10	Dietary		197,817		153,500	351,317	10,741	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		17,086		13,259	30,345	9,480	13
14	Central Services & Supply		71,607		55,565	127,172	7,417	14
15	Pharmacy		42,820		33,228	76,048	24,449	15
16	Medical Records & Library		8,381		6,503	14,884	10,014	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						21,454	21
22	I&R Services-Other Prgm Costs Apprvd		94,428		73,273	167,701	18,046	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		746,786		579,486	1,326,272	85,190	30
31	Intensive Care Unit		182,796		141,845	324,641	18,259	31
43	Nursery		9,495		7,368	16,863	6,245	43
44	Skilled Nursing Facility		187,834		145,754	333,588	18,954	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		330,515		256,471	586,986	42,657	50
51	Recovery Room						4,746	51
52	Delivery Room & Labor Room		204,236		158,481	362,717	19,365	52
53	Anesthesiology		8,253		6,404	14,657	1,322	53
54	Radiology-Diagnostic		238,292	58,306	238,925	535,523	25,732	54
55.01	GASTRO INTESTINAL SERVICES		226,499		175,757	402,256	9,864	55.01
55.02	ULTRA SOUND						4,913	55.02
56	Radioisotope		33,407		25,923	59,330	2,039	56
57	CT Scan			42,526	39,397	81,923	8,689	57
58	MRI						3,618	58
59	Cardiac Catheterization		35,589		27,616	63,205	5,531	59
60	Laboratory		170,527		132,325	302,852	27,327	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		7,858		6,098	13,956	3,266	63
65	Respiratory Therapy		40,522		31,444	71,966	7,807	65
66	Physical Therapy		28,555	69,010	86,091	183,656	17,247	66
67	Occupational Therapy						988	67
68	Speech Pathology		17,365		13,475	30,840	1,417	68
69	Electrocardiology		32,768	47,631	69,554	149,953	5,099	69
71	Medical Supplies Charged to Patients						13,619	71
72	Impl. Dev. Charged to Patients						25,579	72
73	Drugs Charged to Patients						48,190	73
74	Renal Dialysis		6,210		4,819	11,029	3,600	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		72,594		56,331	128,925	15,877	90
90.01	DIABETOLOGY						665	90.01
90.02	CANCER CENTER			124,575	115,409	239,984	10,814	90.02
90.03	WOUND CARE						4,756	90.03
91	Emergency		438,767		340,472	779,239	38,815	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		5,422,602	583,128	4,748,022	10,753,752	665,111	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		25,572		19,843	45,415	282	190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
192	Physicians' Private Offices		408,344		316,864	725,208	4,298	192
194	MARKETING						2,695	194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY			2,479		2,479	2,129	194.0 2
194.0 3	COMMUNITY RELATIONS						1,065	194.0 3
194.0 4	PHYSICIAN CLINICS		37,632		29,201	66,833	1,271	194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB			291,432		291,432	2,344	194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		5,894,150	877,039	5,113,930	11,885,119	679,195	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-RIVER FOREST	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	HOUSEKEEPING-RIVER FOREST	DIETARY	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,762,114						7
7.01	OPERATION OF PLANT-RIVER FOREST		472,301					7.01
8	Laundry & Linen Service	13,690		53,631				8
9	Housekeeping	30,308			122,001			9
9.01	HOUSEKEEPING-RIVER FOREST					2,000		9.01
10	Dietary	137,076			6,153		505,287	10
11	Cafeteria						255,533	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,840			531			13
14	Central Services & Supply	49,620		44	2,227			14
15	Pharmacy	29,672			1,332			15
16	Medical Records & Library	5,807			261			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	65,433			2,937			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	517,480		23,952	23,229		121,034	30
31	Intensive Care Unit	126,668		5,123	5,685		15,828	31
43	Nursery	6,580			295			43
44	Skilled Nursing Facility	130,159		6,172	5,842		53,745	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	229,029		5,743	10,280			50
51	Recovery Room							51
52	Delivery Room & Labor Room	141,524		259	6,352			52
53	Anesthesiology	5,719			257			53
54	Radiology-Diagnostic	165,124	43,301	2,952	7,411	183		54
55.01	GASTRO INTESTINAL SERVICES	156,951		869	7,045			55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope	23,149			1,039			56
57	CT Scan		31,583			134		57
58	MRI							58
59	Cardiac Catheterization	24,661		99	1,107			59
60	Laboratory	118,166			5,304			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,445			244			63
65	Respiratory Therapy	28,080		91	1,260			65
66	Physical Therapy	19,787	51,251	277	888	217		66
67	Occupational Therapy							67
68	Speech Pathology	12,033			540			68
69	Electrocardiology	22,707	35,373	43	1,019	150		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,303		90	193			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	50,304		234	2,258			90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER		92,516			392		90.02
90.03	WOUND CARE							90.03
91	Emergency	304,042		7,683	13,647			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,435,357	254,024	53,631	107,336	1,076	446,140	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	17,720			795			190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	DIETARY	
		7	7.01	8	9	9.01	10	
192	Physicians' Private Offices	282,960			12,700		59,147	192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		1,841			8		194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS	26,077			1,170			194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		216,436			916		194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,762,114	472,301	53,631	122,001	2,000	505,287	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria	255,533						11
12	Maintenance of Personnel							12
13	Nursing Administration	6,772	58,968					13
14	Central Services & Supply	1,288		187,768				14
15	Pharmacy	7,859			139,360			15
16	Medical Records & Library	6,339				37,305		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	15,920					37,374	21
22	I&R Services-Other Prgm Costs Apprvd	10,219						22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	54,431	21,505			4,023		30
31	Intensive Care Unit	11,081	4,085			666		31
43	Nursery	4,456	1,306			647		43
44	Skilled Nursing Facility	11,805	5,475			245		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,964	6,676			3,634		50
51	Recovery Room	3,457	1,016			705		51
52	Delivery Room & Labor Room	11,990	4,077			701		52
53	Anesthesiology	591	307			511		53
54	Radiology-Diagnostic	14,303				1,923		54
55.01	GASTRO INTESTINAL SERVICES	3,963	1,577			1,424		55.01
55.02	ULTRA SOUND	3,371				745		55.02
56	Radioisotope	1,010				276		56
57	CT Scan	4,105				2,267		57
58	MRI	1,355				577		58
59	Cardiac Catheterization	2,534	654			1,138		59
60	Laboratory	1,513				3,651		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					265		63
65	Respiratory Therapy	4,821	1,964			743		65
66	Physical Therapy	11,043				845		66
67	Occupational Therapy	732				112		67
68	Speech Pathology	909				56		68
69	Electrocardiology	2,856	1,233			894		69
71	Medical Supplies Charged to Patients			65,719		1,322		71
72	Impl. Dev. Charged to Patients			122,049		839		72
73	Drugs Charged to Patients				139,360	4,481		73
74	Renal Dialysis					75		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	9,558				401		90
90.01	DIABETOLOGY	486				4		90.01
90.02	CANCER CENTER	2,166				102		90.02
90.03	WOUND CARE					233		90.03
91	Emergency	22,970	9,093			3,800		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	251,867	58,968	187,768	139,360	37,305		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
192	Physicians' Private Offices							192
194	MARKETING	889						194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY	1,320						194.0 2
194.0 3	COMMUNITY RELATIONS	328						194.0 3
194.0 4	PHYSICIAN CLINICS	646						194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB	483						194.0 7
200	Cross Foot Adjustments						37,374	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	255,533	58,968	187,768	139,360	37,305	37,374	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		22	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	264,336					22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		2,177,116		2,177,116		30
31	Intensive Care Unit		512,036		512,036		31
43	Nursery		36,392		36,392		43
44	Skilled Nursing Facility		565,985		565,985		44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		902,969		902,969		50
51	Recovery Room		9,924		9,924		51
52	Delivery Room & Labor Room		546,985		546,985		52
53	Anesthesiology		23,364		23,364		53
54	Radiology-Diagnostic		796,452		796,452		54
55.01	GASTRO INTESTINAL SERVICES		583,949		583,949		55.01
55.02	ULTRA SOUND		9,029		9,029		55.02
56	Radioisotope		86,843		86,843		56
57	CT Scan		128,701		128,701		57
58	MRI		5,550		5,550		58
59	Cardiac Catheterization		98,929		98,929		59
60	Laboratory		458,813		458,813		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		23,176		23,176		63
65	Respiratory Therapy		116,732		116,732		65
66	Physical Therapy		285,211		285,211		66
67	Occupational Therapy		1,832		1,832		67
68	Speech Pathology		45,795		45,795		68
69	Electrocardiology		219,327		219,327		69
71	Medical Supplies Charged to Patients		80,660		80,660		71
72	Impl. Dev. Charged to Patients		148,467		148,467		72
73	Drugs Charged to Patients		192,031		192,031		73
74	Renal Dialysis		19,290		19,290		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		207,557		207,557		90
90.01	DIABETOLOGY		1,155		1,155		90.01
90.02	CANCER CENTER		345,974		345,974		90.02
90.03	WOUND CARE		4,989		4,989		90.03
91	Emergency		1,179,289		1,179,289		91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		9,814,522		9,814,522		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		64,212		64,212		190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		22	24	25	26		
192	Physicians' Private Offices		1,084,313		1,084,313		192
194	MARKETING		3,584		3,584		194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY		7,777		7,777		194.0
2							2
194.0	COMMUNITY RELATIONS		1,393		1,393		194.0
3							3
194.0	PHYSICIAN CLINICS		95,997		95,997		194.0
4							4
194.0	GUEST MEALS						194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB		511,611		511,611		194.0
7							7
200	Cross Foot Adjustments	264,336	301,710		301,710		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	264,336	11,885,119		11,885,119		202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	507,784						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR		90,207					1.01
2	Cap Rel Costs-Mvble Equip			567,761				2
4	Employee Benefits Department				57,867,356			4
5	Administrative & General	32,947		32,947	5,439,836	-23,463,847	114,601,307	5
6	Maintenance & Repairs							6
7	Operation of Plant	131,437		131,437	1,460,239		8,869,492	7
7.01	OPERATION OF PLANT-RIVER FOREST		24,796	24,796	148,916		1,329,395	7.01
8	Laundry & Linen Service	1,702		1,702			819,092	8
9	Housekeeping	3,768		3,768	1,315,856		2,364,979	9
9.01	HOUSEKEEPING-RIVER FOREST						337,386	9.01
10	Dietary	17,042		17,042	1,130,646		1,812,166	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,472		1,472	1,281,929		1,599,541	13
14	Central Services & Supply	6,169		6,169	243,709		1,251,461	14
15	Pharmacy	3,689		3,689	1,487,642		4,125,023	15
16	Medical Records & Library	722		722	1,199,937		1,689,546	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				3,013,509		3,619,658	21
22	I&R Services-Other Prgm Costs Apprvd	8,135		8,135	1,934,396		3,044,630	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,336		64,336	10,305,282		14,380,249	30
31	Intensive Care Unit	15,748		15,748	2,097,487		3,080,719	31
43	Nursery	818		818	843,480		1,053,591	43
44	Skilled Nursing Facility	16,182		16,182	2,234,579		3,197,945	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,474		28,474	3,400,395		7,197,131	50
51	Recovery Room				654,397		800,718	51
52	Delivery Room & Labor Room	17,595		17,595	2,269,495		3,267,256	52
53	Anesthesiology	711		711	111,821		223,084	53
54	Radiology-Diagnostic	20,529	5,997	26,526	2,707,429		4,341,552	54
55.01	GASTRO INTESTINAL SERVICES	19,513		19,513	750,196		1,664,310	55.01
55.02	ULTRA SOUND				638,154		828,989	55.02
56	Radioisotope	2,878		2,878	191,094		344,063	56
57	CT Scan		4,374	4,374	777,012		1,466,058	57
58	MRI				256,420		610,444	58
59	Cardiac Catheterization	3,066		3,066	479,591		933,255	59
60	Laboratory	14,691		14,691	286,432		4,610,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	677		677			551,014	63
65	Respiratory Therapy	3,491		3,491	912,601		1,317,214	65
66	Physical Therapy	2,460	7,098	9,558	2,090,360		2,909,934	66
67	Occupational Therapy				138,618		166,749	67
68	Speech Pathology	1,496		1,496	172,124		239,091	68
69	Electrocardiology	2,823	4,899	7,722	540,523		860,326	69
71	Medical Supplies Charged to Patients						2,297,729	71
72	Impl. Dev. Charged to Patients						4,315,619	72
73	Drugs Charged to Patients						8,130,531	73
74	Renal Dialysis	535		535			607,424	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,254		6,254	1,809,212		2,678,839	90
90.01	DIABETOLOGY				91,906		112,236	90.01
90.02	CANCER CENTER		12,813	12,813	410,060		1,824,477	90.02
90.03	WOUND CARE						802,425	90.03
91	Emergency	37,800		37,800	4,347,978		6,548,820	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	467,160	59,977	527,137	57,173,261	-23,463,847	112,224,736	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,203		2,203			47,636	190
192	Physicians' Private Offices	35,179		35,179			725,208	192
194	MARKETING				168,276		454,720	194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY		255		249,831		359,270	194.0 2
194.0 3	COMMUNITY RELATIONS				62,105		179,765	194.0 3
194.0 4	PHYSICIAN CLINICS	3,242		3,242	122,371		214,476	194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB		29,975		91,512		395,496	194.0 7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,894,150	877,039	5,113,930	11,639,686		23,463,847	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.607593	9.722516	9.007188	0.201144		0.204743	203
204	Cost to be allocated (Per Wkst. B, Part II)						679,195	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.005927	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-RIVER FORES SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING-RIVER FOREST SQUARE FEET	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	343,400						7
7.01	OPERATION OF PLANT-RIVER FOREST		65,411					7.01
8	Laundry & Linen Service	1,702		1,096,363				8
9	Housekeeping	3,768			337,930			9
9.01	HOUSEKEEPING-RIVER FOREST					65,411		9.01
10	Dietary	17,042			17,042		434,805	10
11	Cafeteria						219,889	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,472			1,472			13
14	Central Services & Supply	6,169		891	6,169			14
15	Pharmacy	3,689			3,689			15
16	Medical Records & Library	722			722			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	8,135			8,135			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,336		489,656	64,336		104,151	30
31	Intensive Care Unit	15,748		104,721	15,748		13,620	31
43	Nursery	818			818			43
44	Skilled Nursing Facility	16,182		126,176	16,182		46,248	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,474		117,405	28,474			50
51	Recovery Room							51
52	Delivery Room & Labor Room	17,595		5,298	17,595			52
53	Anesthesiology	711			711			53
54	Radiology-Diagnostic	20,529	5,997	60,348	20,529	5,997		54
55.01	GASTRO INTESTINAL SERVICES	19,513		17,757	19,513			55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope	2,878			2,878			56
57	CT Scan		4,374			4,374		57
58	MRI							58
59	Cardiac Catheterization	3,066		2,021	3,066			59
60	Laboratory	14,691			14,691			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	677			677			63
65	Respiratory Therapy	3,491		1,859	3,491			65
66	Physical Therapy	2,460	7,098	5,662	2,460	7,098		66
67	Occupational Therapy							67
68	Speech Pathology	1,496			1,496			68
69	Electrocardiology	2,823	4,899	878	2,823	4,899		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	535		1,842	535			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,254		4,780	6,254			90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER		12,813			12,813		90.02
90.03	WOUND CARE							90.03
91	Emergency	37,800		157,069	37,800			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	302,776	35,181	1,096,363	297,306	35,181	383,908	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-RIVER FOREST SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING-RIVER FOREST SQUARE FEET	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
190	Gift, Flower, Coffee Shop & Canteen	2,203			2,203			190
192	Physicians' Private Offices	35,179			35,179		50,897	192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		255			255		194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS	3,242			3,242			194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		29,975			29,975		194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,685,458	1,601,579	1,039,756	2,966,440	406,463	2,863,083	202
203	Unit Cost Multiplier (Wkst. B, Part I)	31.116651	24.484857	0.948368	8.778268	6.213985	6.584752	203
204	Cost to be allocated (Per Wkst. B, Part II)	2,762,114	472,301	53,631	122,001	2,000	505,287	204
205	Unit Cost Multiplier (Wkst. B, Part II)	8.043430	7.220513	0.048917	0.361024	0.030576	1.162100	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES 11	NURSING ADMINISTRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS CHARGES 16	I&R SALARY & FRINGES ASSIGNED TIME 21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria	48,371,863						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,281,929	861,663					13
14	Central Services & Supply	243,709		100				14
15	Pharmacy	1,487,642			100			15
16	Medical Records & Library	1,199,937				701,177,470		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	3,013,509					5,691	21
22	I&R Services-Other Prgm Costs Apprvd	1,934,396						22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,305,282	314,254			75,897,057	5,554	30
31	Intensive Care Unit	2,097,487	59,686			12,571,478		31
43	Nursery	843,480	19,081			12,210,774		43
44	Skilled Nursing Facility	2,234,579	80,010			4,629,078		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,400,395	97,546			68,568,942		50
51	Recovery Room	654,397	14,842			13,296,634		51
52	Delivery Room & Labor Room	2,269,495	59,577			13,225,073		52
53	Anesthesiology	111,821	4,480			9,634,558		53
54	Radiology-Diagnostic	2,707,429				36,282,313		54
55.01	GASTRO INTESTINAL SERVICES	750,196	23,050			26,875,595		55.01
55.02	ULTRA SOUND	638,154				14,059,300		55.02
56	Radioisotope	191,094				5,213,949		56
57	CT Scan	777,012				42,774,865		57
58	MRI	256,420				10,893,442		58
59	Cardiac Catheterization	479,591	9,554			21,471,040		59
60	Laboratory	286,432				68,893,642		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					4,998,232		63
65	Respiratory Therapy	912,601	28,706			14,014,264		65
66	Physical Therapy	2,090,360				15,939,872		66
67	Occupational Therapy	138,618				2,112,907		67
68	Speech Pathology	172,124				1,049,593		68
69	Electrocardiology	540,523	18,010			16,870,571		69
71	Medical Supplies Charged to Patients			35		24,949,295		71
72	Impl. Dev. Charged to Patients			65		15,829,468		72
73	Drugs Charged to Patients				100	81,848,530		73
74	Renal Dialysis					1,407,296		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,809,212				7,569,645		90
90.01	DIABETOLOGY	91,906				81,126		90.01
90.02	CANCER CENTER	410,060				1,917,340		90.02
90.03	WOUND CARE					4,388,568		90.03
91	Emergency	4,347,978	132,867			71,703,023	137	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	47,677,768	861,663	100	100	701,177,470	5,691	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	MARKETING	168,276						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	249,831						194.0
2								2
194.0	COMMUNITY RELATIONS	62,105						194.0
3								3
194.0	PHYSICIAN CLINICS	122,371						194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	91,512						194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,447,914	2,024,134	1,761,941	5,161,295	2,100,191	4,450,961	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.029933	2.349102	17,619.410000	51,612.950000	0.002995	782.105254	203
204	Cost to be allocated (Per Wkst. B, Part II)	255,533	58,968	187,768	139,360	37,305	37,374	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.005283	0.068435	1,877.680000	1,393.600000	0.000053	6.567211	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME						
	22						

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	5,691					22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,554					30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55.01	GASTRO INTESTINAL SERVICES						55.01
55.02	ULTRA SOUND						55.02
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic						90
90.01	DIABETOLOGY						90.01
90.02	CANCER CENTER						90.02
90.03	WOUND CARE						90.03
91	Emergency	137					91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME					
		22					
118	SUBTOTALS (sum of lines 1-117)	5,691					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	MARKETING						194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY						194.0
2							2
194.0	COMMUNITY RELATIONS						194.0
3							3
194.0	PHYSICIAN CLINICS						194.0
4							4
194.0	GUEST MEALS						194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB						194.0
7							7
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	4,050,444					202
203	Unit Cost Multiplier (Wkst. B, Part I)	711.727992					203
204	Cost to be allocated (Per Wkst. B, Part II)	264,336					204
205	Unit Cost Multiplier (Wkst. B, Part II)	46.448076					205

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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	22,315,392		22,315,392		22,315,392	30
31	Intensive Care Unit	4,769,383		4,769,383	38,060	4,807,443	31
43	Nursery	1,408,582		1,408,582		1,408,582	43
44	Skilled Nursing Facility	5,191,179		5,191,179	962	5,192,141	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,454,298		10,454,298		10,454,298	50
51	Recovery Room	1,058,935		1,058,935		1,058,935	51
52	Delivery Room & Labor Room	4,890,673		4,890,673		4,890,673	52
53	Anesthesiology	339,851		339,851		339,851	53
54	Radiology-Diagnostic	6,480,497		6,480,497	10,290	6,490,787	54
55.01	GASTRO INTESTINAL SERVICES	2,957,470		2,957,470		2,957,470	55.01
55.02	ULTRA SOUND	1,059,929		1,059,929		1,059,929	55.02
56	Radioisotope	550,661		550,661		550,661	56
57	CT Scan	2,051,869		2,051,869		2,051,869	57
58	MRI	775,729		775,729		775,729	58
59	Cardiac Catheterization	1,349,672		1,349,672		1,349,672	59
60	Laboratory	6,355,565		6,355,565		6,355,565	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	705,809		705,809		705,809	63
65	Respiratory Therapy	1,864,663		1,864,663	4,734	1,869,397	65
66	Physical Therapy	3,937,447		3,937,447		3,937,447	66
67	Occupational Therapy	211,367		211,367		211,367	67
68	Speech Pathology	356,022		356,022		356,022	68
69	Electrocardiology	1,409,334		1,409,334	213	1,409,547	69
71	Medical Supplies Charged to Patients	3,459,575		3,459,575		3,459,575	71
72	Impl. Dev. Charged to Patients	6,391,883		6,391,883		6,391,883	72
73	Drugs Charged to Patients	15,201,794		15,201,794		15,201,794	73
74	Renal Dialysis	759,095		759,095		759,095	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,558,175		3,558,175		3,558,175	90
90.01	DIABETOLOGY	138,210		138,210		138,210	90.01
90.02	CANCER CENTER	2,609,386		2,609,386		2,609,386	90.02
90.03	WOUND CARE	979,860		979,860		979,860	90.03
91	Emergency	10,203,649		10,203,649		10,203,649	91
92	Observation Beds (Non-Distinct Part)	1,585,428		1,585,428		1,585,428	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	125,381,382		125,381,382	54,259	125,435,641	200
201	Less Observation Beds	1,585,428		1,585,428		1,585,428	201
202	Total (line 200 minus line 201)	123,795,954		123,795,954		123,850,213	202

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	71,209,629		71,209,629				30
31	Intensive Care Unit	12,571,478		12,571,478				31
43	Nursery	12,210,774		12,210,774				43
44	Skilled Nursing Facility	4,629,078		4,629,078				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,320,552	41,248,390	68,568,942	0.152464	0.152464	0.152464	50
51	Recovery Room	5,356,290	7,940,344	13,296,634	0.079639	0.079639	0.079639	51
52	Delivery Room & Labor Room	11,985,134	1,239,939	13,225,073	0.369803	0.369803	0.369803	52
53	Anesthesiology	3,078,019	6,556,539	9,634,558	0.035274	0.035274	0.035274	53
54	Radiology-Diagnostic	5,512,410	30,769,903	36,282,313	0.178613	0.178613	0.178897	54
55.01	GASTRO INTESTINAL SERVICES	3,654,646	23,220,949	26,875,595	0.110043	0.110043	0.110043	55.01
55.02	ULTRA SOUND	2,251,418	11,807,882	14,059,300	0.075390	0.075390	0.075390	55.02
56	Radioisotope	2,140,776	3,073,173	5,213,949	0.105613	0.105613	0.105613	56
57	CT Scan	12,127,082	30,647,783	42,774,865	0.047969	0.047969	0.047969	57
58	MRI	1,631,556	9,261,886	10,893,442	0.071211	0.071211	0.071211	58
59	Cardiac Catheterization	10,574,985	10,896,055	21,471,040	0.062860	0.062860	0.062860	59
60	Laboratory	43,607,017	25,286,625	68,893,642	0.092252	0.092252	0.092252	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,251,141	747,091	4,998,232	0.141212	0.141212	0.141212	63
65	Respiratory Therapy	11,086,515	2,927,749	14,014,264	0.133055	0.133055	0.133392	65
66	Physical Therapy	9,544,854	6,395,018	15,939,872	0.247019	0.247019	0.247019	66
67	Occupational Therapy	2,001,023	111,884	2,112,907	0.100036	0.100036	0.100036	67
68	Speech Pathology	983,651	65,942	1,049,593	0.339200	0.339200	0.339200	68
69	Electrocardiology	8,139,742	8,730,829	16,870,571	0.083538	0.083538	0.083551	69
71	Medical Supplies Charged to Patients	8,026,351	16,922,944	24,949,295	0.138664	0.138664	0.138664	71
72	Impl. Dev. Charged to Patients	11,451,176	4,378,292	15,829,468	0.403796	0.403796	0.403796	72
73	Drugs Charged to Patients	29,750,793	52,097,737	81,848,530	0.185731	0.185731	0.185731	73
74	Renal Dialysis	1,335,356	71,940	1,407,296	0.539400	0.539400	0.539400	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	16,292	7,553,353	7,569,645	0.470058	0.470058	0.470058	90
90.01	DIABETOLOGY		81,126	81,126	1.703646	1.703646	1.703646	90.01
90.02	CANCER CENTER	7,320	1,910,020	1,917,340	1.360941	1.360941	1.360941	90.02
90.03	WOUND CARE	44,454	4,344,114	4,388,568	0.223276	0.223276	0.223276	90.03
91	Emergency	15,081,798	56,621,225	71,703,023	0.142304	0.142304	0.142304	91
92	Observation Beds (Non-Distinct Part)	108,093	4,579,335	4,687,428	0.338230	0.338230	0.338230	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	331,689,403	369,488,067	701,177,470				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	331,689,403	369,488,067	701,177,470				202

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,177,116		2,177,116	25,054	86.90	7,479	649,925	30
31	Intensive Care Unit	512,036		512,036	3,044	168.21	1,140	191,759	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	36,392		36,392	4,190	8.69			43
44	Skilled Nursing Facility	565,985		565,985	10,380	54.53	7,041	383,946	44
45	Nursing Facility								45
200	Total (lines 30-199)	3,291,529		3,291,529	42,668		15,660	1,225,630	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	902,969	68,568,942	0.013169	8,229,084	108,369	50
51	Recovery Room	9,924	13,296,634	0.000746	1,472,979	1,099	51
52	Delivery Room & Labor Room	546,985	13,225,073	0.041360	14,704	608	52
53	Anesthesiology	23,364	9,634,558	0.002425	865,740	2,099	53
54	Radiology-Diagnostic	796,452	36,282,313	0.021952	2,038,364	44,746	54
55.01	GASTRO INTESTINAL SERVICES	583,949	26,875,595	0.021728	1,385,215	30,098	55.01
55.02	ULTRA SOUND	9,029	14,059,300	0.000642	273,969	176	55.02
56	Radioisotope	86,843	5,213,949	0.016656	871,159	14,510	56
57	CT Scan	128,701	42,774,865	0.003009	4,328,490	13,024	57
58	MRI	5,550	10,893,442	0.000509	616,587	314	58
59	Cardiac Catheterization	98,929	21,471,040	0.004608	3,530,695	16,269	59
60	Laboratory	458,813	68,893,642	0.006660	14,801,250	98,576	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	23,176	4,998,232	0.004637	771,826	3,579	63
65	Respiratory Therapy	116,732	14,014,264	0.008330	3,224,349	26,859	65
66	Physical Therapy	285,211	15,939,872	0.017893	1,284,589	22,985	66
67	Occupational Therapy	1,832	2,112,907	0.000867	901,671	782	67
68	Speech Pathology	45,795	1,049,593	0.043631	295,938	12,912	68
69	Electrocardiology	219,327	16,870,571	0.013001	3,286,006	42,721	69
71	Medical Supplies Charged to Pat	80,660	24,949,295	0.003233	2,495,844	8,069	71
72	Impl. Dev. Charged to Patients	148,467	15,829,468	0.009379	4,403,450	41,300	72
73	Drugs Charged to Patients	192,031	81,848,530	0.002346	8,107,667	19,021	73
74	Renal Dialysis	19,290	1,407,296	0.013707	701,648	9,617	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	207,557	7,569,645	0.027420			90
90.01	DIABETOLOGY	1,155	81,126	0.014237			90.01
90.02	CANCER CENTER	345,974	1,917,340	0.180445			90.02
90.03	WOUND CARE	4,989	4,388,568	0.001137			90.03
91	Emergency	1,179,289	71,703,023	0.016447	5,130,059	84,374	91
92	Observation Beds (Non-Distinct	154,676	4,687,428	0.032998	57,417	1,895	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,677,669	600,556,511		69,088,700	604,002	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	25,054		7,479	30
31	Intensive Care Unit	3,044		1,140	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	4,190			43
44	Skilled Nursing Facility	10,380		7,041	44
45	Nursing Facility				45
200	Total (lines 30-199)	42,668		15,660	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	68,568,942			8,229,084		12,196,398		50
51	Recovery Room	13,296,634			1,472,979		2,247,887		51
52	Delivery Room & Labor Room	13,225,073			14,704				52
53	Anesthesiology	9,634,558			865,740		1,330,326		53
54	Radiology-Diagnostic	36,282,313			2,038,364		2,912,552		54
55.01	GASTRO INTESTINAL SERVICES	26,875,595			1,385,215		4,073,684		55.01
55.02	ULTRA SOUND	14,059,300			273,969		757,695		55.02
56	Radioisotope	5,213,949			871,159		780,459		56
57	CT Scan	42,774,865			4,328,490		5,763,353		57
58	MRI	10,893,442			616,587		1,741,389		58
59	Cardiac Catheterization	21,471,040			3,530,695		3,479,277		59
60	Laboratory	68,893,642			14,801,250		4,417,230		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,998,232			771,826		100,007		63
65	Respiratory Therapy	14,014,264			3,224,349		333,344		65
66	Physical Therapy	15,939,872			1,284,589		21,325		66
67	Occupational Therapy	2,112,907			901,671		15,532		67
68	Speech Pathology	1,049,593			295,938		196		68
69	Electrocardiology	16,870,571			3,286,006		2,587,031		69
71	Medical Supplies Charged to Pat	24,949,295			2,495,844		3,608,190		71
72	Impl. Dev. Charged to Patients	15,829,468			4,403,450		2,960,022		72
73	Drugs Charged to Patients	81,848,530			8,107,667		17,485,981		73
74	Renal Dialysis	1,407,296			701,648		37,880		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,569,645					391,274		90
90.01	DIABETOLOGY	81,126							90.01
90.02	CANCER CENTER	1,917,340							90.02
90.03	WOUND CARE	4,388,568					368,339		90.03
91	Emergency	71,703,023			5,130,059		6,850,295		91
92	Observation Beds (Non-Distinct)	4,687,428			57,417		1,085,752		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	600,556,511			69,088,700		75,545,418		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.152464	12,196,398			1,859,512		50	
51	Recovery Room	0.079639	2,247,887			179,019		51	
52	Delivery Room & Labor Room	0.369803						52	
53	Anesthesiology	0.035274	1,330,326			46,926		53	
54	Radiology-Diagnostic	0.178613	2,912,552			520,220		54	
55.01	GASTRO INTESTINAL SERVICES	0.110043	4,073,684			448,280		55.01	
55.02	ULTRA SOUND	0.075390	757,695			57,123		55.02	
56	Radioisotope	0.105613	780,459			82,427		56	
57	CT Scan	0.047969	5,763,353			276,462		57	
58	MRI	0.071211	1,741,389			124,006		58	
59	Cardiac Catheterization	0.062860	3,479,277			218,707		59	
60	Laboratory	0.092252	4,417,230		120	407,498		11 60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.141212	100,007			14,122		63	
65	Respiratory Therapy	0.133055	333,344			44,353		65	
66	Physical Therapy	0.247019	21,325			5,268		66	
67	Occupational Therapy	0.100036	15,532			1,554		67	
68	Speech Pathology	0.339200	196			66		68	
69	Electrocardiology	0.083538	2,587,031			216,115		69	
71	Medical Supplies Charged to Pat	0.138664	3,608,190			500,326		71	
72	Impl. Dev. Charged to Patients	0.403796	2,960,022			1,195,245		72	
73	Drugs Charged to Patients	0.185731	17,485,981		58,076	3,247,689		10,787 73	
74	Renal Dialysis	0.539400	37,880			20,432		74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.470058	391,274			183,921		90	
90.01	DIABETOLOGY	1.703646						90.01	
90.02	CANCER CENTER	1.360941						90.02	
90.03	WOUND CARE	0.223276	368,339			82,241		90.03	
91	Emergency	0.142304	6,850,295			974,824		91	
92	Observation Beds (Non-Distinct)	0.338230	1,085,752			367,234		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		75,545,418		58,196	11,073,570		10,798 200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		75,545,418		58,196	11,073,570		10,798 202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	68,568,942			11,470				50
51	Recovery Room	13,296,634							51
52	Delivery Room & Labor Room	13,225,073							52
53	Anesthesiology	9,634,558			1,224				53
54	Radiology-Diagnostic	36,282,313			69,869				54
55.01	GASTRO INTESTINAL SERVICES	26,875,595			5,588				55.01
55.02	ULTRA SOUND	14,059,300			5,053				55.02
56	Radioisotope	5,213,949			12,362				56
57	CT Scan	42,774,865			29,839				57
58	MRI	10,893,442			3,298				58
59	Cardiac Catheterization	21,471,040							59
60	Laboratory	68,893,642			2,331,034				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,998,232			28,009				63
65	Respiratory Therapy	14,014,264			261,431				65
66	Physical Therapy	15,939,872			4,589,605				66
67	Occupational Therapy	2,112,907							67
68	Speech Pathology	1,049,593			253,221				68
69	Electrocardiology	16,870,571			42,051				69
71	Medical Supplies Charged to Pat	24,949,295			409,392				71
72	Impl. Dev. Charged to Patients	15,829,468			273				72
73	Drugs Charged to Patients	81,848,530			2,570,445				73
74	Renal Dialysis	1,407,296			971				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	7,569,645							90
90.01	DIABETOLOGY	81,126							90.01
90.02	CANCER CENTER	1,917,340							90.02
90.03	WOUND CARE	4,388,568							90.03
91	Emergency	71,703,023							91
92	Observation Beds (Non-Distinct	4,687,428							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	600,556,511			10,625,135				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5743

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.152464						50
51	Recovery Room	0.079639						51
52	Delivery Room & Labor Room	0.369803						52
53	Anesthesiology	0.035274						53
54	Radiology-Diagnostic	0.178613						54
55.01	GASTRO INTESTINAL SERVICES	0.110043						55.01
55.02	ULTRA SOUND	0.075390						55.02
56	Radioisotope	0.105613						56
57	CT Scan	0.047969						57
58	MRI	0.071211						58
59	Cardiac Catheterization	0.062860						59
60	Laboratory	0.092252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.141212						63
65	Respiratory Therapy	0.133055						65
66	Physical Therapy	0.247019						66
67	Occupational Therapy	0.100036						67
68	Speech Pathology	0.339200						68
69	Electrocardiology	0.083538						69
71	Medical Supplies Charged to Pat	0.138664						71
72	Impl. Dev. Charged to Patients	0.403796						72
73	Drugs Charged to Patients	0.185731						73
74	Renal Dialysis	0.539400						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.470058						90
90.01	DIABETOLOGY	1.703646						90.01
90.02	CANCER CENTER	1.360941						90.02
90.03	WOUND CARE	0.223276						90.03
91	Emergency	0.142304						91
92	Observation Beds (Non-Distinct)	0.338230						92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,177,116		2,177,116	25,054	86.90	2,697	234,369	30
31	Intensive Care Unit	512,036		512,036	3,044	168.21	434	73,003	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	36,392		36,392	4,190	8.69	1,470	12,774	43
44	Skilled Nursing Facility	565,985		565,985	10,380	54.53			44
45	Nursing Facility								45
200	Total (lines 30-199)	3,291,529		3,291,529	42,668		4,601	320,146	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	902,969	68,568,942	0.013169			50
51	Recovery Room	9,924	13,296,634	0.000746			51
52	Delivery Room & Labor Room	546,985	13,225,073	0.041360			52
53	Anesthesiology	23,364	9,634,558	0.002425			53
54	Radiology-Diagnostic	796,452	36,282,313	0.021952			54
55.01	GASTRO INTESTINAL SERVICES	583,949	26,875,595	0.021728			55.01
55.02	ULTRA SOUND	9,029	14,059,300	0.000642			55.02
56	Radioisotope	86,843	5,213,949	0.016656			56
57	CT Scan	128,701	42,774,865	0.003009			57
58	MRI	5,550	10,893,442	0.000509			58
59	Cardiac Catheterization	98,929	21,471,040	0.004608			59
60	Laboratory	458,813	68,893,642	0.006660			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	23,176	4,998,232	0.004637			63
65	Respiratory Therapy	116,732	14,014,264	0.008330			65
66	Physical Therapy	285,211	15,939,872	0.017893			66
67	Occupational Therapy	1,832	2,112,907	0.000867			67
68	Speech Pathology	45,795	1,049,593	0.043631			68
69	Electrocardiology	219,327	16,870,571	0.013001			69
71	Medical Supplies Charged to Pat	80,660	24,949,295	0.003233			71
72	Impl. Dev. Charged to Patients	148,467	15,829,468	0.009379			72
73	Drugs Charged to Patients	192,031	81,848,530	0.002346			73
74	Renal Dialysis	19,290	1,407,296	0.013707			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	207,557	7,569,645	0.027420			90
90.01	DIABETOLOGY	1,155	81,126	0.014237			90.01
90.02	CANCER CENTER	345,974	1,917,340	0.180445			90.02
90.03	WOUND CARE	4,989	4,388,568	0.001137			90.03
91	Emergency	1,179,289	71,703,023	0.016447			91
92	Observation Beds (Non-Distinct	154,676	4,687,428	0.032998			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,677,669	600,556,511				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
6		7		8	9
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	25,054		2,697	30
31	Intensive Care Unit	3,044		434	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	4,190		1,470	43
44	Skilled Nursing Facility	10,380			44
45	Nursing Facility				45
200	Total (lines 30-199)	42,668		4,601	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	68,568,942							50
51	Recovery Room	13,296,634							51
52	Delivery Room & Labor Room	13,225,073							52
53	Anesthesiology	9,634,558							53
54	Radiology-Diagnostic	36,282,313							54
55.01	GASTRO INTESTINAL SERVICES	26,875,595							55.01
55.02	ULTRA SOUND	14,059,300							55.02
56	Radioisotope	5,213,949							56
57	CT Scan	42,774,865							57
58	MRI	10,893,442							58
59	Cardiac Catheterization	21,471,040							59
60	Laboratory	68,893,642							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,998,232							63
65	Respiratory Therapy	14,014,264							65
66	Physical Therapy	15,939,872							66
67	Occupational Therapy	2,112,907							67
68	Speech Pathology	1,049,593							68
69	Electrocardiology	16,870,571							69
71	Medical Supplies Charged to Pat	24,949,295							71
72	Impl. Dev. Charged to Patients	15,829,468							72
73	Drugs Charged to Patients	81,848,530							73
74	Renal Dialysis	1,407,296							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,569,645							90
90.01	DIABETOLOGY	81,126							90.01
90.02	CANCER CENTER	1,917,340							90.02
90.03	WOUND CARE	4,388,568							90.03
91	Emergency	71,703,023							91
92	Observation Beds (Non-Distinct	4,687,428							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	600,556,511							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.152464						50
51	Recovery Room	0.079639						51
52	Delivery Room & Labor Room	0.369803						52
53	Anesthesiology	0.035274						53
54	Radiology-Diagnostic	0.178613						54
55.01	GASTRO INTESTINAL SERVICES	0.110043						55.01
55.02	ULTRA SOUND	0.075390						55.02
56	Radioisotope	0.105613						56
57	CT Scan	0.047969						57
58	MRI	0.071211						58
59	Cardiac Catheterization	0.062860						59
60	Laboratory	0.092252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.141212						63
65	Respiratory Therapy	0.133055						65
66	Physical Therapy	0.247019						66
67	Occupational Therapy	0.100036						67
68	Speech Pathology	0.339200						68
69	Electrocardiology	0.083538						69
71	Medical Supplies Charged to Pat	0.138664						71
72	Impl. Dev. Charged to Patients	0.403796						72
73	Drugs Charged to Patients	0.185731						73
74	Renal Dialysis	0.539400						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.470058						90
90.01	DIABETOLOGY	1.703646						90.01
90.02	CANCER CENTER	1.360941						90.02
90.03	WOUND CARE	0.223276						90.03
91	Emergency	0.142304						91
92	Observation Beds (Non-Distinct)	0.338230						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	25,054	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,054	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)	23,274	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,479	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)	22,315,392	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)	22,315,392	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)	22,315,392	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					890.69	38	
39	Program general inpatient routine service cost (line 9 x line 38)					6,661,471	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					6,661,471	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	4,807,443	3,044	1,579.32	1,140	1,800,425	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,956,081	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					18,417,977	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					841,684	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					604,002	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,445,686	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					16,972,291	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

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

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,780	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					890.69	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,585,428	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,177,116	22,315,392	0.097561	1,585,428	154,676	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	10,380	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,380	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	10,380	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,041	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)	5,192,141	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)	5,192,141	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)	5,192,141	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	5,192,141	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	500.21	71
72	Program routine service cost (line 9 x line 71)	3,521,979	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	3,521,979	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	3,521,979	83
84	Program inpatient ancillary services (see instructions)	2,029,962	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	5,551,941	86

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	25,054	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,054	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)	23,274	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)	2,697	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	4,190	15
16	Nursery days (title V or XIX only)	1,470	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)	22,315,392	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)	22,315,392	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)	22,315,392	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					890.69	38
39	Program general inpatient routine service cost (line 9 x line 38)					2,402,191	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)					2,402,191	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)	1,408,582	4,190	336.18	1,470	494,185	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	4,769,383	3,044	1,566.81	434	679,996	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					3,576,372	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					320,146	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)					320,146	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

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

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,780	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 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		24,826,475		30
31	Intensive Care Unit		4,664,739		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.152464	8,229,084	1,254,639	50
51	Recovery Room	0.079639	1,472,979	117,307	51
52	Delivery Room & Labor Room	0.369803	14,704	5,438	52
53	Anesthesiology	0.035274	865,740	30,538	53
54	Radiology-Diagnostic	0.178897	2,038,364	364,657	54
55.01	GASTRO INTESTINAL SERVICES	0.110043	1,385,215	152,433	55.01
55.02	ULTRA SOUND	0.075390	273,969	20,655	55.02
56	Radioisotope	0.105613	871,159	92,006	56
57	CT Scan	0.047969	4,328,490	207,633	57
58	MRI	0.071211	616,587	43,908	58
59	Cardiac Catheterization	0.062860	3,530,695	221,939	59
60	Laboratory	0.092252	14,801,250	1,365,445	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141212	771,826	108,991	63
65	Respiratory Therapy	0.133392	3,224,349	430,102	65
66	Physical Therapy	0.247019	1,284,589	317,318	66
67	Occupational Therapy	0.100036	901,671	90,200	67
68	Speech Pathology	0.339200	295,938	100,382	68
69	Electrocardiology	0.083551	3,286,006	274,549	69
71	Medical Supplies Charged to Patients	0.138664	2,495,844	346,084	71
72	Impl. Dev. Charged to Patients	0.403796	4,403,450	1,778,095	72
73	Drugs Charged to Patients	0.185731	8,107,667	1,505,845	73
74	Renal Dialysis	0.539400	701,648	378,469	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.470058			90
90.01	DIABETOLOGY	1.703646			90.01
90.02	CANCER CENTER	1.360941			90.02
90.03	WOUND CARE	0.223276			90.03
91	Emergency	0.142304	5,130,059	730,028	91
92	Observation Beds (Non-Distinct Part)	0.338230	57,417	19,420	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		69,088,700	9,956,081	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		69,088,700		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5743

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.152464	11,470	1,749	50
51	Recovery Room	0.079639			51
52	Delivery Room & Labor Room	0.369803			52
53	Anesthesiology	0.035274	1,224	43	53
54	Radiology-Diagnostic	0.178613	69,869	12,480	54
55.01	GASTRO INTESTINAL SERVICES	0.110043	5,588	615	55.01
55.02	ULTRA SOUND	0.075390	5,053	381	55.02
56	Radioisotope	0.105613	12,362	1,306	56
57	CT Scan	0.047969	29,839	1,431	57
58	MRI	0.071211	3,298	235	58
59	Cardiac Catheterization	0.062860			59
60	Laboratory	0.092252	2,331,034	215,043	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141212	28,009	3,955	63
65	Respiratory Therapy	0.133055	261,431	34,785	65
66	Physical Therapy	0.247019	4,589,605	1,133,720	66
67	Occupational Therapy	0.100036			67
68	Speech Pathology	0.339200	253,221	85,893	68
69	Electrocardiology	0.083538	42,051	3,513	69
71	Medical Supplies Charged to Patients	0.138664	409,392	56,768	71
72	Impl. Dev. Charged to Patients	0.403796	273	110	72
73	Drugs Charged to Patients	0.185731	2,570,445	477,411	73
74	Renal Dialysis	0.539400	971	524	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.470058			90
90.01	DIABETOLOGY	1.703646			90.01
90.02	CANCER CENTER	1.360941			90.02
90.03	WOUND CARE	0.223276			90.03
91	Emergency	0.142304			91
92	Observation Beds (Non-Distinct Part)	0.338230			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		10,625,135	2,029,962	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,625,135		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.152464			50
51	Recovery Room	0.079639			51
52	Delivery Room & Labor Room	0.369803			52
53	Anesthesiology	0.035274			53
54	Radiology-Diagnostic	0.178613			54
55.01	GASTRO INTESTINAL SERVICES	0.110043			55.01
55.02	ULTRA SOUND	0.075390			55.02
56	Radioisotope	0.105613			56
57	CT Scan	0.047969			57
58	MRI	0.071211			58
59	Cardiac Catheterization	0.062860			59
60	Laboratory	0.092252			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141212			63
65	Respiratory Therapy	0.133055			65
66	Physical Therapy	0.247019			66
67	Occupational Therapy	0.100036			67
68	Speech Pathology	0.339200			68
69	Electrocardiology	0.083538			69
71	Medical Supplies Charged to Patients	0.138664			71
72	Impl. Dev. Charged to Patients	0.403796			72
73	Drugs Charged to Patients	0.185731			73
74	Renal Dialysis	0.539400			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.470058			90
90.01	DIABETOLOGY	1.703646			90.01
90.02	CANCER CENTER	1.360941			90.02
90.03	WOUND CARE	0.223276			90.03
91	Emergency	0.142304			91
92	Observation Beds (Non-Distinct Part)	0.338230			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	6,758,943			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,506,158			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)	34,118			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	6,028,723			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	130.14			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	55.47			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	55.47			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	56.91			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	55.47			12
13	Total allowable FTE count for the prior year	55.47			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	55.24			14
15	Sum of lines 12 through 14 divided by 3	55.39			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	55.39			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.425619			19
20	Prior year resident to bed ratio (see instructions)	0.404153			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.404153			21
22	IME payment adjustment (see instructions)	3,235,893			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,199,396			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	1.44			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	3,235,893			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,199,396			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1091			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4144			31
32	Sum of lines 30 and 31	0.5235			32
33	Allowable disproportionate share percentage (see instructions)	0.3240			33
34	Disproportionate share adjustment (see instructions)	1,317,474			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
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)	2,983,839		2,474,909	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,250,760		1,440,315	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,691,075			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	23,543,661			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)	24,743,057			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,765,024			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	2,294,009			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	28,802,090			59
60	Primary payer payments	41,889			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	28,760,201			61
62	Deductibles billed to program beneficiaries	1,682,324			62
63	Coinsurance billed to program beneficiaries	53,060			63
64	Allowable bad debts (see instructions)	948,570			64
65	Adjusted reimbursable bad debts (see instructions)	616,571			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	597,349			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	27,641,388			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)	-27,588			70.93
70.94	HRR adjustment amount (see instructions)	-37,261			70.94
71	Amount due provider (see instructions)	27,576,539			71
71.01	Sequestration adjustment (see instructions)	551,531			71.01
72	Interim payments	26,370,176			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	654,832			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	264,345			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

HVBP Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

HRR Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	10,798			1
2	Medical and other services reimbursed under OPPS (see instructions)	11,073,570			2
3	PPS payments	11,670,441			3
4	Outlier payment (see instructions)	15,840			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	10,798			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	58,196			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)	58,196			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	58,196			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	47,398			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)	10,798			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)	11,686,281			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,299,075			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	9,398,004			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,001,527			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	10,399,531			30
31	Primary payer payments	6,473			31
32	Subtotal (line 30 minus line 31)	10,393,058			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,105,075			34
35	Adjusted reimbursable bad debts (see instructions)	718,299			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	833,464			36
37	Subtotal (see instructions)	11,111,357			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	11,111,357			40
40.01	Sequestration adjustment (see instructions)	222,227			40.01
41	Interim payments	10,836,434			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	52,696			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5743

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0049

**WORKSHEET E-1
PART I**

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

		INPATIENT PART A		PART B			
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	Total interim payments paid to provider		26,277,105		10,728,807	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2	
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01	12/08/2015	33,626	12/08/2015	107,627	3.01
		.02	04/19/2016	59,445			3.02
	Program	.03					3.03
	to	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	to	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		93,071		107,627	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			26,370,176		10,836,434	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	to	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	to	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		654,832		52,696	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			27,025,008		10,889,130	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5743

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,111,232		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,111,232		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		3,111,232		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	7,665	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	8,619	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,221	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	26,318	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	701,177,470	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	10,165,549	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)	753,956	8
9	Sequestration adjustment amount (see instructions)	15,079	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	738,877	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	731,873	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	7,004	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

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	3,475,965
2	Routine service other pass through costs	
3	Ancillary service other pass through costs	
4	Subtotal (sum of lines 1-3)	3,475,965
COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)	
6	Deductibles	
7	Coinsurance	301,238
8	Allowable bad debts (see instructions)	
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	
10	Adjusted reimbursable bad debts (see instructions)	
11	Utilization review	
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	3,174,727
13	Inpatient primary payer payments	
14	Other adjustments (specify) (see instructions)	
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	
15	Subtotal (see instructions)	3,174,727
15.01	Sequestration adjustment (see instructions)	63,495
16	Interim payments	3,111,232
17	Tentative settlement (for contractor use only)	
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	3,576,372		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	3,576,372		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,576,372		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,576,372		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)	3,576,372		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			57.10	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			-2.99	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.39	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			55.50	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			57.14	6
7	Enter the lesser of line 5 or line 6			55.50	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	54.17	2.97	57.14	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	52.62	2.88	55.50	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	52.62	2.88		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.11	6.83		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.75	5.81		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	50.49	5.17		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	50.49	5.17		17
18	Per resident amount	140,070.80	133,153.00		18
19	Approved amount for resident costs	7,072,175	688,401	7,760,576	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			1.64	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			7,760,576	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	8,619	3,221		26
27	Total inpatient days (see instructions)	26,810	26,810		27
28	Ratio of inpatient days to total inpatient days	0.321485	0.120142		28
29	Program direct GME amount	2,494,909	932,371		29
30	Reduction for direct GME payments for Medicare Advantage		131,744		30
31	Net Program direct GME amount			3,295,536	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,407,296	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			25,415,921	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			41,889	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			25,374,032	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			11,084,368	42
43	Primary payer payments (see instructions)			6,473	43
44	Total Part B reasonable cost (line 42 minus line 43)			11,077,895	44
45	Total reasonable cost (sum of lines 41 and 44)			36,451,927	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.696096	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.303904	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			3,295,536	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			2,294,009	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,001,527	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	10
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	3,415	7,962	26
27	Total inpatient days (see instructions)	26,810	26,810	27
28	Ratio of inpatient days to total inpatient days	0.127378	0.296979	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-484,005				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	27,037,047				4
5	Other receivables	623,773				5
6	Allowances for uncollectible notes and accounts receivable	-3,368,555				6
7	Inventory	3,763,489				7
8	Prepaid expenses	158,087				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	27,729,836				11
FIXED ASSETS						
12	Land	6,520,000				12
13	Land improvements	139,500				13
14	Accumulated depreciation					14
15	Buildings	43,810,636				15
16	Accumulated depreciation					16
17	Leasehold improvements	33,400				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	14,328,322				23
24	Accumulated depreciation	-16,416,849				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	24,845				29
30	Total fixed assets (sum of lines 12-29)	48,439,854				30
OTHER ASSETS						
31	Investments	1,917,555				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	303,750				34
35	Total other assets (sum of lines 31-34)	2,221,305				35
36	Total assets (sum of lines 11, 30 and 35)	78,390,995				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	7,492,158				37
38	Salaries, wages and fees payable	7,404,562				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	635,569				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	508,143				44
45	Total current liabilities (sum of lines 37 thru 44)	16,040,432				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	57,766,001				49
50	Total long term liabilities (sum of lines 46 thru 49)	57,766,001				50
51	Total liabilities (sum of lines 45 and 50)	73,806,433				51
CAPITAL ACCOUNTS						
52	General fund balance	4,584,562				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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BALANCE SHEET

WORKSHEET G

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

	Assets	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	4,584,562				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	78,390,995				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		9,608,229		
2	Net income (loss) (from Worksheet G-3, line 29)		2,345,993		
3	Total (sum of line 1 and line 2)		11,954,222		
4	Additions (credit adjustments) (specify)				
5	ROUNDING	6			
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)		6		
11	Subtotal (line 3 plus line 10)		11,954,228		
12	Deductions (debit adjustments) (specify)				
13	PERIOD 13 RETAINED EARNINGS	7,369,666			
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)		7,369,666		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,584,562		

		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	ROUNDING				
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	PERIOD 13 RETAINED EARNINGS				
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)				

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2015 To: 04/30/2016	Run Date: 09/28/2016 Run Time: 11:54 Version: 2016.05 (09/21/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	83,420,403		83,420,403	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	4,629,078		4,629,078	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	88,049,481		88,049,481	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	12,571,478		12,571,478	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,571,478		12,571,478	16
17	Total inpatient routine care services (sum of lines 10 and 16)	100,620,959		100,620,959	17
18	Ancillary services	215,810,489	294,398,894	510,209,383	18
19	Outpatient services	15,257,957	75,089,174	90,347,131	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)	331,689,405	369,488,068	701,177,473	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		136,315,913	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)		136,315,913	43

KPMG LLP Compu-Max 2552-10

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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	701,177,473	1
2	Less contractual allowances and discounts on patients' accounts	565,885,819	2
3	Net patient revenues (line 1 minus line 2)	135,291,654	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	136,315,913	4
5	Net income from service to patients (line 3 minus line 4)	-1,024,259	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	-609,009	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	351,855	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	1,074,936	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	1,879,062	24
24.0	Other (RETAIL PHARMACY REVENUE)	673,408	24.0
1			1
25	Total other income (sum of lines 6-24)	3,370,252	25
26	Total (line 5 plus line 25)	2,345,993	26
29	Net income (or loss) for the period (line 26 minus line 28)	2,345,993	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0049

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,302,889	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	6,515	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)	73.25	3
4	Number of interns & residents (see instructions)	55.39	4
5	Indirect medical education percentage (see instructions)	23.79	5
6	Indirect medical education adjustment (see instructions)	309,957	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1091	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4144	8
9	Sum of lines 7 and 8	0.5235	9
10	Allowable disproportionate share percentage (see instructions)	0.1118	10
11	Disproportionate share adjustment (see instructions)	145,663	11
12	Total prospective capital payments (see instructions)	1,765,024	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55.01	GASTRO INTESTINAL SERVICES						55.01
55.02	ULTRA SOUND						55.02
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	DIABETOLOGY						90.01
90.02	CANCER CENTER						90.02
90.03	WOUND CARE						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	MARKETING						194
194.0 1	HOSPITALIST						194.0 1
194.0 2	RETAIL PHARMACY						194.0 2
194.0 3	COMMUNITY RELATIONS						194.0 3
194.0 4	PHYSICIAN CLINICS						194.0 4
194.0 5	GUEST MEALS						194.0 5
194.0 6	CATERING MEALS						194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB						194.0 7
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202