

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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: 02/24/2017 Time: 13:30		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
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 SWEDISH COVENANT HOSPITAL (14-0114) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2015 and ending 09/30/2016, 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		981,109	-18,724			1
2	SUBPROVIDER - IPF		91,988				2
3	SUBPROVIDER - IRF		17,656	113			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		9,711	-9,336			7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		1,100,464	-27,947			200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 5145 NORTH CALIFORNIA AVENUE	P.O. Box:			1
2	City: CHICAGO	State: IL	ZIP Code: 60625	County: COOK	2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	SWEDISH COVENANT HOSPITAL	14-0114	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	SCH PSYCHIATRIC UNIT	14-S114	16974	4	02 / 01 / 1989	N	P	O	4
5	Subprovider - IRF	SCH REHABILITATION UNIT	14-T114	16974	5	02 / 01 / 1984	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	SWEDISH COVENANT SKILLED CARE	14-5573	16974		04 / 22 / 1987	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	SCH HOME MED NORTH	14-7126	16974		03 / 15 / 1976	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2015	To: 09 / 30 / 2016		20
21	Type of control (see instructions)	1			21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	14,156				3,275	1,972	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.	994						25

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

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				18.74		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		7.27		67
67.01		INTERNAL MEDICINE	3900		21.02		67.01
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N		71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N		76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.				N		81
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.				N		87

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	Y	N
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.				N

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1,401,546	7,333,011		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

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

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

141	Name: COVENANT MINISTRIES OF BENEVOL	Contractor's Name: WPS	Contractor's Number: 10000	141
142	Street: 5145 N. CALIFORNIA AVENUE	P.O. Box:		142
143	City: CITY: CHICAGO	State: IL	ZIP Code: 60625	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			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)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/23/2016	Y	01/23/2016
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	198	72,468			16,665	11,826	44,926	1
2	HMO and other (see instructions)						5,634	3,275		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						225			4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		198	72,468			16,665	11,826	44,926	7
8	Intensive Care Unit	31	18	6,588			1,259	801	3,356	8
8.01	SPECIAL CARE NURSERY	31.01	10	3,660				775	1,287	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,850	3,670	13
14	Total (see instructions)		226	82,716			17,924	15,252	53,239	14
15	CAH Visits									15
16	Subprovider - IPF	40	31	11,346			2,126	784	4,480	16
17	Subprovider - IRF	41	25	9,150			1,891	994	4,413	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	34	12,444			4,043		5,932	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					5,196		10,807	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		316							27
28	Observation Bed Days								5,553	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							292	598	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,540	3,814	11,339	1
2	HMO and other (see instructions)					1,078			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	SPECIAL CARE NURSERY								8.01
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	47.03	1,511.32			3,540	3,814	11,339	14
15	CAH Visits								15
16	Subprovider - IPF		18.10			186	132	550	16
17	Subprovider - IRF		19.64			150	85	345	17
18	Subprovider I								18
19	Skilled Nursing Facility		20.58						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		15.06						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)	47.03	1,584.70						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	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	99,823,677	99,823,677	3,308,860.42	30.17	1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B						3
4	Physician-Part A - Administrative		41,336	41,336	1,560.00	26.50	4
4.01	Physician-Part A - Teaching		519,382	519,382	4,816.00	107.85	4.01
5	Physician-Part B						5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21	2,694,052	2,694,052	105,870.18	25.45	7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office and/or related organization personnel						8
9	SNF	44	1,206,864	1,206,864	42,966.59	28.09	9
10	Excluded area salaries (see instructions)		4,702,202	4,702,202	130,486.78	36.04	10
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,521,956	1,521,956	26,543.76	57.34	11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative						13
14	Home office salaries & wage-related costs						14
14.01	Home office salaries		1,622,174	1,622,174	7,542.03	215.08	14.01
14.02	Related organization salaries						14.02
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)		16,495,312	16,495,312			17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas		1,221,518	1,221,518			19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative		8,230	8,230			22
22.01	Physician Part A - Teaching		53,556	53,556			22.01
23	Physician Part B						23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)		550,542	550,542			25
25.50	Home office wage-related						25.50
25.51	Related organization wage-related						25.51
25.52	Home office: Physician Part A - Administrative - wage-related						25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		1,816,836	1,816,836	73,347.99	24.77	26
27	Administrative & General		17,692,221	17,692,221	516,788.29	34.23	27
28	Administrative & General under contract (see instructions)		657,446	657,446	2,427.07	270.88	28
29	Maintenance & Repairs						29
30	Operation of Plant		2,055,852	2,055,852	81,075.14	25.36	30
31	Laundry & Linen Service						31
32	Housekeeping		1,894,017	1,894,017	149,370.32	12.68	32
33	Housekeeping under contract (see instructions)						33
34	Dietary		358,871	358,871	13,517.01	26.55	34
35	Dietary under contract (see instructions)						35
36	Cafeteria						36
37	Maintenance of Personnel						37
38	Nursing Administration		1,198,779	1,198,779	48,458.74	24.74	38
39	Central Services and Supply						39
40	Pharmacy		2,050,361	2,050,361	51,272.26	39.99	40
41	Medical Records & Medical Records Library		1,335,348	1,335,348	51,348.11	26.01	41
42	Social Service		539,379	539,379	17,146.14	31.46	42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		97,267,689		97,267,689	3,200,601.31	30.39	1
2	Excluded area salaries (see instructions)		5,909,066		5,909,066	173,453.37	34.07	2
3	Subtotal salaries (line 1 minus line 2)		91,358,623		91,358,623	3,027,147.94	30.18	3
4	Subtotal other wages & related costs (see instructions)		3,144,130		3,144,130	34,085.79	92.24	4
5	Subtotal wage-related costs (see instructions)		16,503,542		16,503,542		18.06%	5
6	Total (sum of lines 3 through 5)		111,006,295		111,006,295	3,061,233.73	36.26	6
7	Total overhead cost (see instructions)		29,599,110		29,599,110	1,004,751.07	29.46	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		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	1,933,298	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	8,464,309	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	473,699	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	7,172,163	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	21,753	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	263,936	23
24	Total Wage Related cost (Sum of lines 1-23)	18,329,158	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
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: **COOK**

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		1,183		897	2,080	1
2	Unduplicated Census Count (see instructions)		292.00		683.00	975.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

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

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	1,844	25	150	78	2,097	21
22	Skilled Nursing Visit Charges	366,656	5,025	29,395	15,734	416,810	22
23	Physical Therapy Visits	1,549		24	54	1,627	23
24	Physical Therapy Visit Charges	311,349		4,824	10,854	327,027	24
25	Occupational Therapy Visits	661		3	43	707	25
26	Occupational Therapy Visit Charges	132,861		603	8,643	142,107	26
27	Speech Pathology Visits	29			16	45	27
28	Speech Pathology Visit Charges	5,829			3,216	9,045	28
29	Medical Social Service Visits	39		1		40	29
30	Medical Social Service Visit Charges	10,569		271		10,840	30
31	Home Health Aide Visits	127		1	22	150	31
32	Home Health Aide Visit Charges	17,145		135	2,970	20,250	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,249	25	179	213	4,666	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	844,409	5,025	35,228	41,417	926,079	35
36	Total Number of Episodes (standard/non-outlier)	289		66	10	365	36
37	Total Number of Ourlier Episodes		1		1	2	37
38	Total Non-Routine Medical Supply Charges	6,388	12	392	254	7,046	38

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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	
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	/ /

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
	1	2	3	4
3	RUX			3
4	RUL	43		43
5	RVX			5
6	RVL	85		85
7	RHX			7
8	RHL	20		20
9	RMX			9
10	RML			10
11	RLX			11
12	RUC			12
13	RUB	137		137
14	RUA	699		699
15	RVC	104		104
16	RVB	661		661
17	RVA	1,888		1,888
18	RHC	33		33
19	RHB	54		54
20	RHA	102		102
21	RMC			21
22	RMB			22
23	RMA	9		9
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	3		3
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1	6		6
33	HC2			33
34	HC1	28		28
35	HB2			35
36	HB1	61		61
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1	2		2
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1	9		9
49	CC2			49
50	CC1	10		10
51	CB2			51
52	CB1	6		6
53	CA2			53
54	CA1	61		61
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68
69	PE2			69
70	PE1			70
71	PD2			71

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
72	PD1				72
73	PC2				73
74	PC1	10		10	74
75	PB2				75
76	PB1	6		6	76
77	PA2				77
78	PA1	6		6	78
199	AAA				199
200	TOTAL	4,043		4,043	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	201

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (0)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	7,585,656			207

KPMG LLP Compu-Max 2552-10

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.163325	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		27,603,926	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		157,281,651	6
7	Medicaid cost (line 1 times line 6)		25,688,026	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care				17
18	Government grants, appropriations of transfers for support of hospital operations				18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	34,025,342	2,646,472	36,671,814	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,557,189	432,235	5,989,424	21
22	Partial payment by patients approved for charity care	378,839	168,155	546,994	22
23	Cost of charity care (line 21 minus line 22)	5,178,350	264,080	5,442,430	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)			11,690,245	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,709,051	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			9,981,194	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,630,179	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			7,072,609	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,072,609	31

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				15,356,512	15,356,512	-6,083,710	9,272,802	1
2	00200	Cap Rel Costs-Mvble Equip				10,029,809	10,029,809	-67,930	9,961,879	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,816,836	1,242,884	3,059,720	12,274,000	15,333,720	-1,150,392	14,183,328	4
5.01	00540	NON-PATIENT PHONES	231,416	346,833	578,249		578,249	-255,687	322,562	5.01
5.03	00560	PURCHASING	888,961	646,314	1,535,275		1,535,275		1,535,275	5.03
5.04	00570	ADMITTING	1,851,474	247,083	2,098,557		2,098,557		2,098,557	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,562,360	1,771,159	3,333,519		3,333,519	-105,625	3,227,894	5.05
5.06	00590	ADMINISTRATION & GENERAL	13,158,010	72,178,403	85,336,413	-38,890,030	46,446,383	-7,433,795	39,012,588	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,055,852	6,453,563	8,509,415	28,021	8,537,436	-431,191	8,106,245	7
8	00800	Laundry & Linen Service		894,349	894,349		894,349		894,349	8
9	00900	Housekeeping	1,894,017	698,935	2,592,952		2,592,952		2,592,952	9
10	01000	Dietary	358,871	28,876	387,747		387,747		387,747	10
11	01100	Cafeteria		3,173,025	3,173,025		3,173,025	-735,023	2,438,002	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,198,779	294,577	1,493,356		1,493,356	-448,272	1,045,084	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,050,361	5,441,206	7,491,567	-4,457,385	3,034,182		3,034,182	15
16	01600	Medical Records & Library	1,335,348	773,976	2,109,324		2,109,324	-1,100	2,108,224	16
17	01700	Social Service	539,379	89,400	628,779		628,779		628,779	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	2,694,052	1,409,787	4,103,839		4,103,839	-1,081,017	3,022,822	21
22	02200	I&R Services-Other Prgm Costs Apprvd	1,432,845	533,797	1,966,642		1,966,642	-1,504,070	462,572	22
23	02300	PARAMED ED PRGM-PHARMACY	417,121	34,966	452,087		452,087		452,087	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	20,971,463	6,107,281	27,078,744	-6,218,113	20,860,631	-1,649,300	19,211,331	30
31	03100	Intensive Care Unit	3,602,643	997,205	4,599,848	-431,758	4,168,090		4,168,090	31
31.01	02060	SPECIAL CARE NURSERY				1,132,015	1,132,015		1,132,015	31.01
40	04000	Subprovider - IPF	1,186,443	130,150	1,316,593	-9,586	1,307,007	-26,900	1,280,107	40
41	04100	Subprovider - IRF	1,192,367	156,951	1,349,318	-50,576	1,298,742		1,298,742	41
43	04300	Nursery	507,486	597,310	1,104,796	674,463	1,779,259	-573,192	1,206,067	43
44	04400	Skilled Nursing Facility	1,206,864	150,124	1,356,988		1,356,988		1,356,988	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	5,947,666	17,128,979	23,076,645	-11,311,651	11,764,994	-997,683	10,767,311	50
52	05200	Delivery Room & Labor Room					2,542,754		2,542,754	52
53	05300	Anesthesiology	188,507	819,492	1,007,999	-530,373	477,626	-260,583	217,043	53
54	05400	Radiology-Diagnostic	3,357,415	1,653,744	5,011,159	-55,884	4,955,275	-30,000	4,925,275	54
54.02	03480	CANCER TREATMENT CENTER	544,540	268,334	812,874	-5,393	807,481	-133,437	674,044	54.02
54.03	03630	ULTRASOUND	1,388,862	165,262	1,554,124	-51,681	1,502,443		1,502,443	54.03
54.04	05401	SPECIAL PROCEDURES	546,792	1,497,597	2,044,389	-1,225,063	819,326	-26,040	793,286	54.04
54.05	05402	OP ONCOLOGY								54.05
57	05700	CT Scan	687,619	728,471	1,416,090	-93,623	1,322,467		1,322,467	57
58	05800	MRI	353,479	310,392	663,871	-19,438	644,433		644,433	58
59	05900	Cardiac Catheterization	920,590	4,142,580	5,063,170	-2,660,894	2,402,276	-103,640	2,298,636	59
60	06000	Laboratory	3,438,479	3,706,043	7,144,522		7,144,522	-76,281	7,068,241	60
60.01	03420	PATHOLOGY	711,710	623,820	1,335,530		1,335,530	-35,000	1,300,530	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	248,124	1,168,068	1,416,192	-924,137	492,055		492,055	63
65	06500	Respiratory Therapy	1,483,393	397,710	1,881,103	-123,700	1,757,403		1,757,403	65
66.01	06601	REHABILITATION MEDICINE	4,814,642	696,311	5,510,953	-1,822	5,509,131	387,375	5,896,506	66.01
69	06900	Electrocardiology	562,374	420,565	982,939	-47,828	935,111	-86,481	848,630	69
69.02	03140	CARDIOLOGY	1,643,183	874,859	2,518,042	-45,844	2,472,198	-51,382	2,420,816	69.02
71	07100	Medical Supplies Charged to Patients	496,428	1,258,765	1,755,193	14,403,054	16,158,247		16,158,247	71
72	07200	Impl. Dev. Charged to Patients				7,088,949	7,088,949		7,088,949	72
73	07300	Drugs Charged to Patients				4,337,763	4,337,763		4,337,763	73
74	07400	Renal Dialysis		852,675	852,675		852,675		852,675	74
75	07500	ASC (Non-Distinct Part)	504,471	465,649	970,120	-510,651	459,469		459,469	75
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								
90.01	04040	FAMILY PRACTICE CLINIC								90.01
90.02	09001	WOUND CARE	676,673	284,527	961,200	-120,297	840,903	-40,550	800,353	90.02
90.03	09002	PAIN MANAGEMENT	163,499	185,504	349,003	-1,530	347,473		347,473	90.03
90.05	09004	WOMENS CENTER								90.05
90.06	09005	DIABETES CENTER	144,610	10,907	155,517		155,517		155,517	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,359,728	7,266,210	8,625,938	-203,213	8,422,725		8,422,725	90.07
91	09100	Emergency	5,581,674	2,113,778	7,695,452	-1,078,558	6,616,894	-253,250	6,363,644	91
92	09200	Observation Beds (Non-Distinct Part)								92

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
93.01	04950	OCCUP HEALTH								93.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	1,283,217	253,526	1,536,743	5,348	1,542,091	-50	1,542,041	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	99,200,623	151,691,922	250,892,545	-1,196,340	249,696,205	-23,254,206	226,441,999	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	41,728	25	41,753		41,753		41,753	190
190.02	19002	COVENANT RETIREMENT HOME								190.02
190.05	19005	BOARD OF BENEVOLENCE								190.05
190.07	19007	DENTAL		104	104		104		104	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY								190.08
190.09	19009	OP PHARMACY	221,588	16,501	238,089		238,089		238,089	190.09
190.10	19010	PLAZA		155,673	155,673	-7,085	148,588		148,588	190.10
190.11	19011	G CAFETERIA								190.11
190.12	19012	G PHARMACY	332,796	27,222	360,018		360,018		360,018	190.12
190.13	19013	G SUITE								190.13
190.14	19014	OFFSITE CLINICS	26,942	2,652,252	2,679,194	1,203,425	3,882,619		3,882,619	190.14
191.01	19101	OCC HEALTH		2,652	2,652		2,652		2,652	191.01
200		TOTAL (sum of lines 118-199)	99,823,677	154,546,351	254,370,028		254,370,028	-23,254,206	231,115,822	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION	A	Cap Rel Costs-Bldg & Fixt	1		7,702,522	1
2			Cap Rel Costs-Mvble Equip	2		10,012,040	2
500	Total reclassifications					17,714,562	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		8,644,894	1
500	Total reclassifications					8,644,894	500
	Code Letter - B						
1	OB DEPT EXPENSES	C	Nursery	43	814,102	410,698	1
2			Delivery Room & Labor Room	52	1,690,122	852,632	2
3			SPECIAL CARE NURSERY	31.01	399,926	201,755	3
500	Total reclassifications				2,904,150	1,465,085	500
	Code Letter - C						
1	HOSPITAL USE OF PLAZA	D	Operation of Plant	7		28,021	1
500	Total reclassifications					28,021	500
	Code Letter - D						
1	NON HOSP BLDG DEPR	E	Home Health Agency	101		5,348	1
2			PLAZA	190.10		20,936	2
3			OFFSITE CLINICS	190.14		1,203,425	3
500	Total reclassifications					1,229,709	500
	Code Letter - E						
1	EMPLOYEE BENEFITS	G	Employee Benefits Department	4		12,274,000	1
500	Total reclassifications					12,274,000	500
	Code Letter - G						
1	COST OF DRUGS SOLD (AC730380)	H	Drugs Charged to Patients	73		4,337,763	1
500	Total reclassifications					4,337,763	500
	Code Letter - H						
1	COLLECTION FEES	K					1
500	Total reclassifications						500
	Code Letter - K						
1	PROPERTY INSURANCE	M	Cap Rel Costs-Bldg & Fixt	1		238,805	1
2			Cap Rel Costs-Mvble Equip	2		17,769	2
500	Total reclassifications					256,574	500
	Code Letter - M						
1	OUTPATIENT SURG RE OR CASES	N	Operating Room	50	204,331		1
500	Total reclassifications				204,331		500
	Code Letter - N						
1	CHARGEABLE MEDICAL SUPPLIES	O	Medical Supplies Charged to P	71		14,408,172	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
500	Total reclassifications					14,408,172	500

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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	
	Code Letter - O						
1	IMPLANTABLE DEVICES	P	Impl. Dev. Charged to Patient	72		7,088,949	1
2							2
3							3
4							4
5							5
500	Total reclassifications					7,088,949	500
	Code Letter - P						
1	SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	507,486	22,848	1
500	Total reclassifications				507,486	22,848	500
	Code Letter - R						
	GRAND TOTAL (Increases)				3,615,967	67,470,577	

(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	A	ADMINISTRATION & GENERAL	5.06		17,714,562	9	1	
2							9	2	
500	Total reclassifications					17,714,562		500	
	Code letter - A								
1	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		8,644,894	11	1	
500	Total reclassifications					8,644,894		500	
	Code letter - B								
1	OB DEPT EXPENSES	C	Adults & Pediatrics	30	2,904,150	1,465,085		1	
2								2	
3								3	
500	Total reclassifications				2,904,150	1,465,085		500	
	Code letter - C								
1	HOSPITAL USE OF PLAZA	D	PLAZA	190.10		28,021		1	
500	Total reclassifications					28,021		500	
	Code letter - D								
1	NON HOSP BLDG DEPR	E	Cap Rel Costs-Bldg & Fixt	1		1,229,709	9	1	
2								2	
3								3	
500	Total reclassifications					1,229,709		500	
	Code letter - E								
1	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		12,274,000		1	
500	Total reclassifications					12,274,000		500	
	Code letter - G								
1	COST OF DRUGS SOLD (AC730380)	H	Pharmacy	15		4,337,763		1	
500	Total reclassifications					4,337,763		500	
	Code letter - H								
1	COLLECTION FEES	K						1	
500	Total reclassifications							500	
	Code letter - K								
1	PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		256,574	12	1	
2							12	2	
500	Total reclassifications					256,574		500	
	Code letter - M								
1	OUTPATIENT SURG RE OR CASES	N	ASC (Non-Distinct Part)	75	204,331			1	
500	Total reclassifications				204,331			500	
	Code letter - N								
1	CHARGEABLE MEDICAL SUPPLIES	O						1	
2								2	
3								3	
4			Pharmacy	15		119,622		4	
5			Adults & Pediatrics	30		1,848,878		5	
6			Intensive Care Unit	31		431,758		6	
7			Subprovider - IPF	40		9,586		7	
8			Subprovider - IRF	41		50,576		8	
9			Nursery	43		20,003		9	
10								10	
11			Operating Room	50		5,847,126		11	
12			Anesthesiology	53		530,373		12	
13			Radiology-Diagnostic	54		55,884		13	
14			CANCER TREATMENT CENTER	54.02		5,393		14	
15			ULTRASOUND	54.03		51,681		15	
16			SPECIAL PROCEDURES	54.04		1,225,063		16	
17			CT Scan	57		93,623		17	
18			MRI	58		19,438		18	
19			Cardiac Catheterization	59		1,248,712		19	
20			Blood Storing, Processing & T	63		924,137		20	
21			Respiratory Therapy	65		123,700		21	
22			REHABILITATION MEDICINE	66.01		1,822		22	
23			Electrocardiology	69		47,828		23	
24			CARDIOLOGY	69.02		45,844		24	
25			ASC (Non-Distinct Part)	75		303,686		25	
26			WOUND CARE	90.02		120,138		26	
27			PAIN MANAGMENT	90.03		1,530		27	
28			EVANSTON INFUSION CENTER	90.07		203,213		28	
29			Emergency	91		1,078,558		29	

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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	
500	Total reclassifications					14,408,172	500	
	Code letter - O							
1	IMPLANTABLE DEVICES	P	Operating Room	50		5,668,856	1	
2			Cardiac Catheterization	59		1,412,182	2	
3			Medical Supplies Charged to P	71		5,118	3	
4			ASC (Non-Distinct Part)	75		2,634	4	
5			WOUND CARE	90.02		159	5	
500	Total reclassifications					7,088,949	500	
	Code letter - P							
1	SPECIAL CARE NURSERY	R	Nursery	43	507,486	22,848	1	
500	Total reclassifications				507,486	22,848	500	
	Code letter - R							
	GRAND TOTAL (Decreases)				3,615,967	67,470,577		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,960,138					7,960,138		1
2	Land Improvements	3,499,153	7,233		7,233		3,506,386		2
3	Buildings and Fixtures	285,701,970	12,023,731		12,023,731		297,725,701		3
4	Building Improvements								4
5	Fixed Equipment	44,530,263	71,377		71,377		44,601,640		5
6	Movable Equipment	130,142,291	2,492,898		2,492,898		132,635,189		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	471,833,815	14,595,239		14,595,239		486,429,054		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	471,833,815	14,595,239		14,595,239		486,429,054		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,178,019		2,855,978	238,805			9,272,802	1	
2	Cap Rel Costs-Mvble Equip	9,944,110			17,769			9,961,879	2	
3	Total (sum of lines 1-2)	16,122,129		2,855,978	256,574			19,234,681	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.	
				COST CENTER		LINE#		
				1	2	3		4
1	Investment income-buildings & fixtures (chapter 2)	B	-597,381	Cap Rel Costs-Bldg & Fixt		1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip		2		2
3	Investment income-other (chapter 2)							3
4	Trade, quantity, and time discounts (chapter 8)							4
5	Refunds and rebates of expenses (chapter 8)							5
6	Rental of provider space by suppliers (chapter 8)							6
7	Telephone services (pay stations excl) (chapter 21)	B	-56,056	NON-PATIENT PHONES		5.01		7
8	Television and radio service (chapter 21)	A	-57,206	Operation of Plant		7		8
9	Parking lot (chapter 21)	A	-179,809	ADMINISTRATION & GENERAL		5.06		9
10	Provider-based physician adjustment	Wkst A-8-2	-4,836,825					10
11	Sale of scrap, waste, etc. (chapter 23)							11
12	Related organization transactions (chapter 10)	Wkst A-8-1	734,446					12
13	Laundry and linen service							13
14	Cafeteria - employees and guests	B	-735,023	Cafeteria		11		14
15	Rental of quarters to employees & others							15
16	Sale of medical and surgical supplies to other than patients							16
17	Sale of drugs to other than patients							17
18	Sale of medical records and abstracts							18
19	Nursing school (tuition,fees,books,etc.)							19
20	Vending machines							20
21	Income from imposition of interest, finance or penalty charges (chapter 21)							21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments							22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy		65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy		66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF		114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt		1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip		2		27
28	Non-physician anesthetist			Nonphysician Anesthetists		19		28
29	Physicians' assistant							29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy		67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology		68		31
32	CAH HIT Adj for Depreciation							32
33	CHILD CARE REVENUE	B	-1,067,581	Employee Benefits Department		4		33
34								34
35	OTHER REVENUE	B	-103,640	Cardiac Catheterization		59		35
36	OTHER REVENUE	B	-105,625	PATIENT ACCOUNTS & CASHIERS		5.05		36
37	LCG DEV SVCS	A	-1,479,338	ADMINISTRATION & GENERAL		5.06		37
38								38
39								39
40	COST OF PHYSICIAN RECRUITMENT	A	-22,991	ADMINISTRATION & GENERAL		5.06		40
41								41
42	AMORT '81 CAPITAL INTEREST	A	-2,514	Cap Rel Costs-Bldg & Fixt		1	11	42
43								43
44	OTHER INCOME	B	-199,631	NON-PATIENT PHONES		5.01		44
44.01	OTHER INCOME	B	-1,785	Nursing Administration		13		44.01
44.03	OTHER INCOME	B	-1,100	Medical Records & Library		16		44.03
44.04	OTHER INCOME	B	-885,113	Operating Room		50		44.04
45	LOBBYIST FEES IHA AND AEH	A	-40,295	ADMINISTRATION & GENERAL		5.06		45
45.03	MARKETING FEES	A	-281,601	ADMINISTRATION & GENERAL		5.06		45.03
45.09	OTHER OPERATING INCOME	B	-50	Home Health Agency		101		45.09
45.10	OTHER OPERATING REVENUE	B	-23,049	REHABILITATION MEDICINE		66.01		45.10
45.20	PRIVATE DUTY NURSES	A	-446,487	Nursing Administration		13		45.20
45.21	PDN FRINGE BENEFITS	A	-81,905	Employee Benefits Department		4		45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	-216,290	ADMINISTRATION & GENERAL		5.06		45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	Cap Rel Costs-Bldg & Fixt		1	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-67,930	Cap Rel Costs-Mvble Equip		2	9	45.27
45.36	COURTESY CAR	A	-100,558	ADMINISTRATION & GENERAL		5.06		45.36
45.37	COURTESY CARE FBS	A	-906	Employee Benefits Department		4		45.37
45.42	DSR INCOME NETTED ON FS	A	303,833	Cap Rel Costs-Bldg & Fixt		1	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-1,497,472	Cap Rel Costs-Bldg & Fixt		1	11	45.43
45.44	NONALLOWABLE BORROWING	A	-3,995,382	Cap Rel Costs-Bldg & Fixt		1	11	45.44
45.45	LETTER OF CREDIT INTEREST	A	99,321	ADMINISTRATION & GENERAL		5.06		45.45
45.59	OTHER A&G INCOME	B	-5,478,397	ADMINISTRATION & GENERAL		5.06		45.59
45.60	OTHER PLANT OPS INCOME	B	-266,772	Operation of Plant		7		45.60
45.62	LAB OTHER INCOME	B	-76,281	Laboratory		60		45.62

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref. 5
				COST CENTER	LINE#		
		1	2	3	4		
45.64	PHYSICIAN MALPRACTICE	A	-307,821	ADMINISTRATION & GENERAL	5.06		45.64
45.65	OTHER INCOME	B	-1,202,254	I&R Services-Other Prgm Costs Apprvd	22		45.65
45.67	MSO DEPR	B	-107,213	Operation of Plant	7		45.67
45.70	OTHER INCOME	B	-9,200	Adults & Pediatrics	30		45.70
46							46
47	GOODWILL	A	434,469	ADMINISTRATION & GENERAL	5.06		47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-23,254,206				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	2,457,384	2,620,000	-162,616	1
2	5.06	ADMINISTRATION & GENERAL	LIFE CENTER RENTALS	1,009,662	483,457	526,205	2
3	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	532,632	180,720	351,912	3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	221,913	261,480	-39,567	3.01
3.02	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	88,560	30,048	58,512	3.02
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			4,310,151	3,575,705	734,446	5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1	2	3	4	5	6
6	B	COV MIN OF BENEV				6
7						7
8						8
9						9
10						10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GEN AGGREGATE	247,713	224,074	23,639	177,200	870	74,117	3,706	1
2										2
3	21	I&R Services-Salary AGGREGATE	1,187,337	1,067,287	120,050	177,200	1,248	106,320	5,316	3
4	22	I&R Services-Other P AGGREGATE	605,782	206,450	399,332	177,200	3,568	303,966	15,198	4
5	30	Adults & Pediatrics AGGREGATE	1,640,100	1,640,100						5
6	40	Subprovider - IPF AGGREGATE	26,900	26,900						6
7	43	Nursery AGGREGATE	573,192	573,192						7
8	50	Operating Room AGGREGATE	112,570	112,570						8
9	53	Anesthesiology AGGREGATE	260,583	260,583						9
10	54	Radiology-Diagnostic AGGREGATE	30,000	30,000						10
11	54.04	SPECIAL PROCEDURES AGGREGATE	26,040	26,040						11
12										12
13	54.02	CANCER TREATMENT CEN AGGREGATE	133,437	133,437						13
14										14
15	69	Electrocardiology AGGREGATE	86,481	86,481						15
16	69.02	CARDIOLOGY AGGREGATE	11,815	11,815						16
17										17
18	90.02	WOUND CARE AGGREGATE	40,550	40,550						18
19	91	Emergency AGGREGATE	253,250	253,250						19
20	60.01	PATHOLOGY AGGREGATE	35,000	35,000						20
23	4	Employee Benefits De AGGREGATE	17,697		17,697	177,200	690	58,783	2,939	23
200		TOTAL	5,288,447	4,727,729	560,718		6,376	543,186	27,159	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GEN AGGREGATE					74,117		224,074	1
2										2
3	21	I&R Services-Salary AGGREGATE					106,320	13,730	1,081,017	3
4	22	I&R Services-Other P AGGREGATE					303,966	95,366	301,816	4
5	30	Adults & Pediatrics AGGREGATE							1,640,100	5
6	40	Subprovider - IPF AGGREGATE							26,900	6
7	43	Nursery AGGREGATE							573,192	7
8	50	Operating Room AGGREGATE							112,570	8
9	53	Anesthesiology AGGREGATE							260,583	9
10	54	Radiology-Diagnostic AGGREGATE							30,000	10
11	54.04	SPECIAL PROCEDURES AGGREGATE							26,040	11
12										12
13	54.02	CANCER TREATMENT CEN AGGREGATE							133,437	13
14										14
15	69	Electrocardiology AGGREGATE							86,481	15
16	69.02	CARDIOLOGY AGGREGATE							11,815	16
17										17
18	90.02	WOUND CARE AGGREGATE							40,550	18
19	91	Emergency AGGREGATE							253,250	19
20	60.01	PATHOLOGY AGGREGATE							35,000	20
23	4	Employee Benefits De AGGREGATE					58,783			23
200		TOTAL					543,186	109,096	4,836,825	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	9,272,802	9,272,802					1
2	Cap Rel Costs-Mvble Equip	9,961,879		9,961,879				2
4	Employee Benefits Department	14,183,328	25,518	52,030	14,260,876			4
5.01	NON-PATIENT PHONES	322,562	13,258	4,224	33,673	373,717		5.01
5.03	PURCHASING	1,535,275	70,795	16,226	129,352	3,588	1,755,236	5.03
5.04	ADMITTING	2,098,557	42,846	32,532	269,406	7,175	930	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	3,227,894	31,046	6,743	227,337	24,516	697	5.05
5.06	ADMINISTRATION & GENERAL	39,012,588	4,641,256	1,615,052	1,914,609	60,390	20,254	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,106,245	918,723	2,414,647	299,145	16,145	20,667	7
8	Laundry & Linen Service	894,349	32,096	26,947		598		8
9	Housekeeping	2,592,952	71,358	4,621	275,597	2,392	8,777	9
10	Dietary	387,747	75,504	126,735	52,219	2,990		10
11	Cafeteria	2,438,002	133,438	8,910		2,990	80	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,045,084	34,233	501,196	174,433	9,567	1,497	13
14	Central Services & Supply							14
15	Pharmacy	3,034,182	43,473	138,755	298,346	5,382	749	15
16	Medical Records & Library	2,108,224	65,126	212,520	194,305	8,969	75	16
17	Social Service	628,779	26,337		78,484	5,979	103	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	3,022,822		171	392,009			21
22	I&R Services-Other Prgm Costs Apprvd	462,572	64,857	4,415	208,492	8,371	846	22
23	PARAMED ED PRGM-PHARMACY	452,087		2,472	60,695		76	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19,211,331	917,328	217,497	2,628,955	26,908		30
31	Intensive Care Unit	4,168,090	74,340	27,120	524,217	14,351	541	31
31.01	SPECIAL CARE NURSERY	1,132,015	15,024	6,774	132,037	4,784	5,441	31.01
40	Subprovider - IPF	1,280,107	134,334	6,095	172,638	6,577	259	40
41	Subprovider - IRF	1,298,742	67,928	11,615	173,500	2,392	277	41
43	Nursery	1,206,067	13,860	13,620	118,459	5,382	7,240	43
44	Skilled Nursing Facility	1,356,988	148,782	7,846	175,610	2,392	3,618	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,767,311	316,120	1,508,965	895,171	17,340	25,261	50
52	Delivery Room & Labor Room	2,542,754	20,335	29,781	245,928		17,628	52
53	Anesthesiology	217,043	18,812	53,114	27,429	1,794	529	53
54	Radiology-Diagnostic	4,925,275	193,227	952,029	488,534	20,330	4,459	54
54.02	CANCER TREATMENT CENTER	674,044	117,518	8,349	79,235	10,165		54.02
54.03	ULTRASOUND	1,502,443	3,123	115,500	202,092	2,392	166	54.03
54.04	SPECIAL PROCEDURES	793,286	12,132	7,966	79,563		9,049	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,322,467	14,986	392,403	100,055		110	57
58	MRI	644,433	7,998	216,434	51,434		18	58
59	Cardiac Catheterization	2,298,636	23,944	77,602	133,954	4,186	65,075	59
60	Laboratory	7,068,241	128,690	202,928	500,330	18,536	118,931	60
60.01	PATHOLOGY	1,300,530	25,927	39,608	103,560	1,196	25,111	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	492,055	5,823	2,285	36,104	1,794	11,873	63
65	Respiratory Therapy	1,757,403	18,326	47,682	215,847	2,392	1,434	65
66.01	REHABILITATION MEDICINE	5,896,506	76,119	80,666	700,574	10,763	1,618	66.01
69	Electrocardiology	848,630	13,808	68,596	81,830	2,392	2,837	69
69.02	CARDIOLOGY	2,420,816		171,813	239,098	4,186	388	69.02
71	Medical Supplies Charged to Patients	16,158,247	131,199	86,732	72,235	1,196	938,130	71
72	Impl. Dev. Charged to Patients	7,088,949					443,499	72
73	Drugs Charged to Patients	4,337,763						73
74	Renal Dialysis	852,675	4,326					74
75	ASC (Non-Distinct Part)	459,469	69,387	72,616	43,673	10,165	742	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	800,353	67,084	16,980	98,462		626	90.02
90.03	PAIN MANAGEMENT	347,473	70,194	1,005	23,791		179	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	155,517	10,136	619	21,042		18	90.06
90.07	EVANSTON INFUSION CENTER	8,422,725	25,825	17,010	197,853		456	90.07
91	Emergency	6,363,644	132,082	89,463	812,184	17,340	4,467	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,542,041	6,923	19,139	186,720	2,392	892	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	226,441,999	9,175,504	9,738,048	14,170,216	350,397	1,745,731	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	41,753	8,817		6,072	1,196	1	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL	104						190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	238,089	13,924		32,243	598	66	190.09
190.10	PLAZA	148,588	25,044	62		10,763		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	360,018	41,425	1,557	48,425	8,969		190.12
190.13	G SUITE			8,176				190.13
190.14	OFFSITE CLINICS	3,882,619		214,036	3,920		9,438	190.14
191.01	OCC HEALTH	2,652	8,088			1,794		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	231,115,822	9,272,802	9,961,879	14,260,876	373,717	1,755,236	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING	2,451,446						5.04
5.05	PATIENT ACCOUNTS & CASHIERS		3,518,233					5.05
5.06	ADMINISTRATION & GENERAL			47,264,149	47,264,149			5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,775,572	3,027,240	14,802,812		7
8	Laundry & Linen Service			953,990	245,250	134,616	1,333,856	8
9	Housekeeping			2,955,697	759,845	299,290	97,807	9
10	Dietary			645,205	165,868	316,680		10
11	Cafeteria			2,583,420	664,140	559,665		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,766,010	454,002	143,580		13
14	Central Services & Supply							14
15	Pharmacy			3,520,887	905,143	182,333		15
16	Medical Records & Library			2,589,219	665,631	273,150		16
17	Social Service			739,682	190,156	110,462		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,415,100	877,947			21
22	I&R Services-Other Prgm Costs Apprvd			749,553	192,694	272,023		22
23	PARAMED ED PRGM-PHARMACY			515,330	132,480			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	279,756	401,396	23,683,171	6,088,350	3,847,446	578,198	30
31	Intensive Care Unit	38,027	54,561	4,901,247	1,260,003	311,796	110,238	31
31.01	SPECIAL CARE NURSERY	7,136	10,239	1,313,450	337,659	63,014		31.01
40	Subprovider - IPF	21,298	30,558	1,651,866	424,658	563,422		40
41	Subprovider - IRF	21,084	30,252	1,605,790	412,813	284,905		41
43	Nursery	12,928	18,550	1,396,106	358,908	58,130		43
44	Skilled Nursing Facility	11,579	16,614	1,723,429	443,056	624,021		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	238,884	342,753	14,111,805	3,627,835	1,325,870	53,468	50
52	Delivery Room & Labor Room	31,990	45,900	2,934,316	754,348	85,289	107,818	52
53	Anesthesiology	67,758	97,220	483,699	124,348	78,902		53
54	Radiology-Diagnostic	130,152	186,744	6,900,750	1,774,031	810,433	32,453	54
54.02	CANCER TREATMENT CENTER	17,672	25,356	932,339	239,684	492,894		54.02
54.03	ULTRASOUND	46,376	66,540	1,938,632	498,380	13,097		54.03
54.04	SPECIAL PROCEDURES	11,643	16,706	930,345	239,171	50,884		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	180,541	259,041	2,269,603	583,465	62,853		57
58	MRI	62,344	89,451	1,072,112	275,616	33,547		58
59	Cardiac Catheterization	75,470	108,285	2,787,152	716,515	100,425		59
60	Laboratory	357,228	513,430	8,908,314	2,290,132	539,752		60
60.01	PATHOLOGY	19,562	28,068	1,543,562	396,816	108,745		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,061	34,523	608,518	156,437	24,422		63
65	Respiratory Therapy	54,659	78,426	2,176,169	559,445	76,862		65
66.01	REHABILITATION MEDICINE	53,837	77,246	6,897,329	1,773,152	319,257		66.01
69	Electrocardiology	37,761	54,180	1,110,034	285,365	57,915		69
69.02	CARDIOLOGY	54,427	78,092	2,968,820	763,218			69.02
71	Medical Supplies Charged to Patients	132,515	190,133	17,710,387	4,552,951	550,272		71
72	Impl. Dev. Charged to Patients	46,883	67,269	7,646,600	1,965,773			72
73	Drugs Charged to Patients	121,856	174,839	4,634,458	1,191,417			73
74	Renal Dialysis	17,015	24,414	898,430	230,967	18,142		74
75	ASC (Non-Distinct Part)	13,291	19,070	688,413	176,976	291,024		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	16,593	23,807	1,023,905	263,223	281,362		90.02
90.03	PAIN MANAGMENT	4,440	6,371	453,453	116,573	294,405		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	329	472	188,133	48,365	42,510		90.06
90.07	EVANSTON INFUSION CENTER	98,123	140,788	8,902,780	2,288,709	108,315		90.07
91	Emergency	140,285	201,282	7,760,747	1,995,117	553,976	353,874	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,943	5,657	1,767,707	454,439	29,038		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,451,446	3,518,233	225,997,385	45,948,311	14,394,724	1,333,856	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			57,839	14,869	36,982		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL			104	27			190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			284,920	73,247	58,398		190.09
190.10	PLAZA			184,457	47,420	105,041		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			460,394	118,357	173,745		190.12
190.13	G SUITE			8,176	2,102			190.13
190.14	OFFSITE CLINICS			4,110,013	1,056,594			190.14
191.01	OCC HEALTH			12,534	3,222	33,922		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,451,446	3,518,233	231,115,822	47,264,149	14,802,812	1,333,856	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	4,112,639						9
10	Dietary	49,463	1,177,216					10
11	Cafeteria	87,419		3,894,644				11
12	Maintenance of Personnel							12
13	Nursing Administration	22,429		76,269	2,462,290			13
14	Central Services & Supply							14
15	Pharmacy	28,480		80,705		4,717,548		15
16	Medical Records & Library	42,666		80,804			3,651,470	16
17	Social Service	17,252		26,978				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			166,602				21
22	I&R Services-Other Prgm Costs Apprvd	42,487		41,568				22
23	PARAMED ED PRGM-PHARMACY			19,026				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,985,212	830,108	994,980	978,782	391	416,658	30
31	Intensive Care Unit	161,950	62,010	126,808	124,750	6	56,636	31
31.01	SPECIAL CARE NURSERY	32,731	2,642	41,207	40,535		10,628	31.01
40	Subprovider - IPF	292,648	81,540	59,477	58,509		31,720	40
41	Subprovider - IRF	147,983	82,778	64,538	63,479		31,402	41
43	Nursery	2,819	7,533	39,991	39,349		19,255	43
44	Skilled Nursing Facility	324,120	110,605	67,627	66,519	57	17,245	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	207,095		304,353	299,411	371	355,785	50
52	Delivery Room & Labor Room	13,320		83,038	81,691		47,645	52
53	Anesthesiology	12,321		16,956	16,675	1,026	100,916	53
54	Radiology-Diagnostic	130,552		181,455	178,511	192,629	193,844	54
54.02	CANCER TREATMENT CENTER	76,990		17,219	16,948	16,204	26,321	54.02
54.03	ULTRASOUND	2,046		55,435		1,669	69,070	54.03
54.04	SPECIAL PROCEDURES	7,950		24,218		160	17,341	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			30,396		292	268,891	57
58	MRI			15,214			92,852	58
59	Cardiac Catheterization	15,686		36,212	35,606		112,402	59
60	Laboratory	84,307		252,565		3	532,421	60
60.01	PATHOLOGY	16,985		35,062			29,135	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,812		11,534			35,835	63
65	Respiratory Therapy	12,008		77,780		831	81,408	65
66.01	REHABILITATION MEDICINE	49,870		214,250		8	80,183	66.01
69	Electrocardiology	9,049		27,866			56,240	69
69.02	CARDIOLOGY			75,349	74,121	128	81,061	69.02
71	Medical Supplies Charged to Patients			41,897		179	197,362	71
72	Impl. Dev. Charged to Patients						69,826	72
73	Drugs Charged to Patients					1,749,402	181,487	73
74	Renal Dialysis						25,342	74
75	ASC (Non-Distinct Part)	45,458		18,796	18,496	73	19,795	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	43,946		36,081	35,502	3,208	24,712	90.02
90.03	PAIN MANAGMENT	45,985		13,144		16,277	6,613	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			6,276			490	90.06
90.07	EVANSTON INFUSION CENTER			62,205		2,734,087	146,141	90.07
91	Emergency	86,526		289,434	284,709	350	208,936	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			49,488	48,697	197	5,872	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,101,565	1,177,216	3,862,803	2,462,290	4,717,548	3,651,470	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,777		1,084				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			10,384				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			16,430				190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			3,943				190.14
191.01	OCC HEALTH	5,297						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,112,639	1,177,216	3,894,644	2,462,290	4,717,548	3,651,470	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	1,084,530						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		4,459,649					21
22	I&R Services-Other Prgm Costs Apprvd			1,298,325				22
23	PARAMED ED PRGM-PHARMACY				666,836			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	700,420	3,015,469	877,885	450,893	44,447,963	-3,893,354	30
31	Intensive Care Unit	9,388	377,458	109,888	56,440	7,668,618	-487,346	31
31.01	SPECIAL CARE NURSERY	3,390				1,845,256		31.01
40	Subprovider - IPF	94,658				3,258,498		40
41	Subprovider - IRF	88,139				2,781,827		41
43	Nursery	3,390				1,925,481		43
44	Skilled Nursing Facility	85,271				3,461,950		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		571,153	166,278	85,403	21,108,827	-737,431	50
52	Delivery Room & Labor Room		329,034	95,791	49,199	4,581,489	-424,825	52
53	Anesthesiology					834,843		53
54	Radiology-Diagnostic					10,394,658		54
54.02	CANCER TREATMENT CENTER					1,818,599		54.02
54.03	ULTRASOUND					2,578,329		54.03
54.04	SPECIAL PROCEDURES					1,270,069		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					3,215,500		57
58	MRI					1,489,341		58
59	Cardiac Catheterization					3,803,998		59
60	Laboratory					12,607,494		60
60.01	PATHOLOGY					2,130,305		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					840,558		63
65	Respiratory Therapy					2,984,503		65
66.01	REHABILITATION MEDICINE					9,334,049		66.01
69	Electrocardiology					1,546,469		69
69.02	CARDIOLOGY					3,962,697		69.02
71	Medical Supplies Charged to Patients					23,053,048		71
72	Impl. Dev. Charged to Patients					9,682,199		72
73	Drugs Charged to Patients					7,756,764		73
74	Renal Dialysis					1,172,881		74
75	ASC (Non-Distinct Part)					1,259,031		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE					1,711,939		90.02
90.03	PAIN MANAGMENT					946,450		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					285,774		90.06
90.07	EVANSTON INFUSION CENTER					14,242,237		90.07
91	Emergency	2,347	166,535	48,483	24,901	11,775,935	-215,018	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	97,527				2,452,965		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,084,530	4,459,649	1,298,325	666,836	224,230,544	-5,757,974	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					116,551		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL					131		190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					426,949		190.09
190.10	PLAZA					336,918		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					768,926		190.12
190.13	G SUITE					10,278		190.13
190.14	OFFSITE CLINICS					5,170,550		190.14
191.01	OCC HEALTH					54,975		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,084,530	4,459,649	1,298,325	666,836	231,115,822	-5,757,974	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	40,554,609					30
31	Intensive Care Unit	7,181,272					31
31.01	SPECIAL CARE NURSERY	1,845,256					31.01
40	Subprovider - IPF	3,258,498					40
41	Subprovider - IRF	2,781,827					41
43	Nursery	1,925,481					43
44	Skilled Nursing Facility	3,461,950					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	20,371,396					50
52	Delivery Room & Labor Room	4,156,664					52
53	Anesthesiology	834,843					53
54	Radiology-Diagnostic	10,394,658					54
54.02	CANCER TREATMENT CENTER	1,818,599					54.02
54.03	ULTRASOUND	2,578,329					54.03
54.04	SPECIAL PROCEDURES	1,270,069					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	3,215,500					57
58	MRI	1,489,341					58
59	Cardiac Catheterization	3,803,998					59
60	Laboratory	12,607,494					60
60.01	PATHOLOGY	2,130,305					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	840,558					63
65	Respiratory Therapy	2,984,503					65
66.01	REHABILITATION MEDICINE	9,334,049					66.01
69	Electrocardiology	1,546,469					69
69.02	CARDIOLOGY	3,962,697					69.02
71	Medical Supplies Charged to Patients	23,053,048					71
72	Impl. Dev. Charged to Patients	9,682,199					72
73	Drugs Charged to Patients	7,756,764					73
74	Renal Dialysis	1,172,881					74
75	ASC (Non-Distinct Part)	1,259,031					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,711,939					90.02
90.03	PAIN MANAGMENT	946,450					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	285,774					90.06
90.07	EVANSTON INFUSION CENTER	14,242,237					90.07
91	Emergency	11,560,917					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	2,452,965					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	218,472,570					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	116,551					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL	131					190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	426,949					190.09
190.10	PLAZA	336,918					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	768,926					190.12
190.13	G SUITE	10,278					190.13
190.14	OFFSITE CLINICS	5,170,550					190.14
191.01	OCC HEALTH	54,975					191.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	225,357,848					202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	15,844	25,518	52,030	93,392	93,392		4
5.01	NON-PATIENT PHONES	50,322	13,258	4,224	67,804	221	68,025	5.01
5.03	PURCHASING	-8,176	70,795	16,226	78,845	847	653	5.03
5.04	ADMITTING	11,597	42,846	32,532	86,975	1,764	1,306	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	11,548	31,046	6,743	49,337	1,489	4,462	5.05
5.06	ADMINISTRATION & GENERAL	237,925	4,641,256	1,615,052	6,494,233	12,540	10,993	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,328	918,723	2,414,647	3,341,698	1,959	2,939	7
8	Laundry & Linen Service	34	32,096	26,947	59,077		109	8
9	Housekeeping	118	71,358	4,621	76,097	1,805	435	9
10	Dietary		75,504	126,735	202,239	342	544	10
11	Cafeteria	6,245	133,438	8,910	148,593		544	11
12	Maintenance of Personnel							12
13	Nursing Administration	25,457	34,233	501,196	560,886	1,142	1,741	13
14	Central Services & Supply							14
15	Pharmacy	3,403	43,473	138,755	185,631	1,954	980	15
16	Medical Records & Library	4,030	65,126	212,520	281,676	1,273	1,633	16
17	Social Service	15	26,337		26,352	514	1,088	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	105		171	276	2,567		21
22	I&R Services-Other Prgm Costs Apprvd	2,491	64,857	4,415	71,763	1,366	1,524	22
23	PARAMED ED PRGM-PHARMACY			2,472	2,472	398		23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	35,850	917,328	217,497	1,170,675	17,208	4,898	30
31	Intensive Care Unit	988	74,340	27,120	102,448	3,433	2,612	31
31.01	SPECIAL CARE NURSERY	373	15,024	6,774	22,171	865	871	31.01
40	Subprovider - IPF	1,408	134,334	6,095	141,837	1,131	1,197	40
41	Subprovider - IRF	656	67,928	11,615	80,199	1,136	435	41
43	Nursery		13,860	13,620	27,480	776	980	43
44	Skilled Nursing Facility	3,459	148,782	7,846	160,087	1,150	435	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	71,197	316,120	1,508,965	1,896,282	5,863	3,156	50
52	Delivery Room & Labor Room		20,335	29,781	50,116	1,611		52
53	Anesthesiology	1,900	18,812	53,114	73,826	180	327	53
54	Radiology-Diagnostic	9,403	193,227	952,029	1,154,659	3,200	3,701	54
54.02	CANCER TREATMENT CENTER	960	117,518	8,349	126,827	519	1,850	54.02
54.03	ULTRASOUND	1,169	3,123	115,500	119,792	1,324	435	54.03
54.04	SPECIAL PROCEDURES	424	12,132	7,966	20,522	521		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	99,120	14,986	392,403	506,509	655		57
58	MRI	704	7,998	216,434	225,136	337		58
59	Cardiac Catheterization	5,912	23,944	77,602	107,458	877	762	59
60	Laboratory	10,058	128,690	202,928	341,676	3,277	3,374	60
60.01	PATHOLOGY	2,448	25,927	39,608	67,983	678	218	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	603	5,823	2,285	8,711	236	327	63
65	Respiratory Therapy	47,139	18,326	47,682	113,147	1,414	435	65
66.01	REHABILITATION MEDICINE	203,514	76,119	80,666	360,299	4,588	1,959	66.01
69	Electrocardiology	24,768	13,808	68,596	107,172	536	435	69
69.02	CARDIOLOGY	119,343		171,813	291,156	1,566	762	69.02
71	Medical Supplies Charged to Patients	102,805	131,199	86,732	320,736	473	218	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	15	4,326		4,341			74
75	ASC (Non-Distinct Part)	240	69,387	72,616	142,243	286	1,850	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	1,995	67,084	16,980	86,059	645		90.02
90.03	PAIN MANAGMENT	3,877	70,194	1,005	75,076	156		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		10,136	619	10,755	138		90.06
90.07	EVANSTON INFUSION CENTER	4,070	25,825	17,010	46,905	1,296		90.07
91	Emergency	13,730	132,082	89,463	235,275	5,319	3,156	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	1	2	2A	4	5.01	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,209	6,923	19,139	29,271	1,223	435	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,140,623	9,175,504	9,738,048	20,054,175	92,798	63,779	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,817		8,817	40	218	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY		13,924		13,924	211	109	190.09
190.10	PLAZA		25,044	62	25,106		1,959	190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		41,425	1,557	42,982	317	1,633	190.12
190.13	G SUITE			8,176	8,176			190.13
190.14	OFFSITE CLINICS	3,355		214,036	217,391	26		190.14
191.01	OCC HEALTH		8,088		8,088		327	191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,143,978	9,272,802	9,961,879	20,378,659	93,392	68,025	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING	80,345						5.03
5.04	ADMITTING	43	90,088					5.04
5.05	PATIENT ACCOUNTS & CASHIERS	32		55,320				5.05
5.06	ADMINISTRATION & GENERAL	927			6,518,693			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	946			417,515	3,765,057		7
8	Laundry & Linen Service				33,825	34,239	127,250	8
9	Housekeeping	402			104,797	76,124	9,331	9
10	Dietary				22,876	80,547		10
11	Cafeteria	4			91,598	142,349		11
12	Maintenance of Personnel							12
13	Nursing Administration	69			62,616	36,519		13
14	Central Services & Supply							14
15	Pharmacy	34			124,837	46,376		15
16	Medical Records & Library	3			91,803	69,475		16
17	Social Service	5			26,226	28,096		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4			121,086			21
22	I&R Services-Other Prgm Costs Apprvd	39			26,576	69,188		22
23	PARAMED ED PRGM-PHARMACY	3			18,272			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		10,226	6,258	839,757	978,591	55,159	30
31	Intensive Care Unit	25	1,390	851	173,779	79,304	10,517	31
31.01	SPECIAL CARE NURSERY	249	261	160	46,570	16,027		31.01
40	Subprovider - IPF	12	778	476	58,569	143,305		40
41	Subprovider - IRF	13	771	472	56,935	72,465		41
43	Nursery	331	473	289	49,500	14,785		43
44	Skilled Nursing Facility	166	423	259	61,106	158,718		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,156	8,732	5,343	500,348	337,232	5,101	50
52	Delivery Room & Labor Room	807	1,169	716	104,039	21,693	10,286	52
53	Anesthesiology	24	2,477	1,516	17,150	20,068		53
54	Radiology-Diagnostic	204	4,757	2,911	244,673	206,132	3,096	54
54.02	CANCER TREATMENT CENTER		646	395	33,057	125,366		54.02
54.03	ULTRASOUND	8	1,695	1,037	68,736	3,331		54.03
54.04	SPECIAL PROCEDURES	414	426	260	32,986	12,942		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	5	6,599	4,038	80,471	15,986		57
58	MRI	1	2,279	1,394	38,013	8,532		58
59	Cardiac Catheterization	2,979	2,759	1,688	98,821	25,543		59
60	Laboratory	5,445	13,539	8,477	315,853	137,284		60
60.01	PATHOLOGY	1,150	715	438	54,729	27,659		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	544	879	538	21,576	6,212		63
65	Respiratory Therapy	66	1,998	1,223	77,158	19,550		65
66.01	REHABILITATION MEDICINE	74	1,968	1,204	244,552	81,202		66.01
69	Electrocardiology	130	1,380	845	39,357	14,731		69
69.02	CARDIOLOGY	18	1,989	1,217	105,262			69.02
71	Medical Supplies Charged to Patients	42,936	4,844	2,964	627,939	139,960		71
72	Impl. Dev. Charged to Patients	20,303	1,714	1,049	271,118			72
73	Drugs Charged to Patients		4,454	2,726	164,319			73
74	Renal Dialysis		622	381	31,855	4,614		74
75	ASC (Non-Distinct Part)	34	486	297	24,408	74,021		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	29	606	371	36,304	71,564		90.02
90.03	PAIN MANAGMENT	8	162	99	16,078	74,881		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1	12	7	6,670	10,812		90.06
90.07	EVANSTON INFUSION CENTER	21	3,587	2,195	315,657	27,550		90.07
91	Emergency	205	5,128	3,138	275,165	140,902	33,760	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.03	5.04	5.05	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	41	144	88	62,676	7,386		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	79,910	90,088	55,320	6,337,213	3,661,261	127,250	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				2,051	9,406		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL				4			190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	3			10,102	14,853		190.09
190.10	PLAZA				6,540	26,717		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY				16,324	44,192		190.12
190.13	G SUITE				290			190.13
190.14	OFFSITE CLINICS	432			145,725			190.14
191.01	OCC HEALTH				444	8,628		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	80,345	90,088	55,320	6,518,693	3,765,057	127,250	202

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	268,991						9
10	Dietary	3,235	309,783					10
11	Cafeteria	5,718		388,806				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,467		7,614	672,054			13
14	Central Services & Supply							14
15	Pharmacy	1,863		8,057		369,732		15
16	Medical Records & Library	2,791		8,067			456,721	16
17	Social Service	1,128		2,693				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			16,632				21
22	I&R Services-Other Prgm Costs Apprvd	2,779		4,150				22
23	PARAMED ED PRGM-PHARMACY			1,899				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	129,846	218,442	99,330	267,147	31	52,044	30
31	Intensive Care Unit	10,592	16,318	12,659	34,049		7,074	31
31.01	SPECIAL CARE NURSERY	2,141	695	4,114	11,064		1,328	31.01
40	Subprovider - IPF	19,141	21,457	5,938	15,969		3,962	40
41	Subprovider - IRF	9,679	21,783	6,443	17,326		3,922	41
43	Nursery	184	1,982	3,992	10,740		2,405	43
44	Skilled Nursing Facility	21,199	29,106	6,751	18,156	4	2,154	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,545		30,384	81,721	29	44,441	50
52	Delivery Room & Labor Room	871		8,290	22,297		5,951	52
53	Anesthesiology	806		1,693	4,551	80	12,605	53
54	Radiology-Diagnostic	8,539		18,115	48,723	15,097	24,213	54
54.02	CANCER TREATMENT CENTER	5,036		1,719	4,626	1,270	3,288	54.02
54.03	ULTRASOUND	134		5,534		131	8,627	54.03
54.04	SPECIAL PROCEDURES	520		2,418		13	2,166	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			3,034		23	33,587	57
58	MRI			1,519			11,598	58
59	Cardiac Catheterization	1,026		3,615	9,718		14,040	59
60	Laboratory	5,514		25,214			67,126	60
60.01	PATHOLOGY	1,111		3,500			3,639	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	249		1,151			4,476	63
65	Respiratory Therapy	785		7,765		65	10,168	65
66.01	REHABILITATION MEDICINE	3,262		21,389		1	10,016	66.01
69	Electrocardiology	592		2,782			7,025	69
69.02	CARDIOLOGY			7,522	20,230	10	10,125	69.02
71	Medical Supplies Charged to Patients			4,183		14	24,652	71
72	Impl. Dev. Charged to Patients						8,722	72
73	Drugs Charged to Patients					137,108	22,669	73
74	Renal Dialysis						3,165	74
75	ASC (Non-Distinct Part)	2,973		1,876	5,048	6	2,473	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	2,874		3,602	9,690	251	3,087	90.02
90.03	PAIN MANAGMENT	3,008		1,312		1,276	826	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			627			61	90.06
90.07	EVANSTON INFUSION CENTER			6,210		214,281	18,254	90.07
91	Emergency	5,659		28,894	77,708	27	26,098	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			4,940	13,291	15	734	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	268,267	309,783	385,627	672,054	369,732	456,721	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	378		108				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			1,037				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			1,640				190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			394				190.14
191.01	OCC HEALTH	346						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	268,991	309,783	388,806	672,054	369,732	456,721	202

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	86,102						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		140,565					21
22	I&R Services-Other Prgm Costs Apprvd			177,385				22
23	PARAMED ED PRGM-PHARMACY				23,044			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,608				3,905,220		30
31	Intensive Care Unit	745				455,796		31
31.01	SPECIAL CARE NURSERY	269				106,785		31.01
40	Subprovider - IPF	7,515				421,287		40
41	Subprovider - IRF	6,997				278,576		41
43	Nursery	269				114,186		43
44	Skilled Nursing Facility	6,770				466,484		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					2,933,333		50
52	Delivery Room & Labor Room					227,846		52
53	Anesthesiology					135,303		53
54	Radiology-Diagnostic					1,738,020		54
54.02	CANCER TREATMENT CENTER					304,599		54.02
54.03	ULTRASOUND					210,784		54.03
54.04	SPECIAL PROCEDURES					73,188		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					650,907		57
58	MRI					288,809		58
59	Cardiac Catheterization					269,286		59
60	Laboratory					926,779		60
60.01	PATHOLOGY					161,820		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					44,899		63
65	Respiratory Therapy					233,774		65
66.01	REHABILITATION MEDICINE					730,514		66.01
69	Electrocardiology					174,985		69
69.02	CARDIOLOGY					439,857		69.02
71	Medical Supplies Charged to Patients					1,168,919		71
72	Impl. Dev. Charged to Patients					302,906		72
73	Drugs Charged to Patients					331,276		73
74	Renal Dialysis					44,978		74
75	ASC (Non-Distinct Part)					256,001		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE					215,082		90.02
90.03	PAIN MANAGMENT					172,882		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					29,083		90.06
90.07	EVANSTON INFUSION CENTER					635,956		90.07
91	Emergency	186				840,620		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	7,743				127,987		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	86,102				19,418,727		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					21,018		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL					4		190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					40,239		190.09
190.10	PLAZA					60,322		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					107,088		190.12
190.13	G SUITE					8,466		190.13
190.14	OFFSITE CLINICS					363,968		190.14
191.01	OCC HEALTH					17,833		191.01
200	Cross Foot Adjustments		140,565	177,385	23,044	340,994		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	86,102	140,565	177,385	23,044	20,378,659		202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	3,905,220					30
31	Intensive Care Unit	455,796					31
31.01	SPECIAL CARE NURSERY	106,785					31.01
40	Subprovider - IPF	421,287					40
41	Subprovider - IRF	278,576					41
43	Nursery	114,186					43
44	Skilled Nursing Facility	466,484					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333					50
52	Delivery Room & Labor Room	227,846					52
53	Anesthesiology	135,303					53
54	Radiology-Diagnostic	1,738,020					54
54.02	CANCER TREATMENT CENTER	304,599					54.02
54.03	ULTRASOUND	210,784					54.03
54.04	SPECIAL PROCEDURES	73,188					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907					57
58	MRI	288,809					58
59	Cardiac Catheterization	269,286					59
60	Laboratory	926,779					60
60.01	PATHOLOGY	161,820					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	44,899					63
65	Respiratory Therapy	233,774					65
66.01	REHABILITATION MEDICINE	730,514					66.01
69	Electrocardiology	174,985					69
69.02	CARDIOLOGY	439,857					69.02
71	Medical Supplies Charged to Patients	1,168,919					71
72	Impl. Dev. Charged to Patients	302,906					72
73	Drugs Charged to Patients	331,276					73
74	Renal Dialysis	44,978					74
75	ASC (Non-Distinct Part)	256,001					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082					90.02
90.03	PAIN MANAGMENT	172,882					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083					90.06
90.07	EVANSTON INFUSION CENTER	635,956					90.07
91	Emergency	840,620					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	127,987					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	19,418,727					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	21,018					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL	4					190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	40,239					190.09
190.10	PLAZA	60,322					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	107,088					190.12
190.13	G SUITE	8,466					190.13
190.14	OFFSITE CLINICS	363,968					190.14
191.01	OCC HEALTH	17,833					191.01
200	Cross Foot Adjustments	340,994					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	20,378,659					202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS		NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	724,587						1
2	Cap Rel Costs-Mvble Equip		10,012,043					2
4	Employee Benefits Department	1,994	52,292	98,006,841				4
5.01	NON-PATIENT PHONES	1,036	4,245	231,416	625			5.01
5.03	PURCHASING	5,532	16,308	888,961	6	28,056,112		5.03
5.04	ADMITTING	3,348	32,696	1,851,474	12	14,861	1,337,652,263	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,426	6,777	1,562,360	41	11,134		5.05
5.06	ADMINISTRATION & GENERAL	362,673	1,623,184	13,158,010	101	323,738		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	71,790	2,426,807	2,055,852	27	330,349		7
8	Laundry & Linen Service	2,508	27,083		1	6		8
9	Housekeeping	5,576	4,644	1,894,017	4	140,296		9
10	Dietary	5,900	127,373	358,871	5	159		10
11	Cafeteria	10,427	8,955		5	1,284		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,675	503,720	1,198,779	16	23,921		13
14	Central Services & Supply							14
15	Pharmacy	3,397	139,454	2,050,361	9	11,968		15
16	Medical Records & Library	5,089	213,590	1,335,348	15	1,196		16
17	Social Service	2,058		539,379	10	1,639		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		172	2,694,052		1,565		21
22	I&R Services-Other Prgm Costs Apprvd	5,068	4,437	1,432,845	14	13,527		22
23	PARAMED ED PRGM-PHARMACY		2,484	417,121		1,210		23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	71,681	218,592	18,067,313	45		152,622,095	30
31	Intensive Care Unit	5,809	27,257	3,602,643	24	8,643	20,745,741	31
31.01	SPECIAL CARE NURSERY	1,174	6,808	907,412	8	86,977	3,893,175	31.01
40	Subprovider - IPF	10,497	6,126	1,186,443	11	4,141	11,619,189	40
41	Subprovider - IRF	5,308	11,673	1,192,367	4	4,427	11,502,615	41
43	Nursery	1,083	13,689	814,102	9	115,731	7,053,058	43
44	Skilled Nursing Facility	11,626	7,886	1,206,864	4	57,826	6,317,029	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	24,702	1,516,563	6,151,997	29	403,781	130,324,191	50
52	Delivery Room & Labor Room	1,589	29,931	1,690,122		281,769	17,452,466	52
53	Anesthesiology	1,470	53,381	188,507	3	8,461	36,965,664	53
54	Radiology-Diagnostic	15,099	956,823	3,357,415	34	71,277	71,005,146	54
54.02	CANCER TREATMENT CENTER	9,183	8,391	544,540	17		9,641,237	54.02
54.03	ULTRASOUND	244	116,082	1,388,862	4	2,649	25,300,420	54.03
54.04	SPECIAL PROCEDURES	948	8,006	546,792		144,646	6,351,986	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,171	394,379	687,619		1,764	98,494,747	57
58	MRI	625	217,524	353,479		292	34,011,886	58
59	Cardiac Catheterization	1,871	77,993	920,590	7	1,040,169	41,172,943	59
60	Laboratory	10,056	203,950	3,438,479	31	1,901,014	195,142,076	60
60.01	PATHOLOGY	2,026	39,807	711,710	2	401,376	10,672,256	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	455	2,297	248,124	3	189,777	13,126,503	63
65	Respiratory Therapy	1,432	47,922	1,483,393	4	22,921	29,819,639	65
66.01	REHABILITATION MEDICINE	5,948	81,072	4,814,642	18	25,860	29,371,000	66.01
69	Electrocardiology	1,079	68,941	562,374	4	45,355	20,600,812	69
69.02	CARDIOLOGY		172,678	1,643,183	7	6,206	29,692,773	69.02
71	Medical Supplies Charged to Patients	10,252	87,169	496,428	2	14,995,355	72,293,933	71
72	Impl. Dev. Charged to Patients					7,088,949	25,577,423	72
73	Drugs Charged to Patients						66,478,775	73
74	Renal Dialysis	338					9,282,790	74
75	ASC (Non-Distinct Part)	5,422	72,982	300,140	17	11,854	7,250,849	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	5,242	17,066	676,673		10,009	9,052,169	90.02
90.03	PAIN MANAGMENT	5,485	1,010	163,499		2,869	2,422,370	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	792	622	144,610		288	179,422	90.06
90.07	EVANSTON INFUSION CENTER	2,018	17,096	1,359,728		7,287	53,531,612	90.07
91	Emergency	10,321	89,913	5,581,674	29	71,408	76,533,205	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	541	19,235	1,283,217	4	14,252	2,151,068	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	716,984	9,787,085	97,383,787	586	27,904,186	1,337,652,263	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	689		41,728	2	8		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL					5		190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	1,088		221,588	1	1,057		190.09
190.10	PLAZA	1,957	62		18			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	3,237	1,565	332,796	15			190.12
190.13	G SUITE		8,217					190.13
190.14	OFFSITE CLINICS		215,114	26,942		150,856		190.14
191.01	OCC HEALTH	632			3			191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	9,272,802	9,961,879	14,260,876	373,717	1,755,236	2,451,446	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.797362	0.994990	0.145509	597.947200	0.062562	0.001833	203
204	Cost to be allocated (Per Wkst. B, Part II)			93,392	68,025	80,345	90,088	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000953	108.840000	0.002864	0.000067	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS-CASHIERS GROSS REVENUE	RECONCILIATION	OTHER ADMINISTRATION & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS	1,337,652,263						5.05
5.06	ADMINISTRATION & GENERAL		-47,264,149	183,851,673				5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,775,572	275,788			7
8	Laundry & Linen Service			953,990	2,508	1,018,576		8
9	Housekeeping			2,955,697	5,576	74,689	617,188	9
10	Dietary			645,205	5,900		7,423	10
11	Cafeteria			2,583,420	10,427		13,119	11
12	Maintenance of Personnel							12
13	Nursing Administration			1,766,010	2,675		3,366	13
14	Central Services & Supply							14
15	Pharmacy			3,520,887	3,397		4,274	15
16	Medical Records & Library			2,589,219	5,089		6,403	16
17	Social Service			739,682	2,058		2,589	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,415,100				21
22	I&R Services-Other Prgm Costs Apprvd			749,553	5,068		6,376	22
23	PARAMED ED PRGM-PHARMACY			515,330				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	152,622,095		23,683,171	71,681	441,531	297,923	30
31	Intensive Care Unit	20,745,741		4,901,247	5,809	84,181	24,304	31
31.01	SPECIAL CARE NURSERY	3,893,175		1,313,450	1,174		4,912	31.01
40	Subprovider - IPF	11,619,189		1,651,866	10,497		43,918	40
41	Subprovider - IRF	11,502,615		1,605,790	5,308		22,208	41
43	Nursery	7,053,058		1,396,106	1,083		423	43
44	Skilled Nursing Facility	6,317,029		1,723,429	11,626		48,641	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	130,324,191		14,111,805	24,702	40,830	31,079	50
52	Delivery Room & Labor Room	17,452,466		2,934,316	1,589	82,333	1,999	52
53	Anesthesiology	36,965,664		483,699	1,470		1,849	53
54	Radiology-Diagnostic	71,005,146		6,900,750	15,099	24,782	19,592	54
54.02	CANCER TREATMENT CENTER	9,641,237		932,339	9,183		11,554	54.02
54.03	ULTRASOUND	25,300,420		1,938,632	244		307	54.03
54.04	SPECIAL PROCEDURES	6,351,986		930,345	948		1,193	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	98,494,747		2,269,603	1,171			57
58	MRI	34,011,886		1,072,112	625			58
59	Cardiac Catheterization	41,172,943		2,787,152	1,871		2,354	59
60	Laboratory	195,142,076		8,908,314	10,056		12,652	60
60.01	PATHOLOGY	10,672,256		1,543,562	2,026		2,549	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	13,126,503		608,518	455		572	63
65	Respiratory Therapy	29,819,639		2,176,169	1,432		1,802	65
66.01	REHABILITATION MEDICINE	29,371,000		6,897,329	5,948		7,484	66.01
69	Electrocardiology	20,600,812		1,110,034	1,079		1,358	69
69.02	CARDIOLOGY	29,692,773		2,968,820				69.02
71	Medical Supplies Charged to Patients	72,293,933		17,710,387	10,252			71
72	Impl. Dev. Charged to Patients	25,577,423		7,646,600				72
73	Drugs Charged to Patients	66,478,775		4,634,458				73
74	Renal Dialysis	9,282,790		898,430	338			74
75	ASC (Non-Distinct Part)	7,250,849		688,413	5,422		6,822	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	9,052,169		1,023,905	5,242		6,595	90.02
90.03	PAIN MANAGMENT	2,422,370		453,453	5,485		6,901	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	179,422		188,133	792			90.06
90.07	EVANSTON INFUSION CENTER	53,531,612		8,902,780	2,018			90.07
91	Emergency	76,533,205		7,760,747	10,321	270,230	12,985	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS-CASHIERS GROSS REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,151,068		1,767,707	541			101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,337,652,263	-47,264,149	178,733,236	268,185	1,018,576	615,526	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			57,839	689		867	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL			104				190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			284,920	1,088			190.09
190.10	PLAZA			184,457	1,957			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			460,394	3,237			190.12
190.13	G SUITE			8,176				190.13
190.14	OFFSITE CLINICS			4,110,013				190.14
191.01	OCC HEALTH			12,534	632		795	191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,518,233		47,264,149	14,802,812	1,333,856	4,112,639	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002630		0.257078	53.674605	1.309530	6.663511	203
204	Cost to be allocated (Per Wkst. B, Part II)	55,320		6,518,693	3,765,057	127,250	268,991	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000041		0.035456	13.651997	0.124929	0.435833	205

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SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	191,135						10
11	Cafeteria		118,521					11
12	Maintenance of Personnel							12
13	Nursing Administration		2,321	1,590,473				13
14	Central Services & Supply							14
15	Pharmacy		2,456		11,697,474			15
16	Medical Records & Library		2,459			1,337,652,263		16
17	Social Service		821				4,159	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		5,070					21
22	I&R Services-Other Prgm Costs Apprvd		1,265					22
23	PARAMED ED PRGM-PHARMACY		579					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	134,778	30,279	632,227	969	152,622,095	2,686	30
31	Intensive Care Unit	10,068	3,859	80,580	14	20,745,741	36	31
31.01	SPECIAL CARE NURSERY	429	1,254	26,183		3,893,175	13	31.01
40	Subprovider - IPF	13,239	1,810	37,793		11,619,189	363	40
41	Subprovider - IRF	13,440	1,964	41,003		11,502,615	338	41
43	Nursery	1,223	1,217	25,417		7,053,058	13	43
44	Skilled Nursing Facility	17,958	2,058	42,967	142	6,317,029	327	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		9,262	193,399	921	130,324,191		50
52	Delivery Room & Labor Room		2,527	52,767		17,452,466		52
53	Anesthesiology		516	10,771	2,544	36,965,664		53
54	Radiology-Diagnostic		5,522	115,306	477,636	71,005,146		54
54.02	CANCER TREATMENT CENTER		524	10,947	40,179	9,641,237		54.02
54.03	ULTRASOUND		1,687		4,138	25,300,420		54.03
54.04	SPECIAL PROCEDURES		737		396	6,351,986		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan		925		724	98,494,747		57
58	MRI		463			34,011,886		58
59	Cardiac Catheterization		1,102	22,999		41,172,943		59
60	Laboratory		7,686		7	195,142,076		60
60.01	PATHOLOGY		1,067			10,672,256		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		351			13,126,503		63
65	Respiratory Therapy		2,367		2,061	29,819,639		65
66.01	REHABILITATION MEDICINE		6,520		20	29,371,000		66.01
69	Electrocardiology		848			20,600,812		69
69.02	CARDIOLOGY		2,293	47,877	317	29,692,773		69.02
71	Medical Supplies Charged to Patients		1,275		445	72,293,933		71
72	Impl. Dev. Charged to Patients					25,577,423		72
73	Drugs Charged to Patients				4,337,763	66,478,775		73
74	Renal Dialysis					9,282,790		74
75	ASC (Non-Distinct Part)		572	11,947	180	7,250,849		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE		1,098	22,932	7,955	9,052,169		90.02
90.03	PAIN MANAGMENT		400		40,360	2,422,370		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		191			179,422		90.06
90.07	EVANSTON INFUSION CENTER		1,893		6,779,346	53,531,612		90.07
91	Emergency		8,808	183,903	869	76,533,205	9	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		1,506	31,455	488	2,151,068	374	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	191,135	117,552	1,590,473	11,697,474	1,337,652,263	4,159	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		33					190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY		316					190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		500					190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS		120					190.14
191.01	OCC HEALTH							191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,177,216	3,894,644	2,462,290	4,717,548	3,651,470	1,084,530	202
203	Unit Cost Multiplier (Wkst. B, Part I)	6.159081	32.860371	1.548150	0.403296	0.002730	260.767011	203
204	Cost to be allocated (Per Wkst. B, Part II)	309,783	388,806	672,054	369,732	456,721	86,102	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.620755	3.280482	0.422550	0.031608	0.000341	20.702573	205

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME				
		21	22	23				
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	28,734	28,734	28,734				118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY							190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY							190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH							191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,459,649	1,298,325	666,836				202
203	Unit Cost Multiplier (Wkst. B, Part I)	155.204601	45.184276	23.207211				203
204	Cost to be allocated (Per Wkst. B, Part II)	140,565	177,385	23,044				204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.891940	6.173349	0.801977				205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	40,554,609		40,554,609		40,554,609	30
31	Intensive Care Unit	7,181,272		7,181,272		7,181,272	31
31.01	SPECIAL CARE NURSERY	1,845,256		1,845,256		1,845,256	31.01
40	Subprovider - IPF	3,258,498		3,258,498		3,258,498	40
41	Subprovider - IRF	2,781,827		2,781,827		2,781,827	41
43	Nursery	1,925,481		1,925,481		1,925,481	43
44	Skilled Nursing Facility	3,461,950		3,461,950		3,461,950	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	20,371,396		20,371,396		20,371,396	50
52	Delivery Room & Labor Room	4,156,664		4,156,664		4,156,664	52
53	Anesthesiology	834,843		834,843		834,843	53
54	Radiology-Diagnostic	10,394,658		10,394,658		10,394,658	54
54.02	CANCER TREATMENT CENTER	1,818,599		1,818,599		1,818,599	54.02
54.03	ULTRASOUND	2,578,329		2,578,329		2,578,329	54.03
54.04	SPECIAL PROCEDURES	1,270,069		1,270,069		1,270,069	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	3,215,500		3,215,500		3,215,500	57
58	MRI	1,489,341		1,489,341		1,489,341	58
59	Cardiac Catheterization	3,803,998		3,803,998		3,803,998	59
60	Laboratory	12,607,494		12,607,494		12,607,494	60
60.01	PATHOLOGY	2,130,305		2,130,305		2,130,305	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	840,558		840,558		840,558	63
65	Respiratory Therapy	2,984,503		2,984,503		2,984,503	65
66.01	REHABILITATION MEDICINE	9,334,049		9,334,049		9,334,049	66.01
69	Electrocardiology	1,546,469		1,546,469		1,546,469	69
69.02	CARDIOLOGY	3,962,697		3,962,697		3,962,697	69.02
71	Medical Supplies Charged to Patients	23,053,048		23,053,048		23,053,048	71
72	Impl. Dev. Charged to Patients	9,682,199		9,682,199		9,682,199	72
73	Drugs Charged to Patients	7,756,764		7,756,764		7,756,764	73
74	Renal Dialysis	1,172,881		1,172,881		1,172,881	74
75	ASC (Non-Distinct Part)	1,259,031		1,259,031		1,259,031	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,711,939		1,711,939		1,711,939	90.02
90.03	PAIN MANAGMENT	946,450		946,450		946,450	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	285,774		285,774		285,774	90.06
90.07	EVANSTON INFUSION CENTER	14,242,237		14,242,237		14,242,237	90.07
91	Emergency	11,560,917		11,560,917		11,560,917	91
92	Observation Beds (Non-Distinct Part)	4,461,280		4,461,280		4,461,280	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	2,452,965		2,452,965		2,452,965	101
200	Subtotal (sum of lines 30 thru 199)	222,933,850		222,933,850		222,933,850	200
201	Less Observation Beds	4,461,280		4,461,280		4,461,280	201
202	Total (line 200 minus line 201)	218,472,570		218,472,570		218,472,570	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	133,515,763		133,515,763				30
31	Intensive Care Unit	20,745,741		20,745,741				31
31.01	SPECIAL CARE NURSERY	3,893,175		3,893,175				31.01
40	Subprovider - IPF	11,619,189		11,619,189				40
41	Subprovider - IRF	11,502,615		11,502,615				41
43	Nursery	7,053,058		7,053,058				43
44	Skilled Nursing Facility	6,317,029		6,317,029				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	41,177,371	89,146,820	130,324,191	0.156313	0.156313	0.156313	50
52	Delivery Room & Labor Room	17,239,969	212,497	17,452,466	0.238171	0.238171	0.238171	52
53	Anesthesiology	22,582,349	14,383,315	36,965,664	0.022584	0.022584	0.022584	53
54	Radiology-Diagnostic	20,126,237	50,878,909	71,005,146	0.146393	0.146393	0.146393	54
54.02	CANCER TREATMENT CENTER	244,507	9,396,730	9,641,237	0.188627	0.188627	0.188627	54.02
54.03	ULTRASOUND	2,916,921	22,383,499	25,300,420	0.101909	0.101909	0.101909	54.03
54.04	SPECIAL PROCEDURES	2,998,471	3,353,515	6,351,986	0.199948	0.199948	0.199948	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	30,804,339	67,690,408	98,494,747	0.032646	0.032646	0.032646	57
58	MRI	8,383,119	25,628,767	34,011,886	0.043789	0.043789	0.043789	58
59	Cardiac Catheterization	26,933,635	14,239,308	41,172,943	0.092391	0.092391	0.092391	59
60	Laboratory	88,399,595	106,742,481	195,142,076	0.064607	0.064607	0.064607	60
60.01	PATHOLOGY	3,153,984	7,518,272	10,672,256	0.199611	0.199611	0.199611	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	10,243,574	2,882,929	13,126,503	0.064035	0.064035	0.064035	63
65	Respiratory Therapy	27,849,962	1,969,677	29,819,639	0.100085	0.100085	0.100085	65
66.01	REHABILITATION MEDICINE	16,608,643	12,762,357	29,371,000	0.317798	0.317798	0.317798	66.01
69	Electrocardiology	6,656,416	13,944,396	20,600,812	0.075068	0.075068	0.075068	69
69.02	CARDIOLOGY	10,706,641	18,986,132	29,692,773	0.133457	0.133457	0.133457	69.02
71	Medical Supplies Charged to Patients	45,144,989	27,148,944	72,293,933	0.318879	0.318879	0.318879	71
72	Impl. Dev. Charged to Patients	16,931,837	8,645,586	25,577,423	0.378545	0.378545	0.378545	72
73	Drugs Charged to Patients	53,033,434	13,445,341	66,478,775	0.116680	0.116680	0.116680	73
74	Renal Dialysis	8,722,972	559,818	9,282,790	0.126350	0.126350	0.126350	74
75	ASC (Non-Distinct Part)	1,532,620	5,718,229	7,250,849	0.173639	0.173639	0.173639	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	395,497	8,656,672	9,052,169	0.189119	0.189119	0.189119	90.02
90.03	PAIN MANAGMENT	2,487	2,419,883	2,422,370	0.390712	0.390712	0.390712	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		179,422	179,422	1.592748	1.592748	1.592748	90.06
90.07	EVANSTON INFUSION CENTER	515,619	53,015,993	53,531,612	0.266053	0.266053	0.266053	90.07
91	Emergency	21,059,617	55,473,588	76,533,205	0.151058	0.151058	0.151058	91
92	Observation Beds (Non-Distinct Part)	1,487,916	17,618,416	19,106,332	0.233497	0.233497	0.233497	92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,151,068		2,151,068				101
200	Subtotal (sum of lines 30 thru 199)	682,650,359	655,001,904	1,337,652,263				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	682,650,359	655,001,904	1,337,652,263				202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,905,220		3,905,220	50,479	77.36	16,665	1,289,204	30
31	Intensive Care Unit	455,796		455,796	3,356	135.82	1,259	170,997	31
31.01	SPECIAL CARE NURSERY	106,785		106,785	1,287	82.97			31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	421,287		421,287	4,480	94.04	2,126	199,929	40
41	Subprovider - IRF	278,576		278,576	4,413	63.13	1,891	119,379	41
42	Subprovider I								42
43	Nursery	114,186		114,186	3,670	31.11			43
44	Skilled Nursing Facility	466,484		466,484	5,932	78.64	4,043	317,942	44
45	Nursing Facility								45
200	Total (lines 30-199)	5,748,334		5,748,334	73,617		25,984	2,097,451	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333	130,324,191	0.022508	12,945,583	291,379	50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055	20,529	268	52
53	Anesthesiology	135,303	36,965,664	0.003660	6,355,626	23,262	53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477	8,606,836	210,670	54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593	83,438	2,636	54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331	814,957	6,789	54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522	1,142,016	13,158	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609	11,922,306	78,795	57
58	MRI	288,809	34,011,886	0.008491	3,091,946	26,254	58
59	Cardiac Catheterization	269,286	41,172,943	0.006540	9,003,897	58,885	59
60	Laboratory	926,779	195,142,076	0.004749	32,206,111	152,947	60
60.01	PATHOLOGY	161,820	10,672,256	0.015163	748,338	11,347	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420	3,310,930	11,323	63
65	Respiratory Therapy	233,774	29,819,639	0.007840	11,743,832	92,072	65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872	3,200,007	79,591	66.01
69	Electrocardiology	174,985	20,600,812	0.008494	2,698,349	22,920	69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814	4,050,103	59,998	69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169	16,528,987	267,257	71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843	4,307,996	51,020	72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983	19,028,684	94,820	73
74	Renal Dialysis	44,978	9,282,790	0.004845	3,971,348	19,241	74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306	681,898	24,075	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760	130,239	3,094	90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369	2,487	177	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880	136,137	1,617	90.07
91	Emergency	840,620	76,533,205	0.010984	8,503,454	93,402	91
92	Observation Beds (Non-Distinct)	429,599	19,106,332	0.022485	974,453	21,911	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,972,005	1,140,854,625		166,210,487	1,718,908	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		450,893			450,893	30
31	Intensive Care Unit		56,440			56,440	31
31.01	SPECIAL CARE NURSERY						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		507,333			507,333	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	50,479	8.93	16,665	148,818	30
31	Intensive Care Unit	3,356	16.82	1,259	21,176	31
31.01	SPECIAL CARE NURSERY	1,287				31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	4,480		2,126		40
41	Subprovider - IRF	4,413		1,891		41
42	Subprovider I					42
43	Nursery	3,670				43
44	Skilled Nursing Facility	5,932		4,043		44
45	Nursing Facility					45
200	Total (lines 30-199)	73,617		25,984	169,994	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct			49,601		49,601	49,601	92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			209,104		209,104	209,104	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655	12,945,583	8,479	29,788,996	19,512	50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819	20,529	58	36,268	102	52
53	Anesthesiology	36,965,664			6,355,626		3,775,942		53
54	Radiology-Diagnostic	71,005,146			8,606,836		14,406,274		54
54.02	CANCER TREATMENT CENTER	9,641,237			83,438		4,205,983		54.02
54.03	ULTRASOUND	25,300,420			814,957		2,229,041		54.03
54.04	SPECIAL PROCEDURES	6,351,986			1,142,016		701,753		54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747			11,922,306		19,345,426		57
58	MRI	34,011,886			3,091,946		6,933,492		58
59	Cardiac Catheterization	41,172,943			9,003,897		4,495,636		59
60	Laboratory	195,142,076			32,206,111		10,820,642		60
60.01	PATHOLOGY	10,672,256			748,338		1,549,976		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503			3,310,930		884,505		63
65	Respiratory Therapy	29,819,639			11,743,832		538,289		65
66.01	REHABILITATION MEDICINE	29,371,000			3,200,007		99,660		66.01
69	Electrocardiology	20,600,812			2,698,349		2,958,312		69
69.02	CARDIOLOGY	29,692,773			4,050,103		6,419,838		69.02
71	Medical Supplies Charged to Pat	72,293,933			16,528,987		9,095,521		71
72	Impl. Dev. Charged to Patients	25,577,423			4,307,996		3,920,354		72
73	Drugs Charged to Patients	66,478,775			19,028,684		4,560,624		73
74	Renal Dialysis	9,282,790			3,971,348		872,645		74
75	ASC (Non-Distinct Part)	7,250,849			681,898		1,443,798		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169			130,239		3,190,235		90.02
90.03	PAIN MANAGMENT	2,422,370			2,487		1,071,227		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612			136,137		18,528,678		90.07
91	Emergency	76,533,205	0.000325	0.000325	8,503,454	2,764	8,262,374	2,685	91
92	Observation Beds (Non-Distinct)	19,106,332	0.002596	0.002596	974,453	2,530	4,963,209	12,884	92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625			166,210,487	13,831	165,098,698	35,183	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313	29,788,996			4,656,407			50
52	Delivery Room & Labor Room	0.238171	36,268			8,638			52
53	Anesthesiology	0.022584	3,775,942			85,276			53
54	Radiology-Diagnostic	0.146393	14,406,274			2,108,978			54
54.02	CANCER TREATMENT CENTER	0.188627	4,205,983			793,362			54.02
54.03	ULTRASOUND	0.101909	2,229,041			227,159			54.03
54.04	SPECIAL PROCEDURES	0.199948	701,753			140,314			54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646	19,345,426			631,551			57
58	MRI	0.043789	6,933,492			303,611			58
59	Cardiac Catheterization	0.092391	4,495,636			415,356			59
60	Laboratory	0.064607	10,820,642	1,427		699,089	92		60
60.01	PATHOLOGY	0.199611	1,549,976			309,392			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035	884,505			56,639			63
65	Respiratory Therapy	0.100085	538,289			53,875			65
66.01	REHABILITATION MEDICINE	0.317798	99,660			31,672			66.01
69	Electrocardiology	0.075068	2,958,312			222,075			69
69.02	CARDIOLOGY	0.133457	6,419,838			856,772			69.02
71	Medical Supplies Charged to Pat	0.318879	9,095,521			2,900,371			71
72	Impl. Dev. Charged to Patients	0.378545	3,920,354			1,484,030			72
73	Drugs Charged to Patients	0.116680	4,560,624		141,272	532,134		16,484	73
74	Renal Dialysis	0.126350	872,645			110,259			74
75	ASC (Non-Distinct Part)	0.173639	1,443,798			250,700			75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119	3,190,235			603,334			90.02
90.03	PAIN MANAGMENT	0.390712	1,071,227			418,541			90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053	18,528,678			4,929,610			90.07
91	Emergency	0.151058	8,262,374			1,248,098			91
92	Observation Beds (Non-Distinct	0.233497	4,963,209			1,158,894			92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		165,098,698	1,427	141,272	25,236,137	92	16,484	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		165,098,698	1,427	141,272	25,236,137	92	16,484	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333	130,324,191	0.022508			50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055			52
53	Anesthesiology	135,303	36,965,664	0.003660			53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477	34,981	856	54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593			54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331	3,253	27	54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522	548	6	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609	48,898	323	57
58	MRI	288,809	34,011,886	0.008491	24,057	204	58
59	Cardiac Catheterization	269,286	41,172,943	0.006540			59
60	Laboratory	926,779	195,142,076	0.004749	541,527	2,572	60
60.01	PATHOLOGY	161,820	10,672,256	0.015163	1,882	29	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420	4,952	17	63
65	Respiratory Therapy	233,774	29,819,639	0.007840	14,048	110	65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872	494,879	12,309	66.01
69	Electrocardiology	174,985	20,600,812	0.008494	62,502	531	69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814	17,130	254	69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169	27,074	438	71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843			72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983	549,933	2,740	73
74	Renal Dialysis	44,978	9,282,790	0.004845			74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760			90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880			90.07
91	Emergency	840,620	76,533,205	0.010984	231,332	2,541	91
92	Observation Beds (Non-Distinct)		19,106,332				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,542,406	1,140,854,625		2,056,996	22,957	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655					50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664							53
54	Radiology-Diagnostic	71,005,146			34,981		7,048		54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420			3,253				54.03
54.04	SPECIAL PROCEDURES	6,351,986			548				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747			48,898		2,990		57
58	MRI	34,011,886			24,057				58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076			541,527				60
60.01	PATHOLOGY	10,672,256			1,882				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503			4,952				63
65	Respiratory Therapy	29,819,639			14,048				65
66.01	REHABILITATION MEDICINE	29,371,000			494,879				66.01
69	Electrocardiology	20,600,812			62,502		1,860		69
69.02	CARDIOLOGY	29,692,773			17,130		3,670		69.02
71	Medical Supplies Charged to Pat	72,293,933			27,074		754		71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775			549,933		2,662		73
74	Renal Dialysis	9,282,790							74
75	ASC (Non-Distinct Part)	7,250,849							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612							90.07
91	Emergency	76,533,205	0.000325	0.000325	231,332	75			91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625			2,056,996	75	18,984		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393	7,048			1,032			54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909							54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646	2,990			98			57
58	MRI	0.043789							58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068	1,860			140			69
69.02	CARDIOLOGY	0.133457	3,670			490			69.02
71	Medical Supplies Charged to Pat	0.318879	754			240			71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680	2,662		432	311		50	73
74	Renal Dialysis	0.126350							74
75	ASC (Non-Distinct Part)	0.173639							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct)	0.233497							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		18,984		432	2,311		50	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		18,984		432	2,311		50	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333	130,324,191	0.022508	6,461	145	50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055			52
53	Anesthesiology	135,303	36,965,664	0.003660	9,983	37	53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477	166,614	4,078	54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593			54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331	21,259	177	54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522	1,885	22	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609	65,757	435	57
58	MRI	288,809	34,011,886	0.008491	38,884	330	58
59	Cardiac Catheterization	269,286	41,172,943	0.006540			59
60	Laboratory	926,779	195,142,076	0.004749	831,185	3,947	60
60.01	PATHOLOGY	161,820	10,672,256	0.015163	1,464	22	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420	2,918	10	63
65	Respiratory Therapy	233,774	29,819,639	0.007840	484,577	3,799	65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872	2,088,486	51,945	66.01
69	Electrocardiology	174,985	20,600,812	0.008494	19,904	169	69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814	19,030	282	69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169	240,580	3,890	71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843			72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983	840,759	4,190	73
74	Renal Dialysis	44,978	9,282,790	0.004845	179,015	867	74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306	2,854	101	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760			90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880			90.07
91	Emergency	840,620	76,533,205	0.010984	1,552	17	91
92	Observation Beds (Non-Distinct)		19,106,332				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,542,406	1,140,854,625		5,023,167	74,463	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655	6,461	4			50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664			9,983				53
54	Radiology-Diagnostic	71,005,146			166,614		13,849		54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420			21,259		4,022		54.03
54.04	SPECIAL PROCEDURES	6,351,986			1,885				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747			65,757		2,990		57
58	MRI	34,011,886			38,884		3,788		58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076			831,185				60
60.01	PATHOLOGY	10,672,256			1,464		482		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503			2,918				63
65	Respiratory Therapy	29,819,639			484,577				65
66.01	REHABILITATION MEDICINE	29,371,000			2,088,486				66.01
69	Electrocardiology	20,600,812			19,904		930		69
69.02	CARDIOLOGY	29,692,773			19,030				69.02
71	Medical Supplies Charged to Pat	72,293,933			240,580		24,217		71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775			840,759		15,247		73
74	Renal Dialysis	9,282,790			179,015		52,766		74
75	ASC (Non-Distinct Part)	7,250,849			2,854		1,427		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612							90.07
91	Emergency	76,533,205	0.000325	0.000325	1,552	1			91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625			5,023,167	5	119,718		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART V**

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

(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	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393	13,849			2,027			54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909	4,022			410			54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646	2,990			98			57
58	MRI	0.043789	3,788			166			58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611	482			96			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068	930			70			69
69.02	CARDIOLOGY	0.133457							69.02
71	Medical Supplies Charged to Pat	0.318879	24,217			7,722			71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680	15,247		1,370	1,779		160	73
74	Renal Dialysis	0.126350	52,766			6,667			74
75	ASC (Non-Distinct Part)	0.173639	1,427			248			75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct)	0.233497							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		119,718		1,370	19,283		160	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		119,718		1,370	19,283		160	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655					50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664							53
54	Radiology-Diagnostic	71,005,146			143,847				54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420			13,090				54.03
54.04	SPECIAL PROCEDURES	6,351,986			630				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747			53				57
58	MRI	34,011,886			15				58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076			1,062,105				60
60.01	PATHOLOGY	10,672,256			521				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503			229				63
65	Respiratory Therapy	29,819,639			781,546				65
66.01	REHABILITATION MEDICINE	29,371,000			2,642,928				66.01
69	Electrocardiology	20,600,812			26,505				69
69.02	CARDIOLOGY	29,692,773			3,384				69.02
71	Medical Supplies Charged to Pat	72,293,933			1,260,583				71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775			1,403,065				73
74	Renal Dialysis	9,282,790							74
75	ASC (Non-Distinct Part)	7,250,849							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612			4,124				90.07
91	Emergency	76,533,205	0.000325	0.000325					91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625			7,342,625				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5573

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393							54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909							54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646							57
58	MRI	0.043789							58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068							69
69.02	CARDIOLOGY	0.133457							69.02
71	Medical Supplies Charged to Pat	0.318879							71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680			10,784			1,258	73
74	Renal Dialysis	0.126350							74
75	ASC (Non-Distinct Part)	0.173639							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct)	0.233497							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)				10,784			1,258	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				10,784			1,258	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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)	3,905,220		3,905,220	50,479	77.36	11,826	914,859	30
31	Intensive Care Unit	455,796		455,796	3,356	135.82	801	108,792	31
31.01	SPECIAL CARE NURSERY	106,785		106,785	1,287	82.97	775	64,302	31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	421,287		421,287	4,480	94.04	784	73,727	40
41	Subprovider - IRF	278,576		278,576	4,413	63.13	994	62,751	41
42	Subprovider I								42
43	Nursery	114,186		114,186	3,670	31.11	1,850	57,554	43
44	Skilled Nursing Facility	466,484		466,484	5,932	78.64			44
45	Nursing Facility								45
200	Total (lines 30-199)	5,748,334		5,748,334	73,617		17,030	1,281,985	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333	130,324,191	0.022508			50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055			52
53	Anesthesiology	135,303	36,965,664	0.003660			53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477			54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593			54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331			54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609			57
58	MRI	288,809	34,011,886	0.008491			58
59	Cardiac Catheterization	269,286	41,172,943	0.006540			59
60	Laboratory	926,779	195,142,076	0.004749			60
60.01	PATHOLOGY	161,820	10,672,256	0.015163			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420			63
65	Respiratory Therapy	233,774	29,819,639	0.007840			65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872			66.01
69	Electrocardiology	174,985	20,600,812	0.008494			69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814			69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169			71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843			72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983			73
74	Renal Dialysis	44,978	9,282,790	0.004845			74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760			90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880			90.07
91	Emergency	840,620	76,533,205	0.010984			91
92	Observation Beds (Non-Distinct	429,599	19,106,332	0.022485			92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,972,005	1,140,854,625				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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: [XX] Title XIX [XX] Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		450,893			450,893	30
31	Intensive Care Unit		56,440			56,440	31
31.01	SPECIAL CARE NURSERY						31.01
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		507,333			507,333	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	50,479	8.93	11,826	105,606	30
31	Intensive Care Unit	3,356	16.82	801	13,473	31
31.01	SPECIAL CARE NURSERY	1,287		775		31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	4,480		784		40
41	Subprovider - IRF	4,413		994		41
42	Subprovider I					42
43	Nursery	3,670		1,850		43
44	Skilled Nursing Facility	5,932				44
45	Nursing Facility					45
200	Total (lines 30-199)	73,617		17,030	119,079	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655					50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664							53
54	Radiology-Diagnostic	71,005,146							54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420							54.03
54.04	SPECIAL PROCEDURES	6,351,986							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747							57
58	MRI	34,011,886							58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076							60
60.01	PATHOLOGY	10,672,256							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503							63
65	Respiratory Therapy	29,819,639							65
66.01	REHABILITATION MEDICINE	29,371,000							66.01
69	Electrocardiology	20,600,812							69
69.02	CARDIOLOGY	29,692,773							69.02
71	Medical Supplies Charged to Pat	72,293,933							71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775							73
74	Renal Dialysis	9,282,790							74
75	ASC (Non-Distinct Part)	7,250,849							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612							90.07
91	Emergency	76,533,205	0.000325	0.000325					91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393							54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909							54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646							57
58	MRI	0.043789							58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068							69
69.02	CARDIOLOGY	0.133457							69.02
71	Medical Supplies Charged to Pat	0.318879							71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680							73
74	Renal Dialysis	0.126350							74
75	ASC (Non-Distinct Part)	0.173639							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct	0.233497							92
93.01	OCCUP HEALTH								93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,933,333	130,324,191	0.022508			50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055			52
53	Anesthesiology	135,303	36,965,664	0.003660			53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477			54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593			54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331			54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609			57
58	MRI	288,809	34,011,886	0.008491			58
59	Cardiac Catheterization	269,286	41,172,943	0.006540			59
60	Laboratory	926,779	195,142,076	0.004749			60
60.01	PATHOLOGY	161,820	10,672,256	0.015163			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420			63
65	Respiratory Therapy	233,774	29,819,639	0.007840			65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872			66.01
69	Electrocardiology	174,985	20,600,812	0.008494			69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814			69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169			71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843			72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983			73
74	Renal Dialysis	44,978	9,282,790	0.004845			74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760			90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880			90.07
91	Emergency	840,620	76,533,205	0.010984			91
92	Observation Beds (Non-Distinct)		19,106,332				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,542,406	1,140,854,625				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655					50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664							53
54	Radiology-Diagnostic	71,005,146							54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420							54.03
54.04	SPECIAL PROCEDURES	6,351,986							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747							57
58	MRI	34,011,886							58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076							60
60.01	PATHOLOGY	10,672,256							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503							63
65	Respiratory Therapy	29,819,639							65
66.01	REHABILITATION MEDICINE	29,371,000							66.01
69	Electrocardiology	20,600,812							69
69.02	CARDIOLOGY	29,692,773							69.02
71	Medical Supplies Charged to Pat	72,293,933							71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775							73
74	Renal Dialysis	9,282,790							74
75	ASC (Non-Distinct Part)	7,250,849							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612							90.07
91	Emergency	76,533,205	0.000325	0.000325					91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393							54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909							54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646							57
58	MRI	0.043789							58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068							69
69.02	CARDIOLOGY	0.133457							69.02
71	Medical Supplies Charged to Pat	0.318879							71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680							73
74	Renal Dialysis	0.126350							74
75	ASC (Non-Distinct Part)	0.173639							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct)	0.233497							92
93.01	OCCUP HEALTH								93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: 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	2,933,333	130,324,191	0.022508			50
52	Delivery Room & Labor Room	227,846	17,452,466	0.013055			52
53	Anesthesiology	135,303	36,965,664	0.003660			53
54	Radiology-Diagnostic	1,738,020	71,005,146	0.024477			54
54.02	CANCER TREATMENT CENTER	304,599	9,641,237	0.031593			54.02
54.03	ULTRASOUND	210,784	25,300,420	0.008331			54.03
54.04	SPECIAL PROCEDURES	73,188	6,351,986	0.011522			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	650,907	98,494,747	0.006609			57
58	MRI	288,809	34,011,886	0.008491			58
59	Cardiac Catheterization	269,286	41,172,943	0.006540			59
60	Laboratory	926,779	195,142,076	0.004749			60
60.01	PATHOLOGY	161,820	10,672,256	0.015163			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,899	13,126,503	0.003420			63
65	Respiratory Therapy	233,774	29,819,639	0.007840			65
66.01	REHABILITATION MEDICINE	730,514	29,371,000	0.024872			66.01
69	Electrocardiology	174,985	20,600,812	0.008494			69
69.02	CARDIOLOGY	439,857	29,692,773	0.014814			69.02
71	Medical Supplies Charged to Pat	1,168,919	72,293,933	0.016169			71
72	Impl. Dev. Charged to Patients	302,906	25,577,423	0.011843			72
73	Drugs Charged to Patients	331,276	66,478,775	0.004983			73
74	Renal Dialysis	44,978	9,282,790	0.004845			74
75	ASC (Non-Distinct Part)	256,001	7,250,849	0.035306			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	215,082	9,052,169	0.023760			90.02
90.03	PAIN MANAGMENT	172,882	2,422,370	0.071369			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,083	179,422	0.162093			90.06
90.07	EVANSTON INFUSION CENTER	635,956	53,531,612	0.011880			90.07
91	Emergency	840,620	76,533,205	0.010984			91
92	Observation Beds (Non-Distinct)		19,106,332				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	13,542,406	1,140,854,625				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			85,403		85,403	85,403	50
52	Delivery Room & Labor Room			49,199		49,199	49,199	52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.02	CANCER TREATMENT CENTER							54.02
54.03	ULTRASOUND							54.03
54.04	SPECIAL PROCEDURES							54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	PATHOLOGY							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66.01	REHABILITATION MEDICINE							66.01
69	Electrocardiology							69
69.02	CARDIOLOGY							69.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE							90.02
90.03	PAIN MANAGMENT							90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER							90.06
90.07	EVANSTON INFUSION CENTER							90.07
91	Emergency			24,901		24,901	24,901	91
92	Observation Beds (Non-Distinct							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			159,503		159,503	159,503	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	130,324,191	0.000655	0.000655					50
52	Delivery Room & Labor Room	17,452,466	0.002819	0.002819					52
53	Anesthesiology	36,965,664							53
54	Radiology-Diagnostic	71,005,146							54
54.02	CANCER TREATMENT CENTER	9,641,237							54.02
54.03	ULTRASOUND	25,300,420							54.03
54.04	SPECIAL PROCEDURES	6,351,986							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	98,494,747							57
58	MRI	34,011,886							58
59	Cardiac Catheterization	41,172,943							59
60	Laboratory	195,142,076							60
60.01	PATHOLOGY	10,672,256							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	13,126,503							63
65	Respiratory Therapy	29,819,639							65
66.01	REHABILITATION MEDICINE	29,371,000							66.01
69	Electrocardiology	20,600,812							69
69.02	CARDIOLOGY	29,692,773							69.02
71	Medical Supplies Charged to Pat	72,293,933							71
72	Impl. Dev. Charged to Patients	25,577,423							72
73	Drugs Charged to Patients	66,478,775							73
74	Renal Dialysis	9,282,790							74
75	ASC (Non-Distinct Part)	7,250,849							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	9,052,169							90.02
90.03	PAIN MANAGMENT	2,422,370							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	179,422							90.06
90.07	EVANSTON INFUSION CENTER	53,531,612							90.07
91	Emergency	76,533,205	0.000325	0.000325					91
92	Observation Beds (Non-Distinct)	19,106,332							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,140,854,625							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.156313							50
52	Delivery Room & Labor Room	0.238171							52
53	Anesthesiology	0.022584							53
54	Radiology-Diagnostic	0.146393							54
54.02	CANCER TREATMENT CENTER	0.188627							54.02
54.03	ULTRASOUND	0.101909							54.03
54.04	SPECIAL PROCEDURES	0.199948							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.032646							57
58	MRI	0.043789							58
59	Cardiac Catheterization	0.092391							59
60	Laboratory	0.064607							60
60.01	PATHOLOGY	0.199611							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.064035							63
65	Respiratory Therapy	0.100085							65
66.01	REHABILITATION MEDICINE	0.317798							66.01
69	Electrocardiology	0.075068							69
69.02	CARDIOLOGY	0.133457							69.02
71	Medical Supplies Charged to Pat	0.318879							71
72	Impl. Dev. Charged to Patients	0.378545							72
73	Drugs Charged to Patients	0.116680							73
74	Renal Dialysis	0.126350							74
75	ASC (Non-Distinct Part)	0.173639							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.189119							90.02
90.03	PAIN MANAGMENT	0.390712							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.592748							90.06
90.07	EVANSTON INFUSION CENTER	0.266053							90.07
91	Emergency	0.151058							91
92	Observation Beds (Non-Distinct)	0.233497							92
93.01	OCCUP HEALTH								93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	50,479	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,479	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)	44,926	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)	16,665	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)	40,554,609	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)	40,554,609	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)	40,554,609	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					803.40	38
39	Program general inpatient routine service cost (line 9 x line 38)					13,388,661	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					13,388,661	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	7,181,272	3,356	2,139.83	1,259	2,694,046	43
43.01	SPECIAL CARE NURSERY	1,845,256	1,287	1,433.77			43.01
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,808,971	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					37,891,678	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,630,195	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,732,739	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,362,934	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					34,528,744	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,553	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					803.40	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,461,280	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	3,905,220	40,554,609	0.096295	4,461,280	429,599	90
91	Nursing School						91
92	Allied Health	450,893	40,554,609	0.011118	4,461,280	49,601	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,480	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,480	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,480	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)	2,126	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,258,498	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,258,498	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,258,498	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,413	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,413	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,413	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,891	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,781,827	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,781,827	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,781,827	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	630.37	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,192,030	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,192,030	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,000,613	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,192,643	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	119,379	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	74,468	51
52	Total Program excludable cost (sum of lines 50 and 51)	193,847	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,998,796	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,932	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,932	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,932	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,043	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,461,950	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,461,950	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,461,950	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

WORKSHEET D-1
PARTS III & IV

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,461,950	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	583.61	71
72	Program routine service cost (line 9 x line 71)	2,359,535	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,359,535	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,359,535	83
84	Program inpatient ancillary services (see instructions)	1,578,619	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,938,154	86

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	50,479	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,479	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)	44,926	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)	11,826	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,670	15
16	Nursery days (title V or XIX only)	1,850	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)	40,554,609	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)	40,554,609	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)	40,554,609	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					803.40	38	
39	Program general inpatient routine service cost (line 9 x line 38)					9,501,008	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)					9,501,008	41	
42	Nursery (Titles V and XIX only)	1,925,481	3,670	524.65	1,850	970,603	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	7,181,272	3,356	2,139.83	801	1,714,004	43	
43.01	SPECIAL CARE NURSERY	1,845,256	1,287	1,433.77	775	1,111,172	43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					13,296,787		49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,264,586		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)					1,264,586		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,553	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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,480	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,480	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,480	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)	784	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,258,498	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,258,498	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,258,498	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	727.34	38
39	Program general inpatient routine service cost (line 9 x line 38)	570,235	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)	570,235	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	570,235	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	73,727	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)	73,727	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,413	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,413	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,413	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)	994	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,781,827	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,781,827	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,781,827	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	630.37	38
39	Program general inpatient routine service cost (line 9 x line 38)	626,588	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)	626,588	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	626,588	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	62,751	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)	62,751	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		50,121,213		30
31	Intensive Care Unit		7,780,440		31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.156313	12,945,583	2,023,563	50
52	Delivery Room & Labor Room	0.238171	20,529	4,889	52
53	Anesthesiology	0.022584	6,355,626	143,535	53
54	Radiology-Diagnostic	0.146393	8,606,836	1,259,981	54
54.02	CANCER TREATMENT CENTER	0.188627	83,438	15,739	54.02
54.03	ULTRASOUND	0.101909	814,957	83,051	54.03
54.04	SPECIAL PROCEDURES	0.199948	1,142,016	228,344	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646	11,922,306	389,216	57
58	MRI	0.043789	3,091,946	135,393	58
59	Cardiac Catheterization	0.092391	9,003,897	831,879	59
60	Laboratory	0.064607	32,206,111	2,080,740	60
60.01	PATHOLOGY	0.199611	748,338	149,376	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035	3,310,930	212,015	63
65	Respiratory Therapy	0.100085	11,743,832	1,175,381	65
66.01	REHABILITATION MEDICINE	0.317798	3,200,007	1,016,956	66.01
69	Electrocardiology	0.075068	2,698,349	202,560	69
69.02	CARDIOLOGY	0.133457	4,050,103	540,515	69.02
71	Medical Supplies Charged to Patients	0.318879	16,528,987	5,270,747	71
72	Impl. Dev. Charged to Patients	0.378545	4,307,996	1,630,770	72
73	Drugs Charged to Patients	0.116680	19,028,684	2,220,267	73
74	Renal Dialysis	0.126350	3,971,348	501,780	74
75	ASC (Non-Distinct Part)	0.173639	681,898	118,404	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119	130,239	24,631	90.02
90.03	PAIN MANAGMENT	0.390712	2,487	972	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053	136,137	36,220	90.07
91	Emergency	0.151058	8,503,454	1,284,515	91
92	Observation Beds (Non-Distinct Part)	0.233497	974,453	227,532	92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		166,210,487	21,808,971	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		166,210,487		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
1	2	3			
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF		5,528,061		40
41	Subprovider - IRF				41
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.156313			50
52	Delivery Room & Labor Room	0.238171			52
53	Anesthesiology	0.022584			53
54	Radiology-Diagnostic	0.146393	34,981	5,121	54
54.02	CANCER TREATMENT CENTER	0.188627			54.02
54.03	ULTRASOUND	0.101909	3,253	332	54.03
54.04	SPECIAL PROCEDURES	0.199948	548	110	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646	48,898	1,596	57
58	MRI	0.043789	24,057	1,053	58
59	Cardiac Catheterization	0.092391			59
60	Laboratory	0.064607	541,527	34,986	60
60.01	PATHOLOGY	0.199611	1,882	376	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035	4,952	317	63
65	Respiratory Therapy	0.100085	14,048	1,406	65
66.01	REHABILITATION MEDICINE	0.317798	494,879	157,272	66.01
69	Electrocardiology	0.075068	62,502	4,692	69
69.02	CARDIOLOGY	0.133457	17,130	2,286	69.02
71	Medical Supplies Charged to Patients	0.318879	27,074	8,633	71
72	Impl. Dev. Charged to Patients	0.378545			72
73	Drugs Charged to Patients	0.116680	549,933	64,166	73
74	Renal Dialysis	0.126350			74
75	ASC (Non-Distinct Part)	0.173639			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119			90.02
90.03	PAIN MANAGMENT	0.390712			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053			90.07
91	Emergency	0.151058	231,332	34,945	91
92	Observation Beds (Non-Distinct Part)	0.233497			92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		2,056,996	317,291	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,056,996		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
1	2	3			
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF		4,934,105		41
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.156313	6,461	1,010	50
52	Delivery Room & Labor Room	0.238171			52
53	Anesthesiology	0.022584	9,983	225	53
54	Radiology-Diagnostic	0.146393	166,614	24,391	54
54.02	CANCER TREATMENT CENTER	0.188627			54.02
54.03	ULTRASOUND	0.101909	21,259	2,166	54.03
54.04	SPECIAL PROCEDURES	0.199948	1,885	377	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646	65,757	2,147	57
58	MRI	0.043789	38,884	1,703	58
59	Cardiac Catheterization	0.092391			59
60	Laboratory	0.064607	831,185	53,700	60
60.01	PATHOLOGY	0.199611	1,464	292	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035	2,918	187	63
65	Respiratory Therapy	0.100085	484,577	48,499	65
66.01	REHABILITATION MEDICINE	0.317798	2,088,486	663,717	66.01
69	Electrocardiology	0.075068	19,904	1,494	69
69.02	CARDIOLOGY	0.133457	19,030	2,540	69.02
71	Medical Supplies Charged to Patients	0.318879	240,580	76,716	71
72	Impl. Dev. Charged to Patients	0.378545			72
73	Drugs Charged to Patients	0.116680	840,759	98,100	73
74	Renal Dialysis	0.126350	179,015	22,619	74
75	ASC (Non-Distinct Part)	0.173639	2,854	496	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119			90.02
90.03	PAIN MANAGMENT	0.390712			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053			90.07
91	Emergency	0.151058	1,552	234	91
92	Observation Beds (Non-Distinct Part)	0.233497			92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		5,023,167	1,000,613	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,023,167		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5573

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
31.01				31.01
40				40
41				41
ANCILLARY SERVICE COST CENTERS				
50	0.156313			50
52	0.238171			52
53	0.022584			53
54	0.146393	143,847	21,058	54
54.02	0.188627			54.02
54.03	0.101909	13,090	1,334	54.03
54.04	0.199948	630	126	54.04
54.05				54.05
57	0.032646	53	2	57
58	0.043789	15	1	58
59	0.092391			59
60	0.064607	1,062,105	68,619	60
60.01	0.199611	521	104	60.01
62.30				62.30
63	0.064035	229	15	63
65	0.100085	781,546	78,221	65
66.01	0.317798	2,642,928	839,917	66.01
69	0.075068	26,505	1,990	69
69.02	0.133457	3,384	452	69.02
71	0.318879	1,260,583	401,973	71
72	0.378545			72
73	0.116680	1,403,065	163,710	73
74	0.126350			74
75	0.173639			75
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01				90.01
90.02	0.189119			90.02
90.03	0.390712			90.03
90.05				90.05
90.06	1.592748			90.06
90.07	0.266053	4,124	1,097	90.07
91	0.151058			91
92	0.233497			92
93.01				93.01
OTHER REIMBURSABLE COST CENTERS				
200		7,342,625	1,578,619	200
201				201
202		7,342,625		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

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
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.156313			50
52	Delivery Room & Labor Room	0.238171			52
53	Anesthesiology	0.022584			53
54	Radiology-Diagnostic	0.146393			54
54.02	CANCER TREATMENT CENTER	0.188627			54.02
54.03	ULTRASOUND	0.101909			54.03
54.04	SPECIAL PROCEDURES	0.199948			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646			57
58	MRI	0.043789			58
59	Cardiac Catheterization	0.092391			59
60	Laboratory	0.064607			60
60.01	PATHOLOGY	0.199611			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035			63
65	Respiratory Therapy	0.100085			65
66.01	REHABILITATION MEDICINE	0.317798			66.01
69	Electrocardiology	0.075068			69
69.02	CARDIOLOGY	0.133457			69.02
71	Medical Supplies Charged to Patients	0.318879			71
72	Impl. Dev. Charged to Patients	0.378545			72
73	Drugs Charged to Patients	0.116680			73
74	Renal Dialysis	0.126350			74
75	ASC (Non-Distinct Part)	0.173639			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119			90.02
90.03	PAIN MANAGMENT	0.390712			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053			90.07
91	Emergency	0.151058			91
92	Observation Beds (Non-Distinct Part)	0.233497			92
93.01	OCCUP HEALTH				93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

(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
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.156313			50
52	Delivery Room & Labor Room	0.238171			52
53	Anesthesiology	0.022584			53
54	Radiology-Diagnostic	0.146393			54
54.02	CANCER TREATMENT CENTER	0.188627			54.02
54.03	ULTRASOUND	0.101909			54.03
54.04	SPECIAL PROCEDURES	0.199948			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646			57
58	MRI	0.043789			58
59	Cardiac Catheterization	0.092391			59
60	Laboratory	0.064607			60
60.01	PATHOLOGY	0.199611			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035			63
65	Respiratory Therapy	0.100085			65
66.01	REHABILITATION MEDICINE	0.317798			66.01
69	Electrocardiology	0.075068			69
69.02	CARDIOLOGY	0.133457			69.02
71	Medical Supplies Charged to Patients	0.318879			71
72	Impl. Dev. Charged to Patients	0.378545			72
73	Drugs Charged to Patients	0.116680			73
74	Renal Dialysis	0.126350			74
75	ASC (Non-Distinct Part)	0.173639			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119			90.02
90.03	PAIN MANAGMENT	0.390712			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053			90.07
91	Emergency	0.151058			91
92	Observation Beds (Non-Distinct Part)	0.233497			92
93.01	OCCUP HEALTH				93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

(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
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.156313			50
52	Delivery Room & Labor Room	0.238171			52
53	Anesthesiology	0.022584			53
54	Radiology-Diagnostic	0.146393			54
54.02	CANCER TREATMENT CENTER	0.188627			54.02
54.03	ULTRASOUND	0.101909			54.03
54.04	SPECIAL PROCEDURES	0.199948			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.032646			57
58	MRI	0.043789			58
59	Cardiac Catheterization	0.092391			59
60	Laboratory	0.064607			60
60.01	PATHOLOGY	0.199611			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.064035			63
65	Respiratory Therapy	0.100085			65
66.01	REHABILITATION MEDICINE	0.317798			66.01
69	Electrocardiology	0.075068			69
69.02	CARDIOLOGY	0.133457			69.02
71	Medical Supplies Charged to Patients	0.318879			71
72	Impl. Dev. Charged to Patients	0.378545			72
73	Drugs Charged to Patients	0.116680			73
74	Renal Dialysis	0.126350			74
75	ASC (Non-Distinct Part)	0.173639			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.189119			90.02
90.03	PAIN MANAGMENT	0.390712			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.592748			90.06
90.07	EVANSTON INFUSION CENTER	0.266053			90.07
91	Emergency	0.151058			91
92	Observation Beds (Non-Distinct Part)	0.233497			92
93.01	OCCUP HEALTH				93.01
	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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	32,997,952			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)	270,881			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	10,486,996			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	210.83			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)	25.22			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.75			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	13.44			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	39.41			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	40.86			10
11	FTE count for residents in dental and podiatric programs	6.17			11
12	Current year allowable FTE (see instructions)	45.58			12
13	Total allowable FTE count for the prior year	44.66			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	45.91			14
15	Sum of lines 12 through 14 divided by 3	45.38			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	45.38			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.215245			19
20	Prior year resident to bed ratio (see instructions)	0.214433			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.214433			21
22	IME payment adjustment (see instructions)	3,646,670			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,158,939			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)	1.45			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)	3,646,670			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,158,939			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1079			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3604			31
32	Sum of lines 30 and 31	0.4683			32
33	Allowable disproportionate share percentage (see instructions)	0.2785			33
34	Disproportionate share adjustment (see instructions)	2,297,483			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)			3,657,636	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,657,636	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,657,636			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	42,870,622			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)	44,029,561			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,182,934			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	1,971,207			52
53	Nursing and allied health managed care payment	54,852			53
54	Special add-on payments for new technologies	1,036			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).	169,994			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	13,831			58
59	Total (sum of amounts on lines 49 through 58)	49,423,415			59
60	Primary payer payments	22,817			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,400,598			61
62	Deductibles billed to program beneficiaries	3,155,012			62
63	Coinsurance billed to program beneficiaries	135,499			63
64	Allowable bad debts (see instructions)	1,343,350			64
65	Adjusted reimbursable bad debts (see instructions)	873,178			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	936,947			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,983,265			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)	-5,541			70.93
70.94	HRR adjustment amount (see instructions)	-168,294			70.94
71	Amount due provider (see instructions)	46,809,430			71
71.01	Sequestration adjustment (see instructions)	936,189			71.01
72	Interim payments	44,892,132			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	981,109			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	133,228			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	16,576			1
2	Medical and other services reimbursed under OPPTS (see instructions)	25,200,954			2
3	PPS payments	23,103,185			3
4	Outlier payment (see instructions)	417,097			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	35,183			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	16,576			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	142,699			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)	142,699			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)	142,699			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	126,123			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)	16,576			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	23,555,465			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,722,099			26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	18,849,942			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,078,795			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	19,928,737			30
31	Primary payer payments	2,944			31
32	Subtotal (line 30 minus line 31)	19,925,793			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)	1,120,303			34
35	Adjusted reimbursable bad debts (see instructions)	728,197			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	869,319			36
37	Subtotal (see instructions)	20,653,990			37
38	MSP-LCC reconciliation amount from PS&R	7			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	20,653,983			40
40.01	Sequestration adjustment (see instructions)	413,080			40.01
41	Interim payments	20,259,627			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-18,724			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	50			1
2	Medical and other services reimbursed under OPPTS (see instructions)	2,311			2
3	PPS payments	2,106			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)	50			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	432			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)	432			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)	432			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	382			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)	50			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)	2,106			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	430			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)	1,726			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)	1,726			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,726			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)	1,726			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)	1,726			40
40.01	Sequestration adjustment (see instructions)	35			40.01
41	Interim payments	1,691			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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	160			1
2	Medical and other services reimbursed under OPPTS (see instructions)	19,283			2
3	PPS payments	11,449			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)	160			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	1,370			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	1,370			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)	1,370			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,210			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)	160			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)	11,449			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,417			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)	9,192			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)	9,192			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	9,192			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)	9,192			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)	9,192			40
40.01	Sequestration adjustment (see instructions)	184			40.01
41	Interim payments	8,895			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	113			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5573

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	1,258			1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	1,258			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	10,784			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)	10,784			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)	10,784			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	9,526			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)	1,258			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)	1,258			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)	1,258			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,258			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)	1,258			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)	1,258			40
40.01	Sequestration adjustment (see instructions)	25			40.01
41	Interim payments	10,569			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-9,336			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0114

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		45,064,035		20,537,826	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)					
						3.01
						3.02
		Program				3.03
		to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
			05/12/2016	171,903	05/12/2016	278,199
						3.50
						3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			-171,903		-278,199
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)			44,892,132		20,259,627
						4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
		Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)			981,109		6.01
						6.02
7	Total Medicare program liability (see instructions)			45,873,241		20,240,903
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)
						8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S114

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,625,610		1,691
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			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)		1,625,610		1,691
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	91,988		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,717,598		1,691
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T114

WORKSHEET E-1
PART I

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

	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		3,026,692		8,895	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 05/12/2016	10,322			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	10,322			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)		3,037,014		8,895	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	17,656		113	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		3,054,670		9,008	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5573

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		1,811,196		10,569	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)		1,811,196		10,569	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	9,711			6.01
		.02			-9,336	6.02
7	Total Medicare program liability (see instructions)		1,820,907		1,233	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	11,339	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	17,924	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,634	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	49,569	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,337,652,263	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	36,671,814	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

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

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,852,679	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	12,240,437	9
10	Teaching adjustment factor $\{(1 + (\text{line 8}/\text{line 9}))^{\text{raised to the power of .5150} - 1}\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,852,679	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,852,679	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,852,679	18
19	Deductibles	120,400	19
20	Subtotal (line 18 minus line 19)	1,732,279	20
21	Coinsurance	73,493	21
22	Subtotal (line 20 minus line 21)	1,658,786	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	144,292	23
24	Adjusted reimbursable bad debts (see instructions)	93,790	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	77,018	25
26	Subtotal (sum of lines 22 and 24)	1,752,576	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	75	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,752,651	31
31.01	Sequestration adjustment (see instructions)	35,053	31.01
32	Interim payments	1,625,610	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	91,988	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,870,435		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.094900		2
3	Inpatient Rehabilitation LIP payments (see instructions)	264,654		3
4	Outlier payments	17,167		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	12.057377		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,152,256		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,152,256		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,152,256		19
20	Deductibles	6,412		20
21	Subtotal (line 19 minus line 20)	3,145,844		21
22	Coinsurance	32,816		22
23	Subtotal (line 21 minus line 22)	3,113,028		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,118		24
25	Adjusted reimbursable bad debts (see instructions)	3,977		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,118		26
27	Subtotal (sum of lines 23 and 25)	3,117,005		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	5		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,117,010		32
32.01	Sequestration adjustment (see instructions)	62,340		32.01
33	Interim payments	3,037,014		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	17,656		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

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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	1,894,566	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	1,894,566	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	46,407	7
8	Allowable bad debts (see instructions)	15,244	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	12,184	9
10	Adjusted reimbursable bad debts (see instructions)	9,909	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,858,068	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	1,858,068	15
15.01	Sequestration adjustment (see instructions)	37,161	15.01
16	Interim payments	1,811,196	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	9,711	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

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	13,296,787	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	13,296,787	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	13,296,787	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(c)		14
15	Ratio of line 13 to line 14 (not to exceed 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)	13,296,787	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)	13,296,787	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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			0.75	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)			14.98	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			41.43	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			40.86	6
7	Enter the lesser of line 5 or line 6			40.86	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	26.79	12.34	39.13	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	26.79	12.34	39.13	9
10	Weighted dental and podiatric resident FTE count for the current year		5.46		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	26.79	17.80		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	31.96	13.31		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	32.99	12.30		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	30.58	14.47		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	30.58	14.47		17
18	Per resident amount	150,813.23	142,821.00		18
19	Approved amount for resident costs	4,611,869	2,066,620	6,678,489	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)			6,678,489	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,941	5,859		26
27	Total inpatient days (see instructions)	59,060	59,060		27
28	Ratio of inpatient days to total inpatient days	0.371504	0.099204		28
29	Program direct GME amount	2,481,085	662,533		29
30	Reduction for direct GME payments for Medicare Advantage		93,616		30
31	Net Program direct GME amount			3,050,002	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)			9,282,790	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)			46,202,038	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)			22,817	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			46,179,221	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			25,275,775	42
43	Primary payer payments (see instructions)			2,944	43
44	Total Part B reasonable cost (line 42 minus line 43)			25,272,831	44
45	Total reasonable cost (sum of lines 41 and 44)			71,452,052	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.646297	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.353703	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			3,050,002	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,971,207	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,078,795	50

KPMG LLP Compu-Max 2552-10

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

WORKSHEET E-4

Check Title V
 Applicable Title XVIII
 Box: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE 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)			25.70	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6
7	Enter the lesser of line 5 or line 6			25.70	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	26.83	8.28	35.11	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	19.41	5.99	25.40	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	19.41	5.99		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	19.81	9.38		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	19.81	9.38		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	15,472	3,275		26
27	Total inpatient days (see instructions)	59,060	59,060		27
28	Ratio of inpatient days to total inpatient days	0.261971	0.055452		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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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	552,036				1
2	Temporary investments	2,050,550				2
3	Notes receivable					3
4	Accounts receivable	94,896,790				4
5	Other receivables	11,349,051				5
6	Allowances for uncollectible notes and accounts receivable	-73,438,085				6
7	Inventory	4,250,574				7
8	Prepaid expenses	1,027,673				8
9	Other current assets	7,110,000				9
10	Due from other funds	201,594,699				10
11	Total current assets (sum of lines 1-10)	249,393,288				11
FIXED ASSETS						
12	Land	7,960,138				12
13	Land improvements	3,506,386				13
14	Accumulated depreciation					14
15	Buildings	297,725,701				15
16	Accumulated depreciation	-305,194,909				16
17	Leasehold improvements	97,297				17
18	Accumulated depreciation					18
19	Fixed equipment	44,601,640				19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	132,635,189				23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	181,331,442				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	6,492,397				34
35	Total other assets (sum of lines 31-34)	6,492,397				35
36	Total assets (sum of lines 11, 30 and 35)	437,217,127				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	13,001,751				37
38	Salaries, wages and fees payable	9,049,333				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	2,326,729				43
44	Other current liabilities	35,889,688				44
45	Total current liabilities (sum of lines 37 thru 44)	60,267,501				45
LONG TERM LIABILITIES						
46	Mortgage payable	541,442				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	201,881,779				49
50	Total long term liabilities (sum of lines 46 thru 49)	202,423,221				50
51	Total liabilities (sum of lines 45 and 50)	262,690,722				51
CAPITAL ACCOUNTS						
52	General fund balance	174,526,405				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	174,526,405				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	437,217,127				60

KPMG LLP Compu-Max 2552-10

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		169,557,918		1
2	Net income (loss) (from Worksheet G-3, line 29)				2
3	Total (sum of line 1 and line 2)		169,557,918		3
4	Additions (credit adjustments) (specify)				4
5	TRANSFERS AND GAINS	4,968,487			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		4,968,487		10
11	Subtotal (line 3 plus line 10)		174,526,405		11
12	Deductions (debit adjustments) (specify)				12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		174,526,405		19

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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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	139,826,797		139,826,797	1
2	Subprovider IPF	11,620,519		11,620,519	2
3	Subprovider IRF	11,553,237		11,553,237	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	7,585,656		7,585,656	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	170,586,209		170,586,209	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	22,165,299		22,165,299	11
11.01	SPECIAL CARE NURSERY				11.01
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,165,299		22,165,299	16
17	Total inpatient routine care services (sum of lines 10 and 16)	192,751,508		192,751,508	17
18	Ancillary services	489,228,742		489,228,742	18
19	Outpatient services		657,496,385	657,496,385	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)	681,980,250	657,496,385	1,339,476,635	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		254,370,028	29
30	Add (specify)			30
31	BAD DEBT	11,690,245		31
32				32
33				33
34				34
35	FHBT PREM			35
36	Total additions (sum of lines 30-35)		11,690,245	36
37	Deduct (specify)			37
38	DSR INCOME			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)		266,060,273	43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,339,476,635	1
2	Less contractual allowances and discounts on patients' accounts	1,071,552,635	2
3	Net patient revenues (line 1 minus line 2)	267,924,000	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	266,060,273	4
5	Net income from service to patients (line 3 minus line 4)	1,863,727	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to 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		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	19,687,897	24
25	Total other income (sum of lines 6-24)	19,687,897	25
26	Total (line 5 plus line 25)	21,551,624	26
27	Other expenses (NON OPERATING)	-2,977,428	27
27.01	Other expenses (MONTH END CLEARING)	24,529,052	27.01
28	Total other expenses (sum of line 27 and subscripts)	21,551,624	28

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	220,248		22,274		225,493	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	490,291					6
7	Physical Therapy	317,834					7
8	Occupational Therapy	139,823					8
9	Speech Pathology	3,703					9
10	Medical Social Services	5,396					10
11	Home Health Aide	105,922					11
12	Supplies (see instructions)					5,760	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,283,217		22,274		231,253	24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	468,015	5,348	473,363	-51	473,312	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	490,291		490,291		490,291	6
7	Physical Therapy	317,834		317,834		317,834	7
8	Occupational Therapy	139,823		139,823		139,823	8
9	Speech Pathology	3,703		3,703		3,703	9
10	Medical Social Services	5,396		5,396		5,396	10
11	Home Health Aide	105,922		105,922		105,922	11
12	Supplies (see instructions)	5,760		5,760		5,760	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,536,744	5,348	1,542,092	-51	1,542,041	24

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	473,312				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	490,291				6
7	Physical Therapy	317,834				7
8	Occupational Therapy	139,823				8
9	Speech Pathology	3,703				9
10	Medical Social Services	5,396				10
11	Home Health Aide	105,922				11
12	Supplies (see instructions)	5,760				12
13	Drugs					13
14	DME					14
HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	1,542,041				24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		473,312	473,312		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		490,291	272,264	762,555	6
7	Physical Therapy		317,834	118,948	436,782	7
8	Occupational Therapy		139,823	58,998	198,821	8
9	Speech Pathology		3,703	586	4,289	9
10	Medical Social Services		5,396	3,088	8,484	10
11	Home Health Aide		105,922	15,312	121,234	11
12	Supplies (see instructions)		5,760	4,116	9,876	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		1,542,041		1,542,041	24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-473,312	8,347,182	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					4,311,270	4,801,561	6
7	Physical Therapy					1,779,903	2,097,737	7
8	Occupational Therapy					900,645	1,040,468	8
9	Speech Pathology					6,636	10,339	9
10	Medical Social Services					49,060	54,456	10
11	Home Health Aide					164,111	270,033	11
12	Supplies (see instructions)					66,828	72,588	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					6,805,141	8,347,182	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						473,312	25
26	Unit Cost Multiplier						0.056703	26

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
1	Administrative and General		6,923	19,139	32,048	2,392	892	1
2	Skilled Nursing Care	762,555			71,341			2
3	Physical Therapy	436,782			46,248			3
4	Occupational Therapy	198,821			20,346			4
5	Speech Pathology	4,289			539			5
6	Medical Social Services	8,484			785			6
7	Home Health Aide	121,234			15,413			7
8	Supplies	9,876						8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	1,542,041	6,923	19,139	186,720	2,392	892	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	4A	5.06	6	7	
1	Administrative and General	3,943	5,657	70,994	18,251		29,038	1
2	Skilled Nursing Care			833,896	214,377			2
3	Physical Therapy			483,030	124,176			3
4	Occupational Therapy			219,167	56,343			4
5	Speech Pathology			4,828	1,241			5
6	Medical Social Services			9,269	2,383			6
7	Home Health Aide			136,647	35,129			7
8	Supplies			9,876	2,539			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	3,943	5,657	1,767,707	454,439		29,038	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINI- STRATION	
		8	9	10	11	12	13	
1	Administrative and General				49,488			1
2	Skilled Nursing Care						48,697	2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				49,488		48,697	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		14	15	16	17	19	20	
1	Administrative and General		197	5,872	97,527			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		197	5,872	97,527			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	
		21	22	23	24	25	26	
1	Administrative and General				271,367		271,367	1
2	Skilled Nursing Care				1,096,970		1,096,970	2
3	Physical Therapy				607,206		607,206	3
4	Occupational Therapy				275,510		275,510	4
5	Speech Pathology				6,069		6,069	5
6	Medical Social Services				11,652		11,652	6
7	Home Health Aide				171,776		171,776	7
8	Supplies				12,415		12,415	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				2,452,965		2,452,965	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28					
1	Administrative and General							1
2	Skilled Nursing Care	136,452	1,233,422					2
3	Physical Therapy	75,530	682,736					3
4	Occupational Therapy	34,270	309,780					4
5	Speech Pathology	755	6,824					5
6	Medical Social Services	1,449	13,101					6
7	Home Health Aide	21,367	193,143					7
8	Supplies	1,544	13,959					8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	271,367	2,452,965					20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.124389						21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
1	Administrative and General	541	19,235	220,248	4	14,252	2,151,068	1
2	Skilled Nursing Care			490,291				2
3	Physical Therapy			317,834				3
4	Occupational Therapy			139,823				4
5	Speech Pathology			3,703				5
6	Medical Social Services			5,396				6
7	Home Health Aide			105,922				7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	541	19,235	1,283,217	4	14,252	2,151,068	20
21	Total cost to be allocated	6,923	19,139	186,720	2,392	892	3,943	21
22	Unit Cost Multiplier	12.796673		0.145509		0.062588		22
22	Unit Cost Multiplier		0.995009		598.000000		0.001833	22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	4A.06	5.06	6	7	8	
1	Administrative and General	2,151,068		70,994		541		1
2	Skilled Nursing Care			833,896				2
3	Physical Therapy			483,030				3
4	Occupational Therapy			219,167				4
5	Speech Pathology			4,828				5
6	Medical Social Services			9,269				6
7	Home Health Aide			136,647				7
8	Supplies			9,876				8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	2,151,068		1,767,707		541		20
21	Total cost to be allocated	5,657		454,439		29,038		21
22	Unit Cost Multiplier	0.002630		0.257078		53.674677		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	
		9	10	11	12	13	14	
1	Administrative and General			1,506				1
2	Skilled Nursing Care					31,455		2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			1,506		31,455		20
21	Total cost to be allocated			49,488		48,697		21
22	Unit Cost Multiplier			32.860558		1,548148		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
1	Administrative and General	488	2,151,068	374				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	488	2,151,068	374				20
21	Total cost to be allocated	197	5,872	97,527				21
22	Unit Cost Multiplier	0.403689		260.767380				22
22	Unit Cost Multiplier		0.002730					22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		1	2	3	4	5		
1	Skilled Nursing Care	2	1,233,422		1,233,422	4,919	250.75	1
2	Physical Therapy	3	682,736	683,605	1,366,341	4,002	341.41	2
3	Occupational Therapy	4	309,780		309,780	1,518	204.07	3
4	Speech Pathology	5	6,824		6,824	50	136.48	4
5	Medical Social Services	6	13,101		13,101	70	187.16	5
6	Home Health Aide	7	193,143		193,143	248	778.80	6
7	Total (sum of lines 1-6)		2,439,006	683,605	3,122,611	10,807		7

Limitation Cost Computation					Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		1	2	3	4		
8	Skilled Nursing Care	16974		2,097		8	
9	Physical Therapy	16974		1,627		9	
10	Occupational Therapy	16974		707		10	
11	Speech Pathology	16974		45		11	
12	Medical Social Services	16974		40		12	
13	Home Health Aide	16974		150		13	
14	Total (sum of lines 8-13)			4,666		14	

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		1	2	3	4	5		
15	Cost of Medical Supplies	8	13,959		13,959	7,045	1.981405	15
16	Cost of Drugs	9						16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
		1	2	3	4	5	
1	Physical Therapy	66				col. 2, line 2	1
1.01	REHABILITATION MEDICINE	66.01	0.317798	2,151,068	683,605	col. 2, line 2	1.01
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68				col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.318879			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.116680			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/24/2017 Run Time: 13:30 Version: 2017.01 (02/22/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11	12		
1 Skilled Nursing Care		2,097			525,823		525,823	1	
2 Physical Therapy		1,627			555,474		555,474	2	
3 Occupational Therapy		707			144,277		144,277	3	
4 Speech Pathology		45			6,142		6,142	4	
5 Medical Social Services		40			7,486		7,486	5	
6 Home Health Aide		150			116,820		116,820	6	
7 Total (sum of lines 1-6)		4,666			1,356,022		1,356,022	7	

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

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CALCULATION OF HHA REIMBURSEMRNT SETTLEMENT

HHA CCN: 14-7126

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

Check applicable box: Title V Title XVIII Title XIX

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		941,524	11
12	Total PPS Reimbursement - Full Episodes with Outliers		1,912	12
13	Total PPS Reimbursement - LUPA Episodes		29,441	13
14	Total PPS Reimbursement - PEP Episodes		24,641	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		142	15
16	Total PPS Outlier Reimbursement - PSP Episodes		642	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		998,302	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		998,302	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		998,302	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		998,302	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		998,302	31
31.01	Sequestration adjustment (see instructions)		19,966	31.01
32	Interim payments (see instructions)		978,336	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7126

WORKSHEET H-5

DESCRIPTION			Part A		Part B		
			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					978,336	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	To	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	To	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					978,336	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	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01					6.01
		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					978,336	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.

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0114

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,646,841	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	13,871	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)	137.07	3
4	Number of interns & residents (see instructions)	45.38	4
5	Indirect medical education percentage (see instructions)	9.79	5
6	Indirect medical education adjustment (see instructions)	259,126	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1079	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3604	8
9	Sum of lines 7 and 8	0.4683	9
10	Allowable disproportionate share percentage (see instructions)	0.0994	10
11	Disproportionate share adjustment (see instructions)	263,096	11
12	Total prospective capital payments (see instructions)	3,182,934	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
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	SPECIAL CARE NURSERY						31.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66.01	REHABILITATION MEDICINE						66.01
69	Electrocardiology						69
69.02	CARDIOLOGY						69.02
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY							190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY							190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS							190.14
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202