

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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: 09/25/2017 Time: 14:22	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR (14-0049) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 05/01/2016 and ending 04/30/2017, 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		782,639	-364,503	-10,096	1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL		782,639	-364,503	-10,096	200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 3 ERIE COURT	P.O. Box:								1
2	City: OAK PARK	State: IL	ZIP Code: 60302	County: COOK						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	WEST SUBURBAN HOSP MED CTR	14-0049	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	WEST SUBURBAN SNF	14-5743	16974		12 / 28 / 1992	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 05 / 01 / 2016	To: 04 / 30 / 2017							20
21	Type of control (see instructions)	4								21

Inpatient PPS Information

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1	2	3	4	5	6		
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,697	946	2		8,734	300	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

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**WORKSHEET S-2
PART I**

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 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**WORKSHEET S-2
PART I**

		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
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	I	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	Y	Y	Y
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

		1	2	3	
	Teaching Hospitals				
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)	N			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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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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	FAMILY MEDICINE	1350			26.00		65
65.01	INTERNAL MEDICINE	1400			24.00		65.01
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				1.45		66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	FAMILY MEDICINE	1350			28.15		67
67.01	INTERNAL MEDICINE	1400			28.72		67.01
67.02	INTERNAL MEDICINE	1400			22.16		67.02

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	2,215,805			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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.25			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2016	09 / 28 / 2016		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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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	C	12/31/2016	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/31/2017	Y	07/31/2017
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: BETH	Last name: SLOAN	Title: DIRECTOR OF REIMBURSEMENT	41
42	Employer: TENET HEALTHCARE CORP			42
43	Phone number: 606.451.1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	114	41,610			6,611	2,044	22,278	1
2	HMO and other (see instructions)						3,602	8,734		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		114	41,610			6,611	2,044	22,278	7
8	Intensive Care Unit	31	21	7,665			1,177	290	3,228	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,311	4,083	13
14	Total (see instructions)		135	49,275			7,788	3,645	29,589	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	39	14,235			6,555	27	9,734	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		174							27
28	Observation Bed Days							110	1,768	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							300	502	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,775	699	7,295	1
2	HMO and other (see instructions)					804	2,400		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	58.17	803.20			1,775	699	7,295	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		36.13						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	58.17	839.33						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	Total salaries (see instructions)	200	57,213,075		57,213,075	1,745,810.00	32.77	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		188,655		188,655	1,894.00	99.61	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,835,827	-188,655	4,647,172	149,211.00	31.14	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		4,421,688		4,421,688	122,705.00	36.04	8
9	SNF	44	2,223,125		2,223,125	75,146.00	29.58	9
10	Excluded area salaries (see instructions)		538,886	121,353	660,239	16,759.00	39.40	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,649,405		1,649,405	30,521.00	54.04	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		77,085		77,085	526.00	146.55	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		8,843,376		8,843,376	245,410.00	36.04	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)		9,554,444		9,554,444			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		123,167		123,167			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching		48,753		48,753			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		866,925		866,925			25
25.50	Home office wage-related		841,801		841,801			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		281,357	36,147	317,504	8,284.00	38.33	26
27	Administrative & General		6,432,498	-1,103,601	5,328,897	141,212.00	37.74	27
28	Administrative & General under contract (see instructions)		7,710		7,710	99.00	77.88	28
29	Maintenance & Repairs							29
30	Operation of Plant		1,654,844		1,654,844	64,467.00	25.67	30
31	Laundry & Linen Service							31
32	Housekeeping		1,410,519		1,410,519	96,985.00	14.54	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,144,406		1,144,406	69,574.00	16.45	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,042,567		1,042,567	21,818.00	47.78	38
39	Central Services and Supply		258,160		258,160	13,478.00	19.15	39
40	Pharmacy		1,393,697	96,071	1,489,768	35,284.00	42.22	40
41	Medical Records & Medical Records Library		418,768	850,030	1,268,798	47,219.00	26.87	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		47,774,615	188,655	47,963,270	1,472,099.00	32.58	1
2	Excluded area salaries (see instructions)		2,762,011	121,353	2,883,364	91,905.00	31.37	2
3	Subtotal salaries (line 1 minus line 2)		45,012,604	67,302	45,079,906	1,380,194.00	32.66	3
4	Subtotal other wages & related costs (see instructions)		10,569,866		10,569,866	276,457.00	38.23	4

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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III**

5	Subtotal wage-related costs (see instructions)		10,396,245		10,396,245		23.06%	5
6	Total (sum of lines 3 through 5)		65,978,715	67,302	66,046,017	1,656,651.00	39.87	6
7	Total overhead cost (see instructions)		14,044,526	-121,353	13,923,173	498,420.00	27.93	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	720,287	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	4,405,171	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	-80,686	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	345,118	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	3,843,474	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	211,656	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	109,424	23
24	Total Wage Related cost (Sum of lines 1-23)	9,554,444	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	1,649,405	9,554,444	1
2	Hospital	1,649,405	9,554,444	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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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX	41		41	3
4	RUL	52		52	4
5	RVX				5
6	RVL	15		15	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	713		713	12
13	RUB	998		998	13
14	RUA	3,038		3,038	14
15	RVC	233		233	15
16	RVB	244		244	16
17	RVA	860		860	17
18	RHC	25		25	18
19	RHB				19
20	RHA	33		33	20
21	RMC	6		6	21
22	RMB	6		6	22
23	RMA	64		64	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	3		3	32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	7		7	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1	11		11	40
41	LC2				41
42	LC1				42
43	LB2	4		4	43
44	LB1	36		36	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	7		7	48
49	CC2				49
50	CC1	13		13	50
51	CB2				51
52	CB1	33		33	52
53	CA2				53
54	CA1	75		75	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1	5		5	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1	5		5	72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	23		23	76
77	PA2				77
78	PA1	5		5	78
199	AAA				199
200	TOTAL	6,555		6,555	200

SNF SERVICES

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	4,480,453			207

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.167532	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		31,215,218	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		9,868,026	5
6	Medicaid charges		233,439,355	6
7	Medicaid cost (line 1 times line 6)		39,108,562	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		8,427,574	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	11,304,271	184,293	11,488,564	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,893,827	30,875	1,924,702	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,893,827	30,875	1,924,702	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			8,096,136	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,358,937	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,737,199	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,128,696	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			3,053,398	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,053,398	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				4,828,819	4,828,819	1,390,184	6,219,003	1
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						843,605	843,605	1.01
2	00200	Cap Rel Costs-Mvble Equip				2,642,859	2,642,859	1,576,533	4,219,392	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	281,357	10,757,074	11,038,431	21,714	11,060,145	42,142	11,102,287	4
5	00500	Administrative & General	6,432,498	18,660,525	25,093,023	-7,994,585	17,098,438	1,449,320	18,547,758	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,654,844	5,700,952	7,355,796	-936,308	6,419,488	-23,593	6,395,895	7
7.01	00701	OPERATION OF PLANT-RIVER FOREST				926,509	926,509		926,509	7.01
8	00800	Laundry & Linen Service		816,372	816,372	50,615	866,987		866,987	8
9	00900	Housekeeping	1,410,519	1,053,975	2,464,494	-196,418	2,268,076	-76,491	2,191,585	9
9.01	00901	HOUSEKEEPING-RIVER FOREST				191,151	191,151		191,151	9.01
10	01000	Dietary	1,144,406	470,151	1,614,557	-3,248	1,611,309	-360,967	1,250,342	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,042,567	29,763	1,072,330	-59	1,072,271		1,072,271	13
14	01400	Central Services & Supply	258,160	321,338	579,498	289,429	868,927	-1,455	867,472	14
15	01500	Pharmacy	1,393,697	4,411,141	5,804,838	-2,494,272	3,310,566	-608	3,309,958	15
16	01600	Medical Records & Library	418,768	250,181	668,949	858,993	1,527,942	-16,715	1,511,227	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,835,827		4,835,827	-188,655	4,647,172		4,647,172	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,480,940	1,480,940	188,383	1,669,323	-15,619	1,653,704	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	9,784,336	2,623,440	12,407,776	-383,676	12,024,100	-1,452,577	10,571,523	30
31	03100	Intensive Care Unit	2,037,044	643,985	2,681,029	-181,612	2,499,417	-68,518	2,430,899	31
43	04300	Nursery	841,232	70,674	911,906	-34,909	876,997		876,997	43
44	04400	Skilled Nursing Facility	2,223,125	320,820	2,543,945	-104,837	2,439,108	-17,407	2,421,701	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,246,584	4,465,939	7,712,523	-1,805,365	5,907,158	-326,527	5,580,631	50
51	05100	Recovery Room	620,670	59,546	680,216	-49,584	630,632		630,632	51
52	05200	Delivery Room & Labor Room	2,269,870	385,719	2,655,589	-168,286	2,487,303	-80	2,487,223	52
53	05300	Anesthesiology	108,538	878,661	987,199	-78,027	909,172	-736,934	172,238	53
54	05400	Radiology-Diagnostic	2,621,122	1,005,924	3,627,046	-513,175	3,113,871	-14,569	3,099,302	54
55.01	03340	GASTRO INTESTINAL SERVICES	778,233	535,702	1,313,935	-109,650	1,204,285	-415	1,203,870	55.01
55.02	03630	ULTRA SOUND	721,579	49,907	771,486	-12,122	759,364		759,364	55.02
56	05600	Radioisotope	195,066	289,255	484,321	-226,779	257,542		257,542	56
57	05700	CT Scan	709,069	381,952	1,091,021	-35,287	1,055,734	-1,814	1,053,920	57
58	05800	MRI	244,835	236,309	481,144	-7,637	473,507	-1,094	472,413	58
59	05900	Cardiac Catheterization	517,036	1,659,422	2,176,458	-1,389,350	787,108		787,108	59
60	06000	Laboratory	295,512	3,789,671	4,085,183	11,504	4,096,687		4,096,687	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		534,594	534,594	-3,820	530,774		530,774	63
65	06500	Respiratory Therapy	966,091	238,881	1,204,972	-102,293	1,102,679	-8,729	1,093,950	65
66	06600	Physical Therapy	2,091,559	333,582	2,425,141	-13,408	2,411,733	-1,907	2,409,826	66
67	06700	Occupational Therapy	166,360	272	166,632		166,632		166,632	67
68	06800	Speech Pathology	171,192	4,929	176,121	-3,902	172,219		172,219	68
69	06900	Electrocardiology	586,139	177,971	764,110	-6,706	757,404	-103,331	654,073	69
71	07100	Medical Supplies Charged to Patients				1,187,416	1,187,416		1,187,416	71
72	07200	Impl. Dev. Charged to Patients				2,996,243	2,996,243		2,996,243	72
73	07300	Drugs Charged to Patients				6,355,181	6,355,181		6,355,181	73
74	07400	Renal Dialysis		618,517	618,517	-4,102	614,415		614,415	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,822,877	1,106,364	2,929,241	-226,635	2,702,606	-543,173	2,159,433	90
90.01	04950	DIABETOLOGY	99,826	1,472	101,298	-2	101,296		101,296	90.01
90.02	04951	CANCER CENTER	406,525	3,918,432	4,324,957	-2,850,723	1,474,234	-6,265	1,467,969	90.02
90.03	09001	WOUND CARE	1,735	874,413	876,148	-36,009	840,139	-7,305	832,834	90.03
91	09100	Emergency	4,275,391	3,114,518	7,389,909	-405,935	6,983,974	-1,786,942	5,197,032	91
92	09200	Observation Beds (Non-Distinct Part)								92

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	56,674,189	72,273,283	128,947,472	-18,560	128,928,912	-271,251	128,657,661	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		1,161	1,161		1,161		1,161	190
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	69,853	278,770	348,623	56,676	405,299		405,299	194
194.0	07951	HOSPITALIST								194.0
194.0	07952	RETAIL PHARMACY	272,176	378,976	651,152	-105,072	546,080		546,080	194.0
194.0	07953	COMMUNITY RELATIONS	60,861	89,701	150,562		150,562		150,562	194.0
194.0	07954	PHYSICIAN CLINICS	135,996	2,016	138,012	-1,320	136,692		136,692	194.0
194.0	07955	GUEST MEALS								194.0
194.0	07956	CATERING MEALS								194.0
194.0	07957	RESEARCH,RIVER FOREST NONREIMB				68,276	68,276		68,276	194.0
200		TOTAL (sum of lines 118-199)	57,213,075	73,023,907	130,236,982		130,236,982	-271,251	129,965,731	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 & AMORTIZATION	A	Cap Rel Costs-Bldg & Fixt	1		4,136,153
2	DEPRECIATION & AMORTIZATION	A	Cap Rel Costs-Mvble Equip	2		1,993,666
500	Total reclassifications					6,129,819
	Code Letter - A					
1	RENTS	B	Cap Rel Costs-Bldg & Fixt	1		203,867
2	RENTS	B	Cap Rel Costs-Mvble Equip	2		592,221
3	RENTS	B	Laboratory	60		16,178
4	RENTS	B				
5	RENTS	B				
6	RENTS	B				
7	RENTS	B				
8	RENTS	B				
9	RENTS	B				
10	RENTS	B				
11	RENTS	B				
12	RENTS	B				
13	RENTS	B				
14	RENTS	B				
500	Total reclassifications					812,266
	Code Letter - B					
1	INTEREST EXPENSE	C	Cap Rel Costs-Mvble Equip	2		56,972
500	Total reclassifications					56,972
	Code Letter - C					
1	PROPERTY TAX	D	Cap Rel Costs-Bldg & Fixt	1		461,827
500	Total reclassifications					461,827
	Code Letter - D					
1	INSURANCE	E	Cap Rel Costs-Bldg & Fixt	1		26,972
500	Total reclassifications					26,972
	Code Letter - E					
1	BILLABLE DRUGS	F	Drugs Charged to Patients	73		6,355,181
2	BILLABLE DRUGS	F				
3	BILLABLE DRUGS	F				
4	BILLABLE DRUGS	F				
5	BILLABLE DRUGS	F				
6	BILLABLE DRUGS	F				
7	BILLABLE DRUGS	F				
8	BILLABLE DRUGS	F				
9	BILLABLE DRUGS	F				
10	BILLABLE DRUGS	F				
11	BILLABLE DRUGS	F				
12	BILLABLE DRUGS	F				
13	BILLABLE DRUGS	F				
14	BILLABLE DRUGS	F				
15	BILLABLE DRUGS	F				
16	BILLABLE DRUGS	F				
17	BILLABLE DRUGS	F				
18	BILLABLE DRUGS	F				
19	BILLABLE DRUGS	F				
20	BILLABLE DRUGS	F				
21	BILLABLE DRUGS	F				
22	BILLABLE DRUGS	F				
23	BILLABLE DRUGS	F				
24	BILLABLE DRUGS	F				
25	BILLABLE DRUGS	F				
26	BILLABLE DRUGS	F				
27	BILLABLE DRUGS	F				
28	BILLABLE DRUGS	F				
29	BILLABLE DRUGS	F				
30	BILLABLE DRUGS	F				
31	BILLABLE DRUGS	F				
32	BILLABLE DRUGS	F				
33	BILLABLE DRUGS	F				
500	Total reclassifications					6,355,181
	Code Letter - F					

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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	LAUNDRY	G	Laundry & Linen Service	8		50,615	1
2	LAUNDRY	G	Housekeeping	9		69	2
3	LAUNDRY	G					3
4	LAUNDRY	G					4
5	LAUNDRY	G					5
6	LAUNDRY	G					6
7	LAUNDRY	G					7
8	LAUNDRY	G					8
9	LAUNDRY	G					9
10	LAUNDRY	G					10
11	LAUNDRY	G					11
12	LAUNDRY	G					12
13	LAUNDRY	G					13
14	LAUNDRY	G					14
15	LAUNDRY	G					15
16	LAUNDRY	G					16
17	LAUNDRY	G					17
18	LAUNDRY	G					18
19	LAUNDRY	G					19
500	Total reclassifications					50,684	500
	Code Letter - G						
1	BILLABLE SUPPLIES	H	Medical Supplies Charged to P	71		1,187,416	1
2	BILLABLE SUPPLIES	H	Central Services & Supply	14		494,666	2
3	BILLABLE SUPPLIES	H					3
4	BILLABLE SUPPLIES	H					4
5	BILLABLE SUPPLIES	H					5
6	BILLABLE SUPPLIES	H					6
7	BILLABLE SUPPLIES	H					7
8	BILLABLE SUPPLIES	H					8
9	BILLABLE SUPPLIES	H					9
10	BILLABLE SUPPLIES	H					10
11	BILLABLE SUPPLIES	H					11
12	BILLABLE SUPPLIES	H					12
13	BILLABLE SUPPLIES	H					13
14	BILLABLE SUPPLIES	H					14
15	BILLABLE SUPPLIES	H					15
16	BILLABLE SUPPLIES	H					16
17	BILLABLE SUPPLIES	H					17
18	BILLABLE SUPPLIES	H					18
19	BILLABLE SUPPLIES	H					19
20	BILLABLE SUPPLIES	H					20
21	BILLABLE SUPPLIES	H					21
22	BILLABLE SUPPLIES	H					22
23	BILLABLE SUPPLIES	H					23
24	BILLABLE SUPPLIES	H					24
25	BILLABLE SUPPLIES	H					25
26	BILLABLE SUPPLIES	H					26
27	BILLABLE SUPPLIES	H					27
28	BILLABLE SUPPLIES	H					28
29	BILLABLE SUPPLIES	H					29
30	BILLABLE SUPPLIES	H					30
31	BILLABLE SUPPLIES	H					31
32	BILLABLE SUPPLIES	H					32
33	BILLABLE SUPPLIES	H					33
34	BILLABLE SUPPLIES	H					34
35	BILLABLE SUPPLIES	H					35
36	BILLABLE SUPPLIES	H					36
500	Total reclassifications					1,682,082	500
	Code Letter - H						
1	IMPLANTABLE DEVICE	I	Impl. Dev. Charged to Patient	72		2,996,243	1
2	IMPLANTABLE DEVICE	I					2
3	IMPLANTABLE DEVICE	I					3
4	IMPLANTABLE DEVICE	I					4
5	IMPLANTABLE DEVICE	I					5
6	IMPLANTABLE DEVICE	I					6
7	IMPLANTABLE DEVICE	I					7
8	IMPLANTABLE DEVICE	I					8
9	IMPLANTABLE DEVICE	I					9

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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	
10	IMPLANTABLE DEVICE	I					10
11	IMPLANTABLE DEVICE	I					11
12	IMPLANTABLE DEVICE	I					12
500	Total reclassifications					2,996,243	500
	Code Letter - I						
1	CHICAGO MARKET (DEPT 5575)	J	Employee Benefits Department	4	36,147	828	1
2	CHICAGO MARKET (DEPT 5575)	J	Pharmacy	15	96,071	817	2
3	CHICAGO MARKET (DEPT 5575)	J	Medical Records & Library	16	850,030	8,963	3
4	CHICAGO MARKET (DEPT 5575)	J	MARKETING	194	56,145	531	4
5	CHICAGO MARKET (DEPT 5575)	J	RESEARCH,RIVER FOREST NONREIM	194.07	65,208	3,068	5
500	Total reclassifications				1,103,601	14,207	500
	Code Letter - J						
1	RIVER FOREST COSTS	K	OPERATION OF PLANT-RIVER FORE	7.01	157,527	768,982	1
2	RIVER FOREST COSTS	K	HOUSEKEEPING-RIVER FOREST	9.01		191,151	2
500	Total reclassifications				157,527	960,133	500
	Code Letter - K						
1	TEACHING PHYSICIAN SALARY	L	I&R Services-Other Prgm Costs	22	188,655		1
500	Total reclassifications				188,655		500
	Code Letter - L						
	GRAND TOTAL (Increases)				1,449,783	19,546,386	

(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 & AMORTIZATION	A	Administrative & General	5		6,129,672	9	1
2	DEPRECIATION & AMORTIZATION	A	Skilled Nursing Facility	44		147	9	2
500	Total reclassifications					6,129,819		500
	Code letter - A							
1	RENTS	B	Administrative & General	5		200,674	10	1
2	RENTS	B	Operation of Plant	7		9,618	10	2
3	RENTS	B	Dietary	10		483		3
4	RENTS	B	Central Services & Supply	14		204,351		4
5	RENTS	B	Pharmacy	15		65,039		5
6	RENTS	B	Adults & Pediatrics	30		95,842		6
7	RENTS	B	Intensive Care Unit	31		32,511		7
8	RENTS	B	Skilled Nursing Facility	44		47,593		8
9	RENTS	B	Operating Room	50		23,494		9
10	RENTS	B	Radiology-Diagnostic	54		41,367		10
11	RENTS	B	Respiratory Therapy	65		67,441		11
12	RENTS	B	Clinic	90		22,801		12
13	RENTS	B	CANCER CENTER	90.02		207		13
14	RENTS	B	Emergency	91		845		14
500	Total reclassifications					812,266		500
	Code letter - B							
1	INTEREST EXPENSE	C	Administrative & General	5		56,972	11	1
500	Total reclassifications					56,972		500
	Code letter - C							
1	PROPERTY TAX	D	Administrative & General	5		461,827	13	1
500	Total reclassifications					461,827		500
	Code letter - D							
1	INSURANCE	E	Administrative & General	5		26,972	12	1
500	Total reclassifications					26,972		500
	Code letter - E							
1	BILLABLE DRUGS	F	Employee Benefits Department	4		15,063		1
2	BILLABLE DRUGS	F	Administrative & General	5		652		2
3	BILLABLE DRUGS	F	Operation of Plant	7		47		3
4	BILLABLE DRUGS	F	Housekeeping	9		249		4
5	BILLABLE DRUGS	F	Dietary	10		2,756		5
6	BILLABLE DRUGS	F	Central Services & Supply	14		886		6
7	BILLABLE DRUGS	F	Pharmacy	15		2,507,949		7
8	BILLABLE DRUGS	F	Adults & Pediatrics	30		83,270		8
9	BILLABLE DRUGS	F	Intensive Care Unit	31		42,251		9
10	BILLABLE DRUGS	F	Nursery	43		4,547		10
11	BILLABLE DRUGS	F	Skilled Nursing Facility	44		4,629		11
12	BILLABLE DRUGS	F	Operating Room	50		57,907		12
13	BILLABLE DRUGS	F	Recovery Room	51		7,545		13
14	BILLABLE DRUGS	F	Delivery Room & Labor Room	52		46,439		14
15	BILLABLE DRUGS	F	Anesthesiology	53		24,917		15
16	BILLABLE DRUGS	F	Radiology-Diagnostic	54		7,672		16
17	BILLABLE DRUGS	F	GASTRO INTESTINAL SERVICES	55.01		28,721		17
18	BILLABLE DRUGS	F	ULTRA SOUND	55.02		2,330		18
19	BILLABLE DRUGS	F	Radioisotope	56		223,456		19
20	BILLABLE DRUGS	F	CT Scan	57		3,643		20
21	BILLABLE DRUGS	F	MRI	58		2,454		21
22	BILLABLE DRUGS	F	Cardiac Catheterization	59		3,598		22
23	BILLABLE DRUGS	F	Blood Storing, Processing & T	63		3,099		23
24	BILLABLE DRUGS	F	Respiratory Therapy	65		1,289		24
25	BILLABLE DRUGS	F	Physical Therapy	66		33		25
26	BILLABLE DRUGS	F	Electrocardiology	69		542		26
27	BILLABLE DRUGS	F	Renal Dialysis	74		2,972		27
28	BILLABLE DRUGS	F	Clinic	90		166,735		28
29	BILLABLE DRUGS	F	CANCER CENTER	90.02		2,841,669		29
30	BILLABLE DRUGS	F	WOUND CARE	90.03		10,365		30
31	BILLABLE DRUGS	F	Emergency	91		151,122		31
32	BILLABLE DRUGS	F	RETAIL PHARMACY	194.02		105,054		32
33	BILLABLE DRUGS	F	PHYSICIAN CLINICS	194.04		1,320		33
500	Total reclassifications					6,355,181		500
	Code letter - F							

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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	LAUNDRY	G	Adults & Pediatrics	30		5,956	1
2	LAUNDRY	G	Intensive Care Unit	31		1,898	2
3	LAUNDRY	G	Nursery	43		45	3
4	LAUNDRY	G	Skilled Nursing Facility	44		618	4
5	LAUNDRY	G	Operating Room	50		32,146	5
6	LAUNDRY	G	Recovery Room	51		69	6
7	LAUNDRY	G	Delivery Room & Labor Room	52		673	7
8	LAUNDRY	G	Radiology-Diagnostic	54		3,755	8
9	LAUNDRY	G	GASTRO INTESTINAL SERVICES	55.01		214	9
10	LAUNDRY	G	ULTRA SOUND	55.02		1,028	10
11	LAUNDRY	G	CT Scan	57		117	11
12	LAUNDRY	G	MRI	58		817	12
13	LAUNDRY	G	Cardiac Catheterization	59		107	13
14	LAUNDRY	G	Laboratory	60		1,747	14
15	LAUNDRY	G	Renal Dialysis	74		82	15
16	LAUNDRY	G	Clinic	90		54	16
17	LAUNDRY	G	CANCER CENTER	90.02		39	17
18	LAUNDRY	G	WOUND CARE	90.03		3	18
19	LAUNDRY	G	Emergency	91		1,316	19
500	Total reclassifications					50,684	500
	Code letter - G						
1	BILLABLE SUPPLIES	H	Employee Benefits Department	4		198	1
2	BILLABLE SUPPLIES	H	Administrative & General	5		8	2
3	BILLABLE SUPPLIES	H	Operation of Plant	7		134	3
4	BILLABLE SUPPLIES	H	Housekeeping	9		5,087	4
5	BILLABLE SUPPLIES	H	Dietary	10		9	5
6	BILLABLE SUPPLIES	H	Nursing Administration	13		59	6
7	BILLABLE SUPPLIES	H	Pharmacy	15		18,172	7
8	BILLABLE SUPPLIES	H	I&R Services-Other Prgm Costs	22		272	8
9	BILLABLE SUPPLIES	H	Adults & Pediatrics	30		198,608	9
10	BILLABLE SUPPLIES	H	Intensive Care Unit	31		104,056	10
11	BILLABLE SUPPLIES	H	Nursery	43		30,317	11
12	BILLABLE SUPPLIES	H	Skilled Nursing Facility	44		51,850	12
13	BILLABLE SUPPLIES	H	Operating Room	50		489,601	13
14	BILLABLE SUPPLIES	H	Recovery Room	51		41,970	14
15	BILLABLE SUPPLIES	H	Delivery Room & Labor Room	52		120,545	15
16	BILLABLE SUPPLIES	H	Anesthesiology	53		51,004	16
17	BILLABLE SUPPLIES	H	Radiology-Diagnostic	54		155,441	17
18	BILLABLE SUPPLIES	H	GASTRO INTESTINAL SERVICES	55.01		61,283	18
19	BILLABLE SUPPLIES	H	ULTRA SOUND	55.02		8,764	19
20	BILLABLE SUPPLIES	H	Radioisotope	56		3,323	20
21	BILLABLE SUPPLIES	H	CT Scan	57		6,432	21
22	BILLABLE SUPPLIES	H	MRI	58		2,544	22
23	BILLABLE SUPPLIES	H	Cardiac Catheterization	59		13,326	23
24	BILLABLE SUPPLIES	H	Laboratory	60		2,927	24
25	BILLABLE SUPPLIES	H	Blood Storing, Processing & T	63		721	25
26	BILLABLE SUPPLIES	H	Respiratory Therapy	65		33,563	26
27	BILLABLE SUPPLIES	H	Physical Therapy	66		13,375	27
28	BILLABLE SUPPLIES	H	Speech Pathology	68		2,859	28
29	BILLABLE SUPPLIES	H	Electrocardiology	69		6,164	29
30	BILLABLE SUPPLIES	H	Renal Dialysis	74		1,048	30
31	BILLABLE SUPPLIES	H	Clinic	90		6,389	31
32	BILLABLE SUPPLIES	H	DIABETOLOGY	90.01		2	32
33	BILLABLE SUPPLIES	H	CANCER CENTER	90.02		8,808	33
34	BILLABLE SUPPLIES	H	WOUND CARE	90.03		25,641	34
35	BILLABLE SUPPLIES	H	Emergency	91		217,564	35
36	BILLABLE SUPPLIES	H	RETAIL PHARMACY	194.02		18	36
500	Total reclassifications					1,682,082	500
	Code letter - H						
1	IMPLANTABLE DEVICE	I	Intensive Care Unit	31		896	1
2	IMPLANTABLE DEVICE	I	Operating Room	50		1,202,217	2
3	IMPLANTABLE DEVICE	I	Delivery Room & Labor Room	52		629	3
4	IMPLANTABLE DEVICE	I	Anesthesiology	53		2,106	4
5	IMPLANTABLE DEVICE	I	Radiology-Diagnostic	54		304,940	5
6	IMPLANTABLE DEVICE	I	GASTRO INTESTINAL SERVICES	55.01		19,432	6
7	IMPLANTABLE DEVICE	I	CT Scan	57		25,095	7

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RECLASSIFICATIONS

WORKSHEET A-6

DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
8	IMPLANTABLE DEVICE	I	MRI	58		1,822	8
9	IMPLANTABLE DEVICE	I	Cardiac Catheterization	59		1,372,319	9
10	IMPLANTABLE DEVICE	I	Speech Pathology	68		1,043	10
11	IMPLANTABLE DEVICE	I	Clinic	90		30,656	11
12	IMPLANTABLE DEVICE	I	Emergency	91		35,088	12
500	Total reclassifications					2,996,243	500
	Code letter - I						
1	CHICAGO MARKET (DEPT 5575)	J	Administrative & General	5	1,103,601	14,207	1
2	CHICAGO MARKET (DEPT 5575)	J					2
3	CHICAGO MARKET (DEPT 5575)	J					3
4	CHICAGO MARKET (DEPT 5575)	J					4
5	CHICAGO MARKET (DEPT 5575)	J					5
500	Total reclassifications				1,103,601	14,207	500
	Code letter - J						
1	RIVER FOREST COSTS	K	Operation of Plant	7	157,527	768,982	1
2	RIVER FOREST COSTS	K	Housekeeping	9		191,151	2
500	Total reclassifications				157,527	960,133	500
	Code letter - K						
1	TEACHING PHYSICIAN SALARY	L	I&R Services-Salary & Fringes	21	188,655		1
500	Total reclassifications				188,655		500
	Code letter - L						
	GRAND TOTAL (Decreases)				1,449,783	19,546,386	

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,930,352					1,930,352		1
2	Land Improvements	2,360,389					2,360,389		2
3	Buildings and Fixtures	154,266,045	3,288,542		3,288,542		157,554,587		3
4	Building Improvements								4
5	Fixed Equipment	20,640,059					20,640,059		5
6	Movable Equipment	104,413,784	1,428,847		1,428,847		105,842,631		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	283,610,629	4,717,389		4,717,389		288,328,018		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	283,610,629	4,717,389		4,717,389		288,328,018		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	159,914,977		159,914,977	0.558367					1
1.01	CAP REL COSTS-BLDG & FI				0.000000					1.01
2	Cap Rel Costs-Mvble Equip	126,482,690		126,482,690	0.441633					2
3	Total (sum of lines 1-2)	286,397,667		286,397,667	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	5,474,039	203,867		26,972	514,125		6,219,003	1	
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	28,198				815,407		843,605	1.01	
2	Cap Rel Costs-Mvble Equip	3,570,199	592,221	56,972				4,219,392	2	
3	Total (sum of lines 1-2)	9,072,436	796,088	56,972	26,972	1,329,532		11,282,000	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

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-5,094,333			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-1,188,891			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-359,154	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-16,715	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-486,225	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	1,595,441	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	DIRECT PHONE COSTS	A	-22,197	Administrative & General	5	33
33.01	PBX SALARY	A	-25,831	Administrative & General	5	33.01
33.02	PBX BENEFITS	A	-49,548	Employee Benefits Department	4	33.02
33.03	TELEPHONE DEPRECIATION	A	-9,301	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION DEPRECIATION	A	-9,607	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	TELEVISION CABLE & SATELITE	A	-23,996	Operation of Plant	7	33.05
33.06	TELEVISION CABLE & SATELITE	A	-1,455	Central Services & Supply	14	33.06
33.07	TELEVISION CABLE & SATELITE	A	-45	Skilled Nursing Facility	44	33.07
33.08	TELEVISION CABLE & SATELITE	A	-5,780	Operating Room	50	33.08
33.09	TELEVISION CABLE & SATELITE	A	-415	GASTRO INTESTINAL SERVICES	55.01	33.09
33.10	TELEVISION CABLE & SATELITE	A	-390	Electrocardiology	69	33.10
33.11	TELEVISION CABLE & SATELITE	A	-1,872	CANCER CENTER	90.02	33.11
33.12	TELEVISION CABLE & SATELITE	A	-565	Emergency	91	33.12
33.13	OTHER OPERATING REVENUE	B	-562	Administrative & General	5	33.13
33.14	WSPH RECEIVABLE	B	-274,647	Administrative & General	5	33.14
33.15	MEDICAL STIPEND FEES	B	-12,665	Administrative & General	5	33.15
33.16	WELLNESS PROGRAMS	B	-435,531	Administrative & General	5	33.16
33.17	RESIDENCY PROGRAM REVENUES	B	-3,120,740	Administrative & General	5	33.17
33.18	ID BADGES	B	-369	Operation of Plant	7	33.18
33.19	RESIDENT STIPENDS	B	-15,119	I&R Services-Other Prgm Costs Apprvd	22	33.19
33.20	MATERNAL CHILD CARE CLASSES	B	-574	Adults & Pediatrics	30	33.20
33.21	MATERNAL CHILD CARE CLASSES	B	-80	Delivery Room & Labor Room	52	33.21
33.22	INTEREST PAYMENTS	B	-41,505	Clinic	90	33.22
33.23	ADVERTISING	A	1,250	Administrative & General	5	33.23
33.24	ADVERTISING	A	-170	I&R Services-Other Prgm Costs Apprvd	22	33.24

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	ADVERTISING	A	-170	WOUND CARE	90.03	33.25
33.26	OTHER EXPENSE	A	-49,249	Administrative & General	5	33.26
33.27	OTHER EXPENSE	A	-1,173	Adults & Pediatrics	30	33.27
33.28	OTHER EXPENSE	A	-55	Operating Room	50	33.28
33.29	OTHER EXPENSE	A	-2,900	Radiology-Diagnostic	54	33.29
33.30	OTHER EXPENSE	A	-1,182	Clinic	90	33.30
33.31	OTHER EXPENSE	A	-1,167	Emergency	91	33.31
33.32	PURCHASED SVCS	A	-22,037	Administrative & General	5	33.32
33.33	PURCHASED SVCS	A	772	Operation of Plant	7	33.33
33.34	PURCHASED SVCS	A	-76,491	Housekeeping	9	33.34
33.35	PURCHASED SVCS	A	-1,813	Dietary	10	33.35
33.36	PURCHASED SVCS	A	-193	Radiology-Diagnostic	54	33.36
33.37	PURCHASED SVCS	A	-1,094	MRI	58	33.37
33.38	PURCHASED SVCS	A	-1,907	Physical Therapy	66	33.38
33.39	PURCHASED SVCS	A	5	Emergency	91	33.39
33.40	PHYSICIAN INCENTIVES	A	-150	Administrative & General	5	33.40
33.41	PHYSICIAN RELOCATION	A	-105,122	Administrative & General	5	33.41
33.42	PHYSICIAN RECRUITMENT	A	-194	Administrative & General	5	33.42
33.43	TRAVEL	A	-2,429	Administrative & General	5	33.43
33.44	ALCOHOL	A	-1,829	Administrative & General	5	33.44
33.45	ALCOHOL	A	-330	I&R Services-Other Prgm Costs Apprvd	22	33.45
33.46	ALCOHOL	A	-9	Clinic	90	33.46
33.47	MEALS	A	-8,209	Administrative & General	5	33.47
33.48	MEALS	A	-4,126	CANCER CENTER	90.02	33.48
33.49	PROPERTY TAXES	A	52,298	Cap Rel Costs-Bldg & Fixt	1	13 33.49
33.50	DONATIONS/CONTRIBUTIONS	A	-44,285	Administrative & General	5	33.50
33.51	DUES & SUBSCRIPTION	A	-1,134	Administrative & General	5	33.51
33.52	DUES & SUBSCRIPTION	A	-1,158	Clinic	90	33.52
33.53	LOBBYING	A	-50,981	Administrative & General	5	33.53
33.54	LEGAL	A	-63,673	Administrative & General	5	33.54
33.55	IDPA TAX ASSESSMENT	A	8,569	Administrative & General	5	33.55
33.56	PENALTIES	A	-608	Pharmacy	15	33.56
33.57	PENALTIES	A	-267	CANCER CENTER	90.02	33.57
33.58	NON-PATIENT BAD DEBT EXPENSE	A	-5,327	Administrative & General	5	33.58
33.59	RIVER FOREST PROPERTY TAXES	A	815,407	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	13 33.59
33.60	RIVER FOREST DEPRECIATION EXP	A	28,198	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9 33.60
33.61	TENET H.O. WORKERS COMPENSATION	A	331,449	Employee Benefits Department	4	33.61
33.62	PERIOD 13 ADJUSTMENT	A	-239,759	Employee Benefits Department	4	33.62
33.63	PERIOD 13 ADJUSTMENT	A	8,782,663	Administrative & General	5	33.63
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-271,251			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.

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

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
1	2	3	4	5	6	7		
1	1	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.- CAPITAL	1,154,006		1,154,006	9	1
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	670,105		670,105	9	2
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	2,534,482		2,534,482		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		5,547,484	-5,547,484		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	195,867	195,867		10	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	3,064	3,064		10	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	36,975	36,975			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	6,391,682	6,391,682			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	96,888	96,888			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	858,993	858,993			4.06
4.07	194	MARKETING	REGIONAL ALLOCATION	56,676	56,676			4.07
4.08	194.0 7	RESEARCH,RIVER FOREST NONREIMB	REGIONAL ALLOCATION	68,277	68,277			4.08
4.09	60	Laboratory	GENESIS LAB	3,774,619	3,774,619			4.09
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			15,841,634	17,030,525	-1,188,891		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
	1	2	3	4	5	6	
6	B			TENET HLTHCARE	100.00	HLTHCARE	6
7	G			GENESIS LAB	1.00	LAB	7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen ADMINISTRATIVE	83,368	83,368						1
2	30	Adults & Pediatrics ADULTS & PEDIAT	1,450,830	1,450,830						2
3	31	Intensive Care Unit INTENSIVE CARE	79,252	56,621	22,631	177,200	126	10,734	537	3
4	44	Skilled Nursing Faci SKILLED NURSING	34,400	11,200	23,200	177,200	200	17,038	852	4
5	50	Operating Room OPERATING ROOM	320,692	320,692						5
6	53	Anesthesiology ANESTHESIOLOGY	736,934	736,934						6
7	54	Radiology-Diagnostic RADIOLOGY - DIA	22,741	6,284	16,457	225,300	104	11,265	563	7
8	57	CT Scan CT SCAN	1,814	1,814						8
9	65	Respiratory Therapy RESPIRATORY THE	10,092	7,295	2,797	177,200	16	1,363	68	9
10	69	Electrocardiology ELECTRO CARDIOL	102,941	102,941						10
11	90	Clinic CLINIC	499,319	499,319						11
12	90.03	WOUND CARE WOUND CARE	13,950	1,950	12,000	177,200	80	6,815	341	12
13	91	Emergency EMERGENCY	1,785,215	1,785,215						13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	5,141,548	5,064,463	77,085		526	47,215	2,361	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE							83,368	1
2	30	Adults & Pediatrics ADULTS & PEDIAT							1,450,830	2
3	31	Intensive Care Unit INTENSIVE CARE					10,734	11,897	68,518	3
4	44	Skilled Nursing Faci SKILLED NURSING					17,038	6,162	17,362	4
5	50	Operating Room OPERATING ROOM							320,692	5
6	53	Anesthesiology ANESTHESIOLOGY							736,934	6
7	54	Radiology-Diagnostic RADIOLOGY - DIA					11,265	5,192	11,476	7
8	57	CT Scan CT SCAN							1,814	8
9	65	Respiratory Therapy RESPIRATORY THE					1,363	1,434	8,729	9
10	69	Electrocardiology ELECTRO CARDIOL							102,941	10
11	90	Clinic CLINIC							499,319	11
12	90.03	WOUND CARE WOUND CARE					6,815	5,185	7,135	12
13	91	Emergency EMERGENCY							1,785,215	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					47,215	29,870	5,094,333	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAPITAL RELATED COSTS BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	6,219,003	6,219,003					1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	843,605		843,605				1.01
2	Cap Rel Costs-Mvble Equip	4,219,392			4,219,392			2
4	Employee Benefits Department	11,102,287				11,102,287		4
5	Administrative & General	18,547,758	403,513		261,023	1,039,849	20,252,143	5
6	Maintenance & Repairs							6
7	Operation of Plant	6,395,895	1,609,756		1,041,312	292,177	9,339,140	7
7.01	OPERATION OF PLANT-RIVER FOREST	926,509		231,889	196,447	30,739	1,385,584	7.01
8	Laundry & Linen Service	866,987	20,845		13,484		901,316	8
9	Housekeeping	2,191,585	46,148		29,852	275,240	2,542,825	9
9.01	HOUSEKEEPING-RIVER FOREST	191,151					191,151	9.01
10	Dietary	1,250,342	208,719		135,016	223,313	1,817,390	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,072,271	18,028		11,662	203,440	1,305,401	13
14	Central Services & Supply	867,472	75,554		48,874	50,376	1,042,276	14
15	Pharmacy	3,309,958	45,180		29,226	290,704	3,675,068	15
16	Medical Records & Library	1,511,227	8,843		5,720	247,586	1,773,376	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,647,172				906,821	5,553,993	21
22	I&R Services-Other Prgm Costs Apprvd	1,653,704	99,632		64,450	36,813	1,854,599	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,571,523	787,945		509,703	1,909,286	13,778,457	30
31	Intensive Care Unit	2,430,899	192,871		124,764	397,497	3,146,031	31
43	Nursery	876,997	10,018		6,481	164,153	1,057,649	43
44	Skilled Nursing Facility	2,421,701	198,186		128,202	433,807	3,181,896	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,580,631	348,731		225,586	633,519	6,788,467	50
51	Recovery Room	630,632				121,114	751,746	51
52	Delivery Room & Labor Room	2,487,223	215,492		139,397	442,929	3,285,041	52
53	Anesthesiology	172,238	8,708		5,633	21,179	207,758	53
54	Radiology-Diagnostic	3,099,302	251,426	56,083	210,153	511,470	4,128,434	54
55.01	GASTRO INTESTINAL SERVICES	1,203,870	238,982		154,592	151,860	1,749,304	55.01
55.02	ULTRA SOUND	759,364				140,805	900,169	55.02
56	Radioisotope	257,542	35,248		22,801	38,064	353,655	56
57	CT Scan	1,053,920		40,905	34,653	138,363	1,267,841	57
58	MRI	472,413				47,776	520,189	58
59	Cardiac Catheterization	787,108	37,550		24,290	100,891	949,839	59
60	Laboratory	4,096,687	179,926		116,390	57,664	4,450,667	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	530,774	8,291		5,364		544,429	63
65	Respiratory Therapy	1,093,950	42,755		27,658	188,517	1,352,880	65
66	Physical Therapy	2,409,826	30,128	66,380	75,723	408,134	2,990,191	66
67	Occupational Therapy	166,632				32,462	199,094	67
68	Speech Pathology	172,219	18,322		11,852	33,405	235,798	68
69	Electrocardiology	654,073	34,574	45,815	61,178	114,376	910,016	69
71	Medical Supplies Charged to Patients	1,187,416					1,187,416	71
72	Impl. Dev. Charged to Patients	2,996,243					2,996,243	72
73	Drugs Charged to Patients	6,355,181					6,355,181	73
74	Renal Dialysis	614,415	6,552		4,239		625,206	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,159,433	76,595		49,547	355,705	2,641,280	90
90.01	DIABETOLOGY	101,296				19,479	120,775	90.01
90.02	CANCER CENTER	1,467,969		119,826	101,511	79,327	1,768,633	90.02
90.03	WOUND CARE	832,834				339	833,173	90.03
91	Emergency	5,197,032	462,949		299,471	834,274	6,793,726	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	128,657,661	5,721,467	560,898	4,176,254	10,973,453	127,705,446	118

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAPITAL RELATED COSTS BLDG & F	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,161	26,981		17,453		45,595	190
192	Physicians' Private Offices		430,849				430,849	192
194	MARKETING	405,299				24,586	429,885	194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	546,080		2,385		53,111	601,576	194.0
2								2
194.0	COMMUNITY RELATIONS	150,562				11,876	162,438	194.0
3								3
194.0	PHYSICIAN CLINICS	136,692	39,706		25,685	26,537	228,620	194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	68,276		280,322		12,724	361,322	194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	129,965,731	6,219,003	843,605	4,219,392	11,102,287	129,965,731	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General	20,252,143						5
6	Maintenance & Repairs							6
7	Operation of Plant	1,723,921	11,063,061					7
7.01	OPERATION OF PLANT-RIVER FOREST	255,766		1,641,350				7.01
8	Laundry & Linen Service	166,375	54,832		1,122,523			8
9	Housekeeping	469,383	121,391			3,133,599		9
9.01	HOUSEKEEPING-RIVER FOREST	35,285					226,436	9.01
10	Dietary	335,474	549,029			158,029		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	240,965	47,422			13,650		13
14	Central Services & Supply	192,395	198,742		913	57,205		14
15	Pharmacy	678,384	118,846			34,208		15
16	Medical Records & Library	327,349	23,260			6,695		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,025,217						21
22	I&R Services-Other Prgm Costs Apprvd	342,342	262,079			75,435		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,543,382	2,072,666		501,340	596,584		30
31	Intensive Care Unit	580,729	507,342		107,219	146,030		31
43	Nursery	195,232	26,353			7,585		43
44	Skilled Nursing Facility	587,349	521,323		129,187	150,054		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,253,090	917,326		120,206	264,037		50
51	Recovery Room	138,766						51
52	Delivery Room & Labor Room	606,389	566,845		5,424	163,157		52
53	Anesthesiology	38,350	22,906			6,593		53
54	Radiology-Diagnostic	762,072	661,367	150,482	61,788	190,364	20,760	54
55.01	GASTRO INTESTINAL SERVICES	322,906	628,636		18,181	180,943		55.01
55.02	ULTRA SOUND	166,163						55.02
56	Radioisotope	65,282	92,718			26,687		56
57	CT Scan	234,032		109,756			15,142	57
58	MRI	96,022						58
59	Cardiac Catheterization	175,332	98,775		2,069	28,431		59
60	Laboratory	821,553	473,289			136,229		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	100,497	21,810			6,278		63
65	Respiratory Therapy	249,729	112,467		1,904	32,372		65
66	Physical Therapy	551,962	79,252	178,109	5,797	22,811	24,571	66
67	Occupational Therapy	36,751						67
68	Speech Pathology	43,526	48,196			13,872		68
69	Electrocardiology	167,981	90,946	122,930	898	26,177	16,959	69
71	Medical Supplies Charged to Patients	219,186						71
72	Impl. Dev. Charged to Patients	553,079						72
73	Drugs Charged to Patients	1,173,109						73
74	Renal Dialysis	115,407	17,236		1,886	4,961		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	487,557	201,480		4,894	57,993		90
90.01	DIABETOLOGY	22,294						90.01
90.02	CANCER CENTER	326,474		321,515			44,355	90.02
90.03	WOUND CARE	153,796						90.03
91	Emergency	1,254,061	1,217,774		160,817	350,516		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	19,834,914	9,754,308	882,792	1,122,523	2,756,896	121,787	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	8,416	70,972			20,428		190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	OPERATION OF PLANT-R IVER FORES 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	HOUSEKEEPI NG-RIVER F OREST 9.01	
192	Physicians' Private Offices	79,531	1,133,336			326,212		192
194	MARKETING	79,353						194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY	111,046		6,399			883	194.0 2
194.0 3	COMMUNITY RELATIONS	29,985						194.0 3
194.0 4	PHYSICIAN CLINICS	42,201	104,445			30,063		194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB	66,697		752,159			103,766	194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	20,252,143	11,063,061	1,641,350	1,122,523	3,133,599	226,436	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary	2,859,922						10
11	Cafeteria	1,422,874	1,422,874					11
12	Maintenance of Personnel							12
13	Nursing Administration		31,325	1,638,763				13
14	Central Services & Supply		7,757		1,499,288			14
15	Pharmacy		44,762			4,551,268		15
16	Medical Records & Library		38,122				2,168,802	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		139,629					21
22	I&R Services-Other Prgm Costs Apprvd		5,668					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	705,981	293,968	603,516			238,808	30
31	Intensive Care Unit	100,047	61,205	112,576			43,580	31
43	Nursery		25,276	38,986			38,567	43
44	Skilled Nursing Facility	301,669	66,796	155,591			14,140	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		97,547	194,146			191,562	50
51	Recovery Room		18,649	27,896			38,527	51
52	Delivery Room & Labor Room		68,201	119,850			44,357	52
53	Anesthesiology		3,261	9,061			27,717	53
54	Radiology-Diagnostic		78,754				114,992	54
55.01	GASTRO INTESTINAL SERVICES		23,383	47,400			85,184	55.01
55.02	ULTRA SOUND		21,681				47,085	55.02
56	Radioisotope		5,861				15,872	56
57	CT Scan		21,305				145,606	57
58	MRI		7,356				33,369	58
59	Cardiac Catheterization		15,535	20,252			55,534	59
60	Laboratory		8,879				218,667	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						14,598	63
65	Respiratory Therapy		29,027				54,268	65
66	Physical Therapy		62,843				56,014	66
67	Occupational Therapy		4,998				8,290	67
68	Speech Pathology		5,144				3,740	68
69	Electrocardiology		17,611	41,240			51,536	69
71	Medical Supplies Charged to Patients				419,801		76,565	71
72	Impl. Dev. Charged to Patients				1,079,487		46,057	72
73	Drugs Charged to Patients					4,551,268	196,618	73
74	Renal Dialysis						3,840	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		54,770				23,153	90
90.01	DIABETOLOGY		2,999				253	90.01
90.02	CANCER CENTER		12,214				7,373	90.02
90.03	WOUND CARE		52				13,828	90.03
91	Emergency		128,458	268,249			259,102	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,530,571	1,403,036	1,638,763	1,499,288	4,551,268	2,168,802	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192	Physicians' Private Offices	329,351						192
194	MARKETING		3,786					194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY		8,178					194.0 2
194.0 3	COMMUNITY RELATIONS		1,829					194.0 3
194.0 4	PHYSICIAN CLINICS		4,086					194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB		1,959					194.0 7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,859,922	1,422,874	1,638,763	1,499,288	4,551,268	2,168,802	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd	6,718,839					21
22	I&R Services-Other Prgm Costs Apprvd		2,540,123				22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	6,569,839	2,483,792	30,388,333	-9,053,631	21,334,702	30
31	Intensive Care Unit			4,804,759		4,804,759	31
43	Nursery			1,389,648		1,389,648	43
44	Skilled Nursing Facility			5,108,005		5,108,005	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room			9,826,381		9,826,381	50
51	Recovery Room			975,584		975,584	51
52	Delivery Room & Labor Room			4,859,264		4,859,264	52
53	Anesthesiology			315,646		315,646	53
54	Radiology-Diagnostic			6,169,013		6,169,013	54
55.01	GASTRO INTESTINAL SERVICES			3,055,937		3,055,937	55.01
55.02	ULTRA SOUND			1,135,098		1,135,098	55.02
56	Radioisotope			560,075		560,075	56
57	CT Scan			1,793,682		1,793,682	57
58	MRI			656,936		656,936	58
59	Cardiac Catheterization			1,345,767		1,345,767	59
60	Laboratory			6,109,284		6,109,284	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			687,612		687,612	63
65	Respiratory Therapy			1,832,647		1,832,647	65
66	Physical Therapy			3,971,550		3,971,550	66
67	Occupational Therapy			249,133		249,133	67
68	Speech Pathology			350,276		350,276	68
69	Electrocardiology			1,446,294		1,446,294	69
71	Medical Supplies Charged to Patients			1,902,968		1,902,968	71
72	Impl. Dev. Charged to Patients			4,674,866		4,674,866	72
73	Drugs Charged to Patients			12,276,176		12,276,176	73
74	Renal Dialysis			768,536		768,536	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic			3,471,127		3,471,127	90
90.01	DIABETOLOGY			146,321		146,321	90.01
90.02	CANCER CENTER			2,480,564		2,480,564	90.02
90.03	WOUND CARE			1,000,849		1,000,849	90.03
91	Emergency	149,000	56,331	10,638,034	-205,331	10,432,703	91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	6,718,839	2,540,123	124,390,365	-9,258,962	115,131,403	118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen			145,411		145,411	190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192	Physicians' Private Offices			2,299,279		2,299,279	192
194	MARKETING			513,024		513,024	194
194.0 1	HOSPITALIST						194.0 1
194.0 2	RETAIL PHARMACY			728,082		728,082	194.0 2
194.0 3	COMMUNITY RELATIONS			194,252		194,252	194.0 3
194.0 4	PHYSICIAN CLINICS			409,415		409,415	194.0 4
194.0 5	GUEST MEALS						194.0 5
194.0 6	CATERING MEALS						194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB			1,285,903		1,285,903	194.0 7
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	6,718,839	2,540,123	129,965,731	-9,258,962	120,706,769	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		403,513		261,023	664,536	664,536	5
6	Maintenance & Repairs							6
7	Operation of Plant		1,609,756		1,041,312	2,651,068	56,567	7
7.01	OPERATION OF PLANT-RIVER FOREST			231,889	196,447	428,336	8,392	7.01
8	Laundry & Linen Service		20,845		13,484	34,329	5,459	8
9	Housekeeping		46,148		29,852	76,000	15,402	9
9.01	HOUSEKEEPING-RIVER FOREST						1,158	9.01
10	Dietary		208,719		135,016	343,735	11,008	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		18,028		11,662	29,690	7,907	13
14	Central Services & Supply		75,554		48,874	124,428	6,313	14
15	Pharmacy		45,180		29,226	74,406	22,260	15
16	Medical Records & Library		8,843		5,720	14,563	10,741	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						33,641	21
22	I&R Services-Other Prgm Costs Apprvd		99,632		64,450	164,082	11,233	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		787,945		509,703	1,297,648	83,455	30
31	Intensive Care Unit		192,871		124,764	317,635	19,056	31
43	Nursery		10,018		6,481	16,499	6,406	43
44	Skilled Nursing Facility		198,186		128,202	326,388	19,273	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		348,731		225,586	574,317	41,118	50
51	Recovery Room						4,553	51
52	Delivery Room & Labor Room		215,492		139,397	354,889	19,897	52
53	Anesthesiology		8,708		5,633	14,341	1,258	53
54	Radiology-Diagnostic		251,426	56,083	210,153	517,662	25,006	54
55.01	GASTRO INTESTINAL SERVICES		238,982		154,592	393,574	10,596	55.01
55.02	ULTRA SOUND						5,452	55.02
56	Radioisotope		35,248		22,801	58,049	2,142	56
57	CT Scan			40,905	34,653	75,558	7,679	57
58	MRI						3,151	58
59	Cardiac Catheterization		37,550		24,290	61,840	5,753	59
60	Laboratory		179,926		116,390	296,316	26,958	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		8,291		5,364	13,655	3,298	63
65	Respiratory Therapy		42,755		27,658	70,413	8,194	65
66	Physical Therapy		30,128	66,380	75,723	172,231	18,112	66
67	Occupational Therapy						1,206	67
68	Speech Pathology		18,322		11,852	30,174	1,428	68
69	Electrocardiology		34,574	45,815	61,178	141,567	5,512	69
71	Medical Supplies Charged to Patients						7,192	71
72	Impl. Dev. Charged to Patients						18,148	72
73	Drugs Charged to Patients						38,493	73
74	Renal Dialysis		6,552		4,239	10,791	3,787	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		76,595		49,547	126,142	15,998	90
90.01	DIABETOLOGY						732	90.01
90.02	CANCER CENTER			119,826	101,511	221,337	10,713	90.02
90.03	WOUND CARE						5,047	90.03
91	Emergency		462,949		299,471	762,420	41,150	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		5,721,467	560,898	4,176,254	10,458,619	650,844	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		26,981		17,453	44,434	276	190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAPITAL RE LATED COST S BLDG & F	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	1.01	2	2A	5	
192	Physicians' Private Offices		430,849			430,849	2,610	192
194	MARKETING						2,604	194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY			2,385		2,385	3,644	194.0
2								2
194.0	COMMUNITY RELATIONS						984	194.0
3								3
194.0	PHYSICIAN CLINICS		39,706		25,685	65,391	1,385	194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB			280,322		280,322	2,189	194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		6,219,003	843,605	4,219,392	11,282,000	664,536	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	DIETARY	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,707,635						7
7.01	OPERATION OF PLANT-RIVER FOREST		436,728					7.01
8	Laundry & Linen Service	13,420		53,208				8
9	Housekeeping	29,710			121,112			9
9.01	HOUSEKEEPING-RIVER FOREST					1,158		9.01
10	Dietary	134,373			6,108		495,224	10
11	Cafeteria						246,385	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,606			528			13
14	Central Services & Supply	48,641		43	2,211			14
15	Pharmacy	29,087			1,322			15
16	Medical Records & Library	5,693			259			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	64,143			2,916			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	507,274		23,763	23,056		122,248	30
31	Intensive Care Unit	124,170		5,082	5,644		17,324	31
43	Nursery	6,450			293			43
44	Skilled Nursing Facility	127,592		6,124	5,800		52,237	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	224,511		5,698	10,205			50
51	Recovery Room							51
52	Delivery Room & Labor Room	138,733		257	6,306			52
53	Anesthesiology	5,606			255			53
54	Radiology-Diagnostic	161,867	40,040	2,929	7,357	106		54
55.01	GASTRO INTESTINAL SERVICES	153,856		862	6,993			55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope	22,692			1,031			56
57	CT Scan		29,204			77		57
58	MRI							58
59	Cardiac Catheterization	24,175		98	1,099			59
60	Laboratory	115,835			5,265			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,338			243			63
65	Respiratory Therapy	27,526		90	1,251			65
66	Physical Therapy	19,397	47,391	275	882	126		66
67	Occupational Therapy							67
68	Speech Pathology	11,796			536			68
69	Electrocardiology	22,259	32,709	43	1,012	87		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,218		89	192			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	49,311		232	2,241			90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER		85,548			227		90.02
90.03	WOUND CARE							90.03
91	Emergency	298,045		7,623	13,547			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,387,324	234,892	53,208	106,552	623	438,194	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	17,370			790			190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	OPERATION OF PLANT-R IVER FORES	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI NG-RIVER F OREST	DIETARY	
		7	7.01	8	9	9.01	10	
192	Physicians' Private Offices	277,379			12,608		57,030	192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		1,703			5		194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS	25,562			1,162			194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		200,133			530		194.0
7								7
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,707,635	436,728	53,208	121,112	1,158	495,224	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria	246,385						11
12	Maintenance of Personnel							12
13	Nursing Administration	5,424	55,155					13
14	Central Services & Supply	1,343		182,979				14
15	Pharmacy	7,751			134,826			15
16	Medical Records & Library	6,602				37,858		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	24,179					57,820	21
22	I&R Services-Other Prgm Costs Apprvd	982						22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	50,894	20,312			4,162		30
31	Intensive Care Unit	10,599	3,789			759		31
43	Nursery	4,377	1,312			672		43
44	Skilled Nursing Facility	11,567	5,237			246		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	16,892	6,534			3,338		50
51	Recovery Room	3,229	939			671		51
52	Delivery Room & Labor Room	11,810	4,034			773		52
53	Anesthesiology	565	305			483		53
54	Radiology-Diagnostic	13,638				2,004		54
55.01	GASTRO INTESTINAL SERVICES	4,049	1,595			1,485		55.01
55.02	ULTRA SOUND	3,754				821		55.02
56	Radioisotope	1,015				277		56
57	CT Scan	3,689				2,537		57
58	MRI	1,274				582		58
59	Cardiac Catheterization	2,690	682			968		59
60	Laboratory	1,538				3,811		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					254		63
65	Respiratory Therapy	5,027				946		65
66	Physical Therapy	10,882				976		66
67	Occupational Therapy	866				144		67
68	Speech Pathology	891				65		68
69	Electrocardiology	3,050	1,388			898		69
71	Medical Supplies Charged to Patients			51,234		1,334		71
72	Impl. Dev. Charged to Patients			131,745		803		72
73	Drugs Charged to Patients				134,826	3,426		73
74	Renal Dialysis					67		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	9,484				403		90
90.01	DIABETOLOGY	519				4		90.01
90.02	CANCER CENTER	2,115				128		90.02
90.03	WOUND CARE	9				241		90.03
91	Emergency	22,245	9,028			4,580		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	242,949	55,155	182,979	134,826	37,858		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	
		11	13	14	15	16	21	
192	Physicians' Private Offices							192
194	MARKETING	656						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	1,416						194.0
2								2
194.0	COMMUNITY RELATIONS	317						194.0
3								3
194.0	PHYSICIAN CLINICS	708						194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	339						194.0
7								7
200	Cross Foot Adjustments						57,820	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	246,385	55,155	182,979	134,826	37,858	57,820	202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		22	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.01	OPERATION OF PLANT-RIVER FOREST						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING-RIVER FOREST						9.01
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	243,356					22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		2,132,812		2,132,812		30
31	Intensive Care Unit		504,058		504,058		31
43	Nursery		36,009		36,009		43
44	Skilled Nursing Facility		554,464		554,464		44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		882,613		882,613		50
51	Recovery Room		9,392		9,392		51
52	Delivery Room & Labor Room		536,699		536,699		52
53	Anesthesiology		22,813		22,813		53
54	Radiology-Diagnostic		770,609		770,609		54
55.01	GASTRO INTESTINAL SERVICES		573,010		573,010		55.01
55.02	ULTRA SOUND		10,027		10,027		55.02
56	Radioisotope		85,206		85,206		56
57	CT Scan		118,744		118,744		57
58	MRI		5,007		5,007		58
59	Cardiac Catheterization		97,305		97,305		59
60	Laboratory		449,723		449,723		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		22,788		22,788		63
65	Respiratory Therapy		113,447		113,447		65
66	Physical Therapy		270,272		270,272		66
67	Occupational Therapy		2,216		2,216		67
68	Speech Pathology		44,890		44,890		68
69	Electrocardiology		208,525		208,525		69
71	Medical Supplies Charged to Patients		59,760		59,760		71
72	Impl. Dev. Charged to Patients		150,696		150,696		72
73	Drugs Charged to Patients		176,745		176,745		73
74	Renal Dialysis		19,144		19,144		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		203,811		203,811		90
90.01	DIABETOLOGY		1,255		1,255		90.01
90.02	CANCER CENTER		320,068		320,068		90.02
90.03	WOUND CARE		5,297		5,297		90.03
91	Emergency		1,158,638		1,158,638		91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		9,546,043		9,546,043		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		62,870		62,870		190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		22	24	25	26		
192	Physicians' Private Offices		780,476		780,476		192
194	MARKETING		3,260		3,260		194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY		9,153		9,153		194.0
2							2
194.0	COMMUNITY RELATIONS		1,301		1,301		194.0
3							3
194.0	PHYSICIAN CLINICS		94,208		94,208		194.0
4							4
194.0	GUEST MEALS						194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB		483,513		483,513		194.0
7							7
200	Cross Foot Adjustments	243,356	301,176		301,176		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	243,356	11,282,000		11,282,000		202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	507,784						1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR		90,207					1.01
2	Cap Rel Costs-Mvble Equip			532,582				2
4	Employee Benefits Department				56,895,571			4
5	Administrative & General	32,947		32,947	5,328,897	-20,252,143	109,713,588	5
6	Maintenance & Repairs							6
7	Operation of Plant	131,437		131,437	1,497,317		9,339,140	7
7.01	OPERATION OF PLANT-RIVER FOREST		24,796	24,796	157,527		1,385,584	7.01
8	Laundry & Linen Service	1,702		1,702			901,316	8
9	Housekeeping	3,768		3,768	1,410,519		2,542,825	9
9.01	HOUSEKEEPING-RIVER FOREST						191,151	9.01
10	Dietary	17,042		17,042	1,144,406		1,817,390	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,472		1,472	1,042,567		1,305,401	13
14	Central Services & Supply	6,169		6,169	258,160		1,042,276	14
15	Pharmacy	3,689		3,689	1,489,768		3,675,068	15
16	Medical Records & Library	722		722	1,268,798		1,773,376	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				4,647,172		5,553,993	21
22	I&R Services-Other Prgm Costs Apprvd	8,135		8,135	188,655		1,854,599	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,336		64,336	9,784,336		13,778,457	30
31	Intensive Care Unit	15,748		15,748	2,037,044		3,146,031	31
43	Nursery	818		818	841,232		1,057,649	43
44	Skilled Nursing Facility	16,182		16,182	2,223,125		3,181,896	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,474		28,474	3,246,584		6,788,467	50
51	Recovery Room				620,670		751,746	51
52	Delivery Room & Labor Room	17,595		17,595	2,269,870		3,285,041	52
53	Anesthesiology	711		711	108,538		207,758	53
54	Radiology-Diagnostic	20,529	5,997	26,526	2,621,122		4,128,434	54
55.01	GASTRO INTESTINAL SERVICES	19,513		19,513	778,233		1,749,304	55.01
55.02	ULTRA SOUND				721,579		900,169	55.02
56	Radioisotope	2,878		2,878	195,066		353,655	56
57	CT Scan		4,374	4,374	709,069		1,267,841	57
58	MRI				244,835		520,189	58
59	Cardiac Catheterization	3,066		3,066	517,036		949,839	59
60	Laboratory	14,691		14,691	295,512		4,450,667	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	677		677			544,429	63
65	Respiratory Therapy	3,491		3,491	966,091		1,352,880	65
66	Physical Therapy	2,460	7,098	9,558	2,091,559		2,990,191	66
67	Occupational Therapy				166,360		199,094	67
68	Speech Pathology	1,496		1,496	171,192		235,798	68
69	Electrocardiology	2,823	4,899	7,722	586,139		910,016	69
71	Medical Supplies Charged to Patients						1,187,416	71
72	Impl. Dev. Charged to Patients						2,996,243	72
73	Drugs Charged to Patients						6,355,181	73
74	Renal Dialysis	535		535			625,206	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,254		6,254	1,822,877		2,641,280	90
90.01	DIABETOLOGY				99,826		120,775	90.01
90.02	CANCER CENTER		12,813	12,813	406,525		1,768,633	90.02
90.03	WOUND CARE				1,735		833,173	90.03
91	Emergency	37,800		37,800	4,275,391		6,793,726	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	467,160	59,977	527,137	56,235,332	-20,252,143	107,453,303	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAPITAL RELATED COSTS BLDG & F SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,203		2,203			45,595	190
192	Physicians' Private Offices	35,179					430,849	192
194	MARKETING				125,998		429,885	194
194.0 1	HOSPITALIST							194.0 1
194.0 2	RETAIL PHARMACY		255		272,176		601,576	194.0 2
194.0 3	COMMUNITY RELATIONS				60,861		162,438	194.0 3
194.0 4	PHYSICIAN CLINICS	3,242		3,242	135,996		228,620	194.0 4
194.0 5	GUEST MEALS							194.0 5
194.0 6	CATERING MEALS							194.0 6
194.0 7	RESEARCH,RIVER FOREST NONREIMB		29,975		65,208		361,322	194.0 7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,219,003	843,605	4,219,392	11,102,287		20,252,143	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.247339	9.351880	7.922521	0.195134		0.184591	203
204	Cost to be allocated (Per Wkst. B, Part II)						664,536	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.006057	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-RIVER FOREST SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING-RIVER FOREST SQUARE FEET	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	343,400						7
7.01	OPERATION OF PLANT-RIVER FOREST		65,411					7.01
8	Laundry & Linen Service	1,702		1,241,070				8
9	Housekeeping	3,768			337,930			9
9.01	HOUSEKEEPING-RIVER FOREST					65,411		9.01
10	Dietary	17,042			17,042		404,374	10
11	Cafeteria						201,185	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,472			1,472			13
14	Central Services & Supply	6,169		1,009	6,169			14
15	Pharmacy	3,689			3,689			15
16	Medical Records & Library	722			722			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	8,135			8,135			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,336		554,287	64,336		99,821	30
31	Intensive Care Unit	15,748		118,542	15,748		14,146	31
43	Nursery	818			818			43
44	Skilled Nursing Facility	16,182		142,830	16,182		42,654	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,474		132,901	28,474			50
51	Recovery Room							51
52	Delivery Room & Labor Room	17,595		5,997	17,595			52
53	Anesthesiology	711			711			53
54	Radiology-Diagnostic	20,529	5,997	68,313	20,529	5,997		54
55.01	GASTRO INTESTINAL SERVICES	19,513		20,101	19,513			55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope	2,878			2,878			56
57	CT Scan		4,374			4,374		57
58	MRI							58
59	Cardiac Catheterization	3,066		2,287	3,066			59
60	Laboratory	14,691			14,691			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	677			677			63
65	Respiratory Therapy	3,491		2,105	3,491			65
66	Physical Therapy	2,460	7,098	6,409	2,460	7,098		66
67	Occupational Therapy							67
68	Speech Pathology	1,496			1,496			68
69	Electrocardiology	2,823	4,899	993	2,823	4,899		69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	535		2,085	535			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,254		5,411	6,254			90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER		12,813			12,813		90.02
90.03	WOUND CARE							90.03
91	Emergency	37,800		177,800	37,800			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	302,776	35,181	1,241,070	297,306	35,181	357,806	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT-RIVER FOREST SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING-RIVER FOREST SQUARE FEET	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
190	Gift, Flower, Coffee Shop & Canteen	2,203			2,203			190
192	Physicians' Private Offices	35,179			35,179		46,568	192
194	MARKETING							194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY		255			255		194.0
2								2
194.0	COMMUNITY RELATIONS							194.0
3								3
194.0	PHYSICIAN CLINICS	3,242			3,242			194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB		29,975			29,975		194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	11,063,061	1,641,350	1,122,523	3,133,599	226,436	2,859,922	202
203	Unit Cost Multiplier (Wkst. B, Part I)	32.216252	25.092874	0.904480	9.272923	3.461742	7.072468	203
204	Cost to be allocated (Per Wkst. B, Part II)	2,707,635	436,728	53,208	121,112	1,158	495,224	204
205	Unit Cost Multiplier (Wkst. B, Part II)	7.884785	6.676675	0.042873	0.358394	0.017703	1.224668	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria	47,356,905						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,042,567	791,477					13
14	Central Services & Supply	258,160		100				14
15	Pharmacy	1,489,768			100			15
16	Medical Records & Library	1,268,798				687,219,282		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,647,172					5,817	21
22	I&R Services-Other Prgm Costs Apprvd	188,655						22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	9,784,336	291,482			75,667,935	5,688	30
31	Intensive Care Unit	2,037,044	54,371			13,808,574		31
43	Nursery	841,232	18,829			12,220,329		43
44	Skilled Nursing Facility	2,223,125	75,146			4,480,453		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,246,584	93,767			60,697,704		50
51	Recovery Room	620,670	13,473			12,207,447		51
52	Delivery Room & Labor Room	2,269,870	57,884			14,054,688		52
53	Anesthesiology	108,538	4,376			8,782,417		53
54	Radiology-Diagnostic	2,621,122				36,435,849		54
55.01	GASTRO INTESTINAL SERVICES	778,233	22,893			26,991,150		55.01
55.02	ULTRA SOUND	721,579				14,919,174		55.02
56	Radioisotope	195,066				5,029,152		56
57	CT Scan	709,069				46,136,146		57
58	MRI	244,835				10,573,190		58
59	Cardiac Catheterization	517,036	9,781			17,596,403		59
60	Laboratory	295,512				69,286,059		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					4,625,526		63
65	Respiratory Therapy	966,091				17,195,267		65
66	Physical Therapy	2,091,559				17,748,489		66
67	Occupational Therapy	166,360				2,626,768		67
68	Speech Pathology	171,192				1,184,894		68
69	Electrocardiology	586,139	19,918			16,329,558		69
71	Medical Supplies Charged to Patients			28		24,260,158		71
72	Impl. Dev. Charged to Patients			72		14,593,444		72
73	Drugs Charged to Patients				100	62,299,639		73
74	Renal Dialysis					1,216,800		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,822,877				7,336,305		90
90.01	DIABETOLOGY	99,826				80,274		90.01
90.02	CANCER CENTER	406,525				2,336,148		90.02
90.03	WOUND CARE	1,735				4,381,551		90.03
91	Emergency	4,275,391	129,557			82,117,791	129	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	46,696,666	791,477	100	100	687,219,282	5,817	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
194	MARKETING	125,998						194
194.0	HOSPITALIST							194.0
1								1
194.0	RETAIL PHARMACY	272,176						194.0
2								2
194.0	COMMUNITY RELATIONS	60,861						194.0
3								3
194.0	PHYSICIAN CLINICS	135,996						194.0
4								4
194.0	GUEST MEALS							194.0
5								5
194.0	CATERING MEALS							194.0
6								6
194.0	RESEARCH,RIVER FOREST NONREIMB	65,208						194.0
7								7
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,422,874	1,638,763	1,499,288	4,551,268	2,168,802	6,718,839	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.030046	2.070512	14,992.880000	45,512.680000	0.003156	1,155.035070	203
204	Cost to be allocated (Per Wkst. B, Part II)	246,385	55,155	182,979	134,826	37,858	57,820	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.005203	0.069686	1,829.790000	1,348.260000	0.000055	9.939832	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME							
	22							

GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.01	OPERATION OF PLANT-RIVER FOREST							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING-RIVER FOREST							9.01
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	5,817						22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	5,688						30
31	Intensive Care Unit							31
43	Nursery							43
44	Skilled Nursing Facility							44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55.01	GASTRO INTESTINAL SERVICES							55.01
55.02	ULTRA SOUND							55.02
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic							90
90.01	DIABETOLOGY							90.01
90.02	CANCER CENTER							90.02
90.03	WOUND CARE							90.03
91	Emergency	129						91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME					
		22					
118	SUBTOTALS (sum of lines 1-117)	5,817					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	MARKETING						194
194.0	HOSPITALIST						194.0
1							1
194.0	RETAIL PHARMACY						194.0
2							2
194.0	COMMUNITY RELATIONS						194.0
3							3
194.0	PHYSICIAN CLINICS						194.0
4							4
194.0	GUEST MEALS						194.0
5							5
194.0	CATERING MEALS						194.0
6							6
194.0	RESEARCH,RIVER FOREST NONREIMB						194.0
7							7
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	2,540,123					202
203	Unit Cost Multiplier (Wkst. B, Part I)	436.672340					203
204	Cost to be allocated (Per Wkst. B, Part II)	243,356					204
205	Unit Cost Multiplier (Wkst. B, Part II)	41.835310					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	21,334,702		21,334,702		21,334,702	30
31	Intensive Care Unit	4,804,759		4,804,759	11,897	4,816,656	31
43	Nursery	1,389,648		1,389,648		1,389,648	43
44	Skilled Nursing Facility	5,108,005		5,108,005	6,162	5,114,167	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,826,381		9,826,381		9,826,381	50
51	Recovery Room	975,584		975,584		975,584	51
52	Delivery Room & Labor Room	4,859,264		4,859,264		4,859,264	52
53	Anesthesiology	315,646		315,646		315,646	53
54	Radiology-Diagnostic	6,169,013		6,169,013	5,192	6,174,205	54
55.01	GASTRO INTESTINAL SERVICES	3,055,937		3,055,937		3,055,937	55.01
55.02	ULTRA SOUND	1,135,098		1,135,098		1,135,098	55.02
56	Radioisotope	560,075		560,075		560,075	56
57	CT Scan	1,793,682		1,793,682		1,793,682	57
58	MRI	656,936		656,936		656,936	58
59	Cardiac Catheterization	1,345,767		1,345,767		1,345,767	59
60	Laboratory	6,109,284		6,109,284		6,109,284	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	687,612		687,612		687,612	63
65	Respiratory Therapy	1,832,647		1,832,647	1,434	1,834,081	65
66	Physical Therapy	3,971,550		3,971,550		3,971,550	66
67	Occupational Therapy	249,133		249,133		249,133	67
68	Speech Pathology	350,276		350,276		350,276	68
69	Electrocardiology	1,446,294		1,446,294		1,446,294	69
71	Medical Supplies Charged to Patients	1,902,968		1,902,968		1,902,968	71
72	Impl. Dev. Charged to Patients	4,674,866		4,674,866		4,674,866	72
73	Drugs Charged to Patients	12,276,176		12,276,176		12,276,176	73
74	Renal Dialysis	768,536		768,536		768,536	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,471,127		3,471,127		3,471,127	90
90.01	DIABETOLOGY	146,321		146,321		146,321	90.01
90.02	CANCER CENTER	2,480,564		2,480,564		2,480,564	90.02
90.03	WOUND CARE	1,000,849		1,000,849	5,185	1,006,034	90.03
91	Emergency	10,432,703		10,432,703		10,432,703	91
92	Observation Beds (Non-Distinct Part)	1,568,658		1,568,658		1,568,658	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	116,700,061		116,700,061	29,870	116,729,931	200
201	Less Observation Beds	1,568,658		1,568,658		1,568,658	201
202	Total (line 200 minus line 201)	115,131,403		115,131,403		115,161,273	202

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	70,942,139		70,942,139				30
31	Intensive Care Unit	13,808,574		13,808,574				31
43	Nursery	12,220,329		12,220,329				43
44	Skilled Nursing Facility	4,480,453		4,480,453				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	25,163,568	35,534,136	60,697,704	0.161890	0.161890	0.161890	50
51	Recovery Room	5,392,865	6,814,582	12,207,447	0.079917	0.079917	0.079917	51
52	Delivery Room & Labor Room	12,753,270	1,301,418	14,054,688	0.345740	0.345740	0.345740	52
53	Anesthesiology	2,880,675	5,901,742	8,782,417	0.035941	0.035941	0.035941	53
54	Radiology-Diagnostic	6,179,600	30,256,249	36,435,849	0.169312	0.169312	0.169454	54
55.01	GASTRO INTESTINAL SERVICES	3,613,698	23,377,452	26,991,150	0.113220	0.113220	0.113220	55.01
55.02	ULTRA SOUND	2,120,422	12,798,752	14,919,174	0.076083	0.076083	0.076083	55.02
56	Radioisotope	2,042,828	2,986,324	5,029,152	0.111366	0.111366	0.111366	56
57	CT Scan	13,523,285	32,612,861	46,136,146	0.038878	0.038878	0.038878	57
58	MRI	1,529,497	9,043,693	10,573,190	0.062132	0.062132	0.062132	58
59	Cardiac Catheterization	8,580,486	9,015,917	17,596,403	0.076480	0.076480	0.076480	59
60	Laboratory	41,972,015	27,314,044	69,286,059	0.088175	0.088175	0.088175	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,915,128	710,398	4,625,526	0.148656	0.148656	0.148656	63
65	Respiratory Therapy	14,467,304	2,727,963	17,195,267	0.106579	0.106579	0.106662	65
66	Physical Therapy	11,113,608	6,634,881	17,748,489	0.223768	0.223768	0.223768	66
67	Occupational Therapy	2,491,105	135,663	2,626,768	0.094844	0.094844	0.094844	67
68	Speech Pathology	1,137,764	47,130	1,184,894	0.295618	0.295618	0.295618	68
69	Electrocardiology	7,675,568	8,653,990	16,329,558	0.088569	0.088569	0.088569	69
71	Medical Supplies Charged to Patients	11,201,767	13,058,391	24,260,158	0.078440	0.078440	0.078440	71
72	Impl. Dev. Charged to Patients	8,084,968	6,508,476	14,593,444	0.320340	0.320340	0.320340	72
73	Drugs Charged to Patients	24,343,851	37,955,788	62,299,639	0.197051	0.197051	0.197051	73
74	Renal Dialysis	1,144,160	72,640	1,216,800	0.631604	0.631604	0.631604	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	117,576	7,218,729	7,336,305	0.473144	0.473144	0.473144	90
90.01	DIABETOLOGY		80,274	80,274	1.822770	1.822770	1.822770	90.01
90.02	CANCER CENTER		2,336,148	2,336,148	1.061818	1.061818	1.061818	90.02
90.03	WOUND CARE	10,046	4,371,505	4,381,551	0.228423	0.228423	0.229607	90.03
91	Emergency	17,686,209	64,431,582	82,117,791	0.127046	0.127046	0.127046	91
92	Observation Beds (Non-Distinct Part)	201,077	4,524,719	4,725,796	0.331935	0.331935	0.331935	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	330,793,835	356,425,447	687,219,282				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	330,793,835	356,425,447	687,219,282				202

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,132,812		2,132,812	24,046	88.70	6,611	586,396	30
31	Intensive Care Unit	504,058		504,058	3,228	156.15	1,177	183,789	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	36,009		36,009	4,083	8.82			43
44	Skilled Nursing Facility	554,464		554,464	9,734	56.96	6,555	373,373	44
45	Nursing Facility								45
200	Total (lines 30-199)	3,227,343		3,227,343	41,091		14,343	1,143,558	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF
 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	882,613	60,697,704	0.014541	8,130,840	118,231	50
51	Recovery Room	9,392	12,207,447	0.000769	1,450,955	1,116	51
52	Delivery Room & Labor Room	536,699	14,054,688	0.038186	75,949	2,900	52
53	Anesthesiology	22,813	8,782,417	0.002598	827,537	2,150	53
54	Radiology-Diagnostic	770,609	36,435,849	0.021150	2,084,937	44,096	54
55.01	GASTRO INTESTINAL SERVICES	573,010	26,991,150	0.021230	1,280,243	27,180	55.01
55.02	ULTRA SOUND	10,027	14,919,174	0.000672	235,449	158	55.02
56	Radioisotope	85,206	5,029,152	0.016942	791,470	13,409	56
57	CT Scan	118,744	46,136,146	0.002574	4,377,739	11,268	57
58	MRI	5,007	10,573,190	0.000474	437,369	207	58
59	Cardiac Catheterization	97,305	17,596,403	0.005530	2,743,264	15,170	59
60	Laboratory	449,723	69,286,059	0.006491	12,974,168	84,215	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	22,788	4,625,526	0.004927	653,296	3,219	63
65	Respiratory Therapy	113,447	17,195,267	0.006598	4,294,625	28,336	65
66	Physical Therapy	270,272	17,748,489	0.015228	1,500,996	22,857	66
67	Occupational Therapy	2,216	2,626,768	0.000844	1,050,101	886	67
68	Speech Pathology	44,890	1,184,894	0.037885	284,859	10,792	68
69	Electrocardiology	208,525	16,329,558	0.012770	2,859,106	36,511	69
71	Medical Supplies Charged to Pat	59,760	24,260,158	0.002463	2,485,287	6,121	71
72	Impl. Dev. Charged to Patients	150,696	14,593,444	0.010326	4,051,012	41,831	72
73	Drugs Charged to Patients	176,745	62,299,639	0.002837	7,089,195	20,112	73
74	Renal Dialysis	19,144	1,216,800	0.015733	567,445	8,928	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	203,811	7,336,305	0.027781			90
90.01	DIABETOLOGY	1,255	80,274	0.015634			90.01
90.02	CANCER CENTER	320,068	2,336,148	0.137007			90.02
90.03	WOUND CARE	5,297	4,381,551	0.001209			90.03
91	Emergency	1,158,638	82,117,791	0.014109	4,663,792	65,801	91
92	Observation Beds (Non-Distinct	156,817	4,725,796	0.033183	70,404	2,336	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,475,517	585,767,787		64,980,038	567,830	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	24,046		6,611	30
31	Intensive Care Unit	3,228		1,177	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	4,083			43
44	Skilled Nursing Facility	9,734		6,555	44
45	Nursing Facility				45
200	Total (lines 30-199)	41,091		14,343	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	60,697,704			8,130,840		8,891,887	50
51	Recovery Room	12,207,447			1,450,955		1,713,234	51
52	Delivery Room & Labor Room	14,054,688			75,949			52
53	Anesthesiology	8,782,417			827,537		999,866	53
54	Radiology-Diagnostic	36,435,849			2,084,937		2,464,689	54
55.01	GASTRO INTESTINAL SERVICES	26,991,150			1,280,243		4,179,203	55.01
55.02	ULTRA SOUND	14,919,174			235,449		717,687	55.02
56	Radioisotope	5,029,152			791,470		748,152	56
57	CT Scan	46,136,146			4,377,739		5,978,816	57
58	MRI	10,573,190			437,369		1,646,652	58
59	Cardiac Catheterization	17,596,403			2,743,264		3,329,063	59
60	Laboratory	69,286,059			12,974,168		3,953,675	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	4,625,526			653,296		47,727	63
65	Respiratory Therapy	17,195,267			4,294,625		214,505	65
66	Physical Therapy	17,748,489			1,500,996		38,064	66
67	Occupational Therapy	2,626,768			1,050,101		23,264	67
68	Speech Pathology	1,184,894			284,859		1,314	68
69	Electrocardiology	16,329,558			2,859,106		2,291,823	69
71	Medical Supplies Charged to Pat	24,260,158			2,485,287		2,992,019	71
72	Impl. Dev. Charged to Patients	14,593,444			4,051,012		2,036,873	72
73	Drugs Charged to Patients	62,299,639			7,089,195		7,290,773	73
74	Renal Dialysis	1,216,800			567,445		58,009	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,336,305					380,680	90
90.01	DIABETOLOGY	80,274						90.01
90.02	CANCER CENTER	2,336,148						90.02
90.03	WOUND CARE	4,381,551					115,209	90.03
91	Emergency	82,117,791			4,663,792		6,261,994	91
92	Observation Beds (Non-Distinct	4,725,796			70,404		642,444	92
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	585,767,787			64,980,038		57,017,622	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.161890	8,891,887			1,439,508		50	
51	Recovery Room	0.079917	1,713,234			136,917		51	
52	Delivery Room & Labor Room	0.345740						52	
53	Anesthesiology	0.035941	999,866			35,936		53	
54	Radiology-Diagnostic	0.169312	2,464,689			417,301		54	
55.01	GASTRO INTESTINAL SERVICES	0.113220	4,179,203			473,169		55.01	
55.02	ULTRA SOUND	0.076083	717,687			54,604		55.02	
56	Radioisotope	0.111366	748,152			83,319		56	
57	CT Scan	0.038878	5,978,816			232,444		57	
58	MRI	0.062132	1,646,652			102,310		58	
59	Cardiac Catheterization	0.076480	3,329,063			254,607		59	
60	Laboratory	0.088175	3,953,675		120	348,615		11 60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.148656	47,727			7,095		63	
65	Respiratory Therapy	0.106579	214,505			22,862		65	
66	Physical Therapy	0.223768	38,064			8,518		66	
67	Occupational Therapy	0.094844	23,264			2,206		67	
68	Speech Pathology	0.295618	1,314			388		68	
69	Electrocardiology	0.088569	2,291,823			202,984		69	
71	Medical Supplies Charged to Pat	0.078440	2,992,019			234,694		71	
72	Impl. Dev. Charged to Patients	0.320340	2,036,873			652,492		72	
73	Drugs Charged to Patients	0.197051	7,290,773		74,335	1,436,654		14,648 73	
74	Renal Dialysis	0.631604	58,009			36,639		74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.473144	380,680			180,116		90	
90.01	DIABETOLOGY	1.822770						90.01	
90.02	CANCER CENTER	1.061818						90.02	
90.03	WOUND CARE	0.228423	115,209			26,316		90.03	
91	Emergency	0.127046	6,261,994			795,561		91	
92	Observation Beds (Non-Distinct	0.331935	642,444			213,250		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		57,017,622		74,455	7,398,505		14,659 200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		57,017,622		74,455	7,398,505		14,659 202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5743

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	60,697,704							50
51	Recovery Room	12,207,447							51
52	Delivery Room & Labor Room	14,054,688							52
53	Anesthesiology	8,782,417							53
54	Radiology-Diagnostic	36,435,849			65,613				54
55.01	GASTRO INTESTINAL SERVICES	26,991,150							55.01
55.02	ULTRA SOUND	14,919,174			5,442				55.02
56	Radioisotope	5,029,152			5,438				56
57	CT Scan	46,136,146							57
58	MRI	10,573,190			7,842				58
59	Cardiac Catheterization	17,596,403							59
60	Laboratory	69,286,059			2,248,944				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,625,526			24,349				63
65	Respiratory Therapy	17,195,267			327,096				65
66	Physical Therapy	17,748,489			5,144,353				66
67	Occupational Therapy	2,626,768							67
68	Speech Pathology	1,184,894			326,708				68
69	Electrocardiology	16,329,558			36,649				69
71	Medical Supplies Charged to Pat	24,260,158			385,850				71
72	Impl. Dev. Charged to Patients	14,593,444							72
73	Drugs Charged to Patients	62,299,639			2,203,328				73
74	Renal Dialysis	1,216,800							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,336,305							90
90.01	DIABETOLOGY	80,274							90.01
90.02	CANCER CENTER	2,336,148							90.02
90.03	WOUND CARE	4,381,551							90.03
91	Emergency	82,117,791							91
92	Observation Beds (Non-Distinct	4,725,796							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	585,767,787			10,781,612				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5743

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	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	0.161890						50	
51	Recovery Room	0.079917						51	
52	Delivery Room & Labor Room	0.345740						52	
53	Anesthesiology	0.035941						53	
54	Radiology-Diagnostic	0.169312						54	
55.01	GASTRO INTESTINAL SERVICES	0.113220						55.01	
55.02	ULTRA SOUND	0.076083						55.02	
56	Radioisotope	0.111366						56	
57	CT Scan	0.038878						57	
58	MRI	0.062132						58	
59	Cardiac Catheterization	0.076480						59	
60	Laboratory	0.088175						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.148656						63	
65	Respiratory Therapy	0.106579						65	
66	Physical Therapy	0.223768						66	
67	Occupational Therapy	0.094844						67	
68	Speech Pathology	0.295618						68	
69	Electrocardiology	0.088569						69	
71	Medical Supplies Charged to Pat	0.078440						71	
72	Impl. Dev. Charged to Patients	0.320340						72	
73	Drugs Charged to Patients	0.197051						73	
74	Renal Dialysis	0.631604						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.473144						90	
90.01	DIABETOLOGY	1.822770						90.01	
90.02	CANCER CENTER	1.061818						90.02	
90.03	WOUND CARE	0.228423						90.03	
91	Emergency	0.127046						91	
92	Observation Beds (Non-Distinct)	0.331935						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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 Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,132,812		2,132,812	24,046	88.70	2,044	181,303	30
31	Intensive Care Unit	504,058		504,058	3,228	156.15	290	45,284	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	36,009		36,009	4,083	8.82	1,311	11,563	43
44	Skilled Nursing Facility	554,464		554,464	9,734	56.96	27	1,538	44
45	Nursing Facility								45
200	Total (lines 30-199)	3,227,343		3,227,343	41,091		3,672	239,688	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	882,613	60,697,704	0.014541			50
51	Recovery Room	9,392	12,207,447	0.000769			51
52	Delivery Room & Labor Room	536,699	14,054,688	0.038186			52
53	Anesthesiology	22,813	8,782,417	0.002598			53
54	Radiology-Diagnostic	770,609	36,435,849	0.021150			54
55.01	GASTRO INTESTINAL SERVICES	573,010	26,991,150	0.021230			55.01
55.02	ULTRA SOUND	10,027	14,919,174	0.000672			55.02
56	Radioisotope	85,206	5,029,152	0.016942			56
57	CT Scan	118,744	46,136,146	0.002574			57
58	MRI	5,007	10,573,190	0.000474			58
59	Cardiac Catheterization	97,305	17,596,403	0.005530			59
60	Laboratory	449,723	69,286,059	0.006491			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	22,788	4,625,526	0.004927			63
65	Respiratory Therapy	113,447	17,195,267	0.006598			65
66	Physical Therapy	270,272	17,748,489	0.015228			66
67	Occupational Therapy	2,216	2,626,768	0.000844			67
68	Speech Pathology	44,890	1,184,894	0.037885			68
69	Electrocardiology	208,525	16,329,558	0.012770			69
71	Medical Supplies Charged to Pat	59,760	24,260,158	0.002463			71
72	Impl. Dev. Charged to Patients	150,696	14,593,444	0.010326			72
73	Drugs Charged to Patients	176,745	62,299,639	0.002837			73
74	Renal Dialysis	19,144	1,216,800	0.015733			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	203,811	7,336,305	0.027781			90
90.01	DIABETOLOGY	1,255	80,274	0.015634			90.01
90.02	CANCER CENTER	320,068	2,336,148	0.137007			90.02
90.03	WOUND CARE	5,297	4,381,551	0.001209			90.03
91	Emergency	1,158,638	82,117,791	0.014109			91
92	Observation Beds (Non-Distinct	156,817	4,725,796	0.033183			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,475,517	585,767,787				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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

(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)	24,046		2,044		30
31	Intensive Care Unit	3,228		290		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	4,083		1,311		43
44	Skilled Nursing Facility	9,734		27		44
45	Nursing Facility					45
200	Total (lines 30-199)	41,091		3,672		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0049

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	60,697,704							50
51	Recovery Room	12,207,447							51
52	Delivery Room & Labor Room	14,054,688							52
53	Anesthesiology	8,782,417							53
54	Radiology-Diagnostic	36,435,849							54
55.01	GASTRO INTESTINAL SERVICES	26,991,150							55.01
55.02	ULTRA SOUND	14,919,174							55.02
56	Radioisotope	5,029,152							56
57	CT Scan	46,136,146							57
58	MRI	10,573,190							58
59	Cardiac Catheterization	17,596,403							59
60	Laboratory	69,286,059							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,625,526							63
65	Respiratory Therapy	17,195,267							65
66	Physical Therapy	17,748,489							66
67	Occupational Therapy	2,626,768							67
68	Speech Pathology	1,184,894							68
69	Electrocardiology	16,329,558							69
71	Medical Supplies Charged to Pat	24,260,158							71
72	Impl. Dev. Charged to Patients	14,593,444							72
73	Drugs Charged to Patients	62,299,639							73
74	Renal Dialysis	1,216,800							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,336,305							90
90.01	DIABETOLOGY	80,274							90.01
90.02	CANCER CENTER	2,336,148							90.02
90.03	WOUND CARE	4,381,551							90.03
91	Emergency	82,117,791							91
92	Observation Beds (Non-Distinct)	4,725,796							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	585,767,787							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0049

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.161890						50	
51	Recovery Room	0.079917						51	
52	Delivery Room & Labor Room	0.345740						52	
53	Anesthesiology	0.035941						53	
54	Radiology-Diagnostic	0.169312						54	
55.01	GASTRO INTESTINAL SERVICES	0.113220						55.01	
55.02	ULTRA SOUND	0.076083						55.02	
56	Radioisotope	0.111366						56	
57	CT Scan	0.038878						57	
58	MRI	0.062132						58	
59	Cardiac Catheterization	0.076480						59	
60	Laboratory	0.088175						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.148656						63	
65	Respiratory Therapy	0.106579						65	
66	Physical Therapy	0.223768						66	
67	Occupational Therapy	0.094844						67	
68	Speech Pathology	0.295618						68	
69	Electrocardiology	0.088569						69	
71	Medical Supplies Charged to Pat	0.078440						71	
72	Impl. Dev. Charged to Patients	0.320340						72	
73	Drugs Charged to Patients	0.197051						73	
74	Renal Dialysis	0.631604						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.473144						90	
90.01	DIABETOLOGY	1.822770						90.01	
90.02	CANCER CENTER	1.061818						90.02	
90.03	WOUND CARE	0.228423						90.03	
91	Emergency	0.127046						91	
92	Observation Beds (Non-Distinct)	0.331935						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,046	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,046	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)	22,278	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)	6,611	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)	21,334,702	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)	21,334,702	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)	21,334,702	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						887.25	38
39	Program general inpatient routine service cost (line 9 x line 38)						5,865,610	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)						5,865,610	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	4,816,656	3,228	1,492.15	1,177	1,756,261		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						8,835,706	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						16,457,577	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						770,185	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						567,830	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,338,015	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						15,119,562	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

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,768	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					887.25	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,568,658	89
		Cost	Routine Cost (from line 21)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,132,812	21,334,702	0.099969	1,568,658	156,817	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,734	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,734	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)	9,734	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)	6,555	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,114,167	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,114,167	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,114,167	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5743

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	5,114,167	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	525.39	71
72	Program routine service cost (line 9 x line 71)	3,443,931	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	3,443,931	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	3,443,931	83
84	Program inpatient ancillary services (see instructions)	1,964,802	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	5,408,733	86

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,046	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,046	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)	22,278	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)	2,044	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	4,083	15
16	Nursery days (title V or XIX only)	1,311	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)	21,334,702	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)	21,334,702	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)	21,334,702	37

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						887.25	38
39	Program general inpatient routine service cost (line 9 x line 38)						1,813,539	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)						1,813,539	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	1,389,648	4,083	340.35	1,311	446,199		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	4,804,759	3,228	1,488.46	290	431,653		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						2,691,391	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						238,150	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)						238,150	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0049

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,768	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

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		22,759,188		30
31	Intensive Care Unit		4,989,295		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.161890	8,130,840	1,316,302	50
51	Recovery Room	0.079917	1,450,955	115,956	51
52	Delivery Room & Labor Room	0.345740	75,949	26,259	52
53	Anesthesiology	0.035941	827,537	29,743	53
54	Radiology-Diagnostic	0.169454	2,084,937	353,301	54
55.01	GASTRO INTESTINAL SERVICES	0.113220	1,280,243	144,949	55.01
55.02	ULTRA SOUND	0.076083	235,449	17,914	55.02
56	Radioisotope	0.111366	791,470	88,143	56
57	CT Scan	0.038878	4,377,739	170,198	57
58	MRI	0.062132	437,369	27,175	58
59	Cardiac Catheterization	0.076480	2,743,264	209,805	59
60	Laboratory	0.088175	12,974,168	1,143,997	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.148656	653,296	97,116	63
65	Respiratory Therapy	0.106662	4,294,625	458,073	65
66	Physical Therapy	0.223768	1,500,996	335,875	66
67	Occupational Therapy	0.094844	1,050,101	99,596	67
68	Speech Pathology	0.295618	284,859	84,209	68
69	Electrocardiology	0.088569	2,859,106	253,228	69
71	Medical Supplies Charged to Patients	0.078440	2,485,287	194,946	71
72	Impl. Dev. Charged to Patients	0.320340	4,051,012	1,297,701	72
73	Drugs Charged to Patients	0.197051	7,089,195	1,396,933	73
74	Renal Dialysis	0.631604	567,445	358,401	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.473144			90
90.01	DIABETOLOGY	1.822770			90.01
90.02	CANCER CENTER	1.061818			90.02
90.03	WOUND CARE	0.229607			90.03
91	Emergency	0.127046	4,663,792	592,516	91
92	Observation Beds (Non-Distinct Part)	0.331935	70,404	23,370	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		64,980,038	8,835,706	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		64,980,038		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5743

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.161890			50
51	Recovery Room	0.079917			51
52	Delivery Room & Labor Room	0.345740			52
53	Anesthesiology	0.035941			53
54	Radiology-Diagnostic	0.169312	65,613	11,109	54
55.01	GASTRO INTESTINAL SERVICES	0.113220			55.01
55.02	ULTRA SOUND	0.076083	5,442	414	55.02
56	Radioisotope	0.111366	5,438	606	56
57	CT Scan	0.038878			57
58	MRI	0.062132	7,842	487	58
59	Cardiac Catheterization	0.076480			59
60	Laboratory	0.088175	2,248,944	198,301	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.148656	24,349	3,620	63
65	Respiratory Therapy	0.106579	327,096	34,862	65
66	Physical Therapy	0.223768	5,144,353	1,151,142	66
67	Occupational Therapy	0.094844			67
68	Speech Pathology	0.295618	326,708	96,581	68
69	Electrocardiology	0.088569	36,649	3,246	69
71	Medical Supplies Charged to Patients	0.078440	385,850	30,266	71
72	Impl. Dev. Charged to Patients	0.320340			72
73	Drugs Charged to Patients	0.197051	2,203,328	434,168	73
74	Renal Dialysis	0.631604			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.473144			90
90.01	DIABETOLOGY	1.822770			90.01
90.02	CANCER CENTER	1.061818			90.02
90.03	WOUND CARE	0.228423			90.03
91	Emergency	0.127046			91
92	Observation Beds (Non-Distinct Part)	0.331935			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		10,781,612	1,964,802	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,781,612		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0049

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.161890			50
51	Recovery Room	0.079917			51
52	Delivery Room & Labor Room	0.345740			52
53	Anesthesiology	0.035941			53
54	Radiology-Diagnostic	0.169312			54
55.01	GASTRO INTESTINAL SERVICES	0.113220			55.01
55.02	ULTRA SOUND	0.076083			55.02
56	Radioisotope	0.111366			56
57	CT Scan	0.038878			57
58	MRI	0.062132			58
59	Cardiac Catheterization	0.076480			59
60	Laboratory	0.088175			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.148656			63
65	Respiratory Therapy	0.106579			65
66	Physical Therapy	0.223768			66
67	Occupational Therapy	0.094844			67
68	Speech Pathology	0.295618			68
69	Electrocardiology	0.088569			69
71	Medical Supplies Charged to Patients	0.078440			71
72	Impl. Dev. Charged to Patients	0.320340			72
73	Drugs Charged to Patients	0.197051			73
74	Renal Dialysis	0.631604			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.473144			90
90.01	DIABETOLOGY	1.822770			90.01
90.02	CANCER CENTER	1.061818			90.02
90.03	WOUND CARE	0.228423			90.03
91	Emergency	0.127046			91
92	Observation Beds (Non-Distinct Part)	0.331935			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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)	5,602,472			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,417,363			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)	39,924			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	6,661,771			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	130.16			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	55.47			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	55.47			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	58.17			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	55.47			12
13	Total allowable FTE count for the prior year	55.47			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	55.47			14
15	Sum of lines 12 through 14 divided by 3	55.47			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	55.47			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.426168			19
20	Prior year resident to bed ratio (see instructions)	0.426233			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.426168			21
22	IME payment adjustment (see instructions)	3,135,195			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,390,558			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)	2.70			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)	3,135,195			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,390,558			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1017			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4214			31
32	Sum of lines 30 and 31	0.5231			32
33	Allowable disproportionate share percentage (see instructions)	0.3237			33
34	Disproportionate share adjustment (see instructions)	1,215,480			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,474,909		2,393,938	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,034,594		1,390,452	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,425,046			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	21,835,480			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)	23,226,038			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,650,094			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	2,532,068			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	27,408,200			59
60	Primary payer payments	22,964			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	27,385,236			61
62	Deductibles billed to program beneficiaries	1,560,440			62
63	Coinsurance billed to program beneficiaries	107,751			63
64	Allowable bad debts (see instructions)	1,224,199			64
65	Adjusted reimbursable bad debts (see instructions)	795,729			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	828,316			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	26,512,774			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	27,764			70.93
70.94	HRR adjustment amount (see instructions)	-78,068			70.94
71	Amount due provider (see instructions)	26,462,470			71
71.01	Sequestration adjustment (see instructions)	529,249			71.01
72	Interim payments	25,150,582			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	782,639			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	238,412			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

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

HVBP Adjustment for HSP Bonus Payment

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

HRR Adjustment for HSP Bonus Payment

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	14,659			1
2	Medical and other services reimbursed under OPPS (see instructions)	7,398,505			2
3	PPS payments	8,188,992			3
4	Outlier payment (see instructions)	7,067			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)	14,659			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	74,455			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)	74,455			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)	74,455			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	59,796			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)	14,659			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)	8,196,059			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,609,172			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)	6,601,546			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	802,619			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	7,404,165			30
31	Primary payer payments	8,577			31
32	Subtotal (line 30 minus line 31)	7,395,588			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)	866,474			34
35	Adjusted reimbursable bad debts (see instructions)	563,208			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	546,737			36
37	Subtotal (see instructions)	7,958,796			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)	7,958,796			40
40.01	Sequestration adjustment (see instructions)	159,176			40.01
41	Interim payments	8,164,123			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-364,503			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5743

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0049

**WORKSHEET E-1
PART I**

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

	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		24,814,851		8,105,499	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2	
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01	12/08/2016	88,542	12/08/2016	37,911	3.01
		.02	04/13/2017	247,189	04/13/2017	20,713	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		335,731		58,624	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)			25,150,582		8,164,123	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		782,639			6.01
		.02				-364,503	6.02
7	Total Medicare program liability (see instructions)			25,933,221		7,799,620	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8	

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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5743

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,123,170		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,123,170		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		3,123,170		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 REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	7,295	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	7,788	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,602	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	25,506	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	687,219,282	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	11,488,564	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)	366,676	8
9	Sequestration adjustment amount (see instructions)	7,334	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	359,342	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	369,438	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-10,096	32

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

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	3,481,139
2	Routine service other pass through costs	
3	Ancillary service other pass through costs	
4	Subtotal (sum of lines 1-3)	3,481,139
COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)	
6	Deductibles	
7	Coinsurance	294,231
8	Allowable bad debts (see instructions)	
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	
10	Adjusted reimbursable bad debts (see instructions)	
11	Utilization review	
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	3,186,908
13	Inpatient primary payer payments	
14	Other adjustments (specify) (see instructions)	
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	
15	Subtotal (see instructions)	3,186,908
15.01	Sequestration adjustment (see instructions)	63,738
16	Interim payments	3,123,170
17	Tentative settlement (for contractor use only)	
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0049

**WORKSHEET E-3
PART VII**

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	2,691,391		1
2			2
3			3
4	2,691,391		4
5			5
6			6
7	2,691,391		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	2,691,391		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	2,691,391		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			57.10	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			-2.99	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.39	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			55.50	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			58.32	6
7	Enter the lesser of line 5 or line 6			55.50	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	56.87	1.45	58.32	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	54.12	1.38	55.50	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	54.12	1.38		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	52.62	2.88		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	50.11	6.83		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	52.28	3.70		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	52.28	3.70		17
18	Per resident amount	142,880.12	135,363.34		18
19	Approved amount for resident costs	7,469,773	500,844	7,970,617	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)			2.82	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			7,970,617	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	7,788	3,602		26
27	Total inpatient days (see instructions)	26,008	26,008		27
28	Ratio of inpatient days to total inpatient days	0.299446	0.138496		28
29	Program direct GME amount	2,386,769	1,103,899		29
30	Reduction for direct GME payments for Medicare Advantage		155,981		30
31	Net Program direct GME amount			3,334,687	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,216,800	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)			23,382,647	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)			22,964	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			23,359,683	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			7,413,164	42
43	Primary payer payments (see instructions)			8,577	43
44	Total Part B reasonable cost (line 42 minus line 43)			7,404,587	44
45	Total reasonable cost (sum of lines 41 and 44)			30,764,270	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.759312	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.240688	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			3,334,687	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			2,532,068	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			802,619	50

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		Primary Care 1	Other 2	Total 3	
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996				1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				6
7	Enter the lesser of line 5 or line 6				7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
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	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	2,634	8,734		26
27	Total inpatient days (see instructions)	26,008	26,008		27
28	Ratio of inpatient days to total inpatient days	0.101277	0.335820		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-796,927			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	26,113,420			4
5	Other receivables	617,360			5
6	Allowances for uncollectible notes and accounts receivable	-4,161,764			6
7	Inventory	3,207,951			7
8	Prepaid expenses	289,882			8
9	Other current assets				9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	25,269,922			11
FIXED ASSETS					
12	Land	6,520,000			12
13	Land improvements	139,500			13
14	Accumulated depreciation				14
15	Buildings	47,100,223			15
16	Accumulated depreciation				16
17	Leasehold improvements	33,400			17
18	Accumulated depreciation				18
19	Fixed equipment				19
20	Accumulated depreciation				20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	15,088,308			23
24	Accumulated depreciation	-22,539,280			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable	740,728			29
30	Total fixed assets (sum of lines 12-29)	47,082,879			30
OTHER ASSETS					
31	Investments	1,556,585			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	300,000			34
35	Total other assets (sum of lines 31-34)	1,856,585			35
36	Total assets (sum of lines 11, 30 and 35)	74,209,386			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	7,023,519			37
38	Salaries, wages and fees payable	7,390,973			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds				43
44	Other current liabilities	1,101,787			44
45	Total current liabilities (sum of lines 37 thru 44)	15,516,279			45
LONG TERM LIABILITIES					
46	Mortgage payable	52,379,142			46
47	Notes payable	379,571			47
48	Unsecured loans				48
49	Other long term liabilities	4,857,107			49
50	Total long term liabilities (sum of lines 46 thru 49)	57,615,820			50
51	Total liabilities (sum of lines 45 and 50)	73,132,099			51
CAPITAL ACCOUNTS					
52	General fund balance	1,077,287			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,077,287				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	74,209,386				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		4,584,558			1
2	Net income (loss) (from Worksheet G-3, line 29)		5,035,628			2
3	Total (sum of line 1 and line 2)		9,620,186			3
4	Additions (credit adjustments) (specify)					4
5	ROUNDING	5				5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		5			10
11	Subtotal (line 3 plus line 10)		9,620,191			11
12	Deductions (debit adjustments) (specify)					12
13	PERIOD 13 RETAINED EARNINGS	8,542,904				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		8,542,904			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,077,287			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	ROUNDING					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	PERIOD 13 RETAINED EARNINGS					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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	83,162,468		83,162,468	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	4,480,453		4,480,453	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	87,642,921		87,642,921	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	13,808,574		13,808,574	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,808,574		13,808,574	16
17	Total inpatient routine care services (sum of lines 10 and 16)	101,451,495		101,451,495	17
18	Ancillary services	211,327,432	273,462,491	484,789,923	18
19	Outpatient services	18,014,906	82,962,958	100,977,864	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)	330,793,833	356,425,449	687,219,282	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		130,236,982	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		130,236,982	43

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WEST SUBURBAN HOSP MED CTR Provider CCN: 14-0049	In Lieu of Form CMS-2552-10	Period : From: 05/01/2016 To: 04/30/2017	Run Date: 09/25/2017 Run Time: 14:22 Version: 2017.01 (09/14/2017)
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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)	687,219,282	1
2	Less contractual allowances and discounts on patients' accounts	557,591,824	2
3	Net patient revenues (line 1 minus line 2)	129,627,458	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	130,236,982	4
5	Net income from service to patients (line 3 minus line 4)	-609,524	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	-360,971	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	356,929	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	1,054,239	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	3,926,539	24
24.0	Other (RETAIL PHARMACY REVENUE)	668,416	24.0
1			1
25	Total other income (sum of lines 6-24)	5,645,152	25
26	Total (line 5 plus line 25)	5,035,628	26
29	Net income (or loss) for the period (line 26 minus line 28)	5,035,628	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0049

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,211,621	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	5,440	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)	71.25	3
4	Number of interns & residents (see instructions)	55.47	4
5	Indirect medical education percentage (see instructions)	24.57	5
6	Indirect medical education adjustment (see instructions)	297,695	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1017	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4214	8
9	Sum of lines 7 and 8	0.5231	9
10	Allowable disproportionate share percentage (see instructions)	0.1117	10
11	Disproportionate share adjustment (see instructions)	135,338	11
12	Total prospective capital payments (see instructions)	1,650,094	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

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