

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 02/21/2018 Time: 09:39		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH COVENANT HOSPITAL (14-0114) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2016 and ending 09/30/2017, 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		1,585,493	-273,272			1
2	SUBPROVIDER - IPF		81,809	35			2
3	SUBPROVIDER - IRF		27,973	261			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		14,388	-4,382			7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		1,709,663	-277,358			200

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2016	To: 09 / 30 / 2017	20
21	Type of control (see instructions)	1		21

Inpatient PPS Information

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days
	1	2	3	4	5	6
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,191			10,639	2,416
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.	837				

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (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	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1	60.02
		Y/N 1	IME 4	Direct GME 5	
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. Enter in column 4, the 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. Enter in column 4 direct the 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 through 67. (see instructions)	N			63
----	--	---	--	--	----

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				14.38		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		10.81		67
67.01		INTERNAL MEDICINE	3900		25.05		67.01
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			Y			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N		71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			Y			75
76	If line 75 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N		76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.				N		81
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.				N		87

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers

		1	2	
105	Does this hospital qualify as a 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
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

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. 15-1, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance
		1,075,079		
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 care related taxes as defined in §1983(w)(3) of the Act? 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 in column 2.			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	14H042	140

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/07/2018	Y	02/07/2018
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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: JENNY	Last name: DABROWSKI	Title: MANAGER	41
42	Employer: STRATEGIC REIMBURSEMENT GROUP LLC			42
43	Phone number: 630-530-7100, EXT 104	E-mail Address: JENNY.DABROWSKI@SRGROUPLLC.COM		43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	198	72,270			14,423	5,423	36,422	1
2	HMO and other (see instructions)						5,051	10,639		2
3	HMO IPF Subprovider							851		3
4	HMO IRF Subprovider						276	230		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		198	72,270			14,423	5,423	36,422	7
8	Intensive Care Unit	31	18	6,570			1,690	628	3,038	8
8.01	SPECIAL CARE NURSERY	31.01	10	3,650				338	1,382	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						910	4,128	13
14	Total (see instructions)		226	82,490			16,113	7,299	44,970	14
15	CAH Visits									15
16	Subprovider - IPF	40	31	11,315			2,094	393	5,733	16
17	Subprovider - IRF	41	25	9,125			1,688	607	3,807	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	34	12,410			4,040		6,080	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)		316							27
28	Observation Bed Days								6,012	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							308	661	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,306	2,041	10,968	1
2	HMO and other (see instructions)					1,008	3,233		2
3	HMO IPF Subprovider						141		3
4	HMO IRF Subprovider						17		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	SPECIAL CARE NURSERY								8.01
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	50.24	1,593.59			3,306	2,041	10,968	14
15	CAH Visits								15
16	Subprovider - IPF		21.49			221	61	785	16
17	Subprovider - IRF		17.51			130	51	294	17
18	Subprovider I								18
19	Skilled Nursing Facility		19.94						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)	50.24	1,652.53						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	100,676,461	100,676,461	3,437,260.08	29.29	1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B						3
4	Physician-Part A - Administrative		56,500	56,500	1,720.00	32.85	4
4.01	Physician-Part A - Teaching		430,000	430,000	3,952.00	108.81	4.01
5	Physician-Part B						5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21	2,376,648	2,376,648	88,878.00	26.74	7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office and/or related organization personnel						8
9	SNF	44	1,211,431	1,211,431	41,474.05	29.21	9
10	Excluded area salaries (see instructions)		3,454,594	3,454,594	109,698.17	31.49	10
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,112,098	1,112,098	18,580.26	59.85	11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative						13
14	Home office salaries & wage-related costs						14
14.01	Home office salaries						14.01
14.02	Related organization salaries		1,795,238	1,795,238	8,347.00	215.08	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)		18,539,031	18,539,031			17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas		895,866	895,866			19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative		10,363	10,363			22
22.01	Physician Part A - Teaching		45,724	45,724			22.01
23	Physician Part B						23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)		495,886	495,886			25
25.50	Home office wage-related		146,866	146,866			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		2,066,816	2,066,816	78,743.82	26.25	26
27	Administrative & General		18,899,892	18,899,892	593,281.21	31.86	27
28	Administrative & General under contract (see instructions)		325,479	325,479	1,038.50	313.41	28
29	Maintenance & Repairs						29
30	Operation of Plant		2,018,405	2,018,405	90,975.49	22.19	30
31	Laundry & Linen Service						31
32	Housekeeping		1,933,899	1,933,899	147,403.48	13.12	32
33	Housekeeping under contract (see instructions)						33
34	Dietary		342,797	342,797	12,668.26	27.06	34
35	Dietary under contract (see instructions)						35
36	Cafeteria						36
37	Maintenance of Personnel						37
38	Nursing Administration		1,317,624	1,317,624	51,653.71	25.51	38
39	Central Services and Supply						39
40	Pharmacy		2,107,952	2,107,952	51,691.35	40.78	40
41	Medical Records & Medical Records Library		1,374,110	1,374,110	52,527.25	26.16	41
42	Social Service		512,465	512,465	17,600.70	29.12	42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		98,195,292	98,195,292	3,345,468.58	29.35	1
2	Excluded area salaries (see instructions)		4,666,025	4,666,025	151,172.22	30.87	2
3	Subtotal salaries (line 1 minus line 2)		93,529,267	93,529,267	3,194,296.36	29.28	3
4	Subtotal other wages & related costs (see instructions)		2,907,336	2,907,336	26,927.26	107.97	4
5	Subtotal wage-related costs (see instructions)		18,696,260	18,696,260		19.99%	5
6	Total (sum of lines 3 through 5)		115,132,863	115,132,863	3,221,223.62	35.74	6
7	Total overhead cost (see instructions)		30,899,439	30,899,439	1,097,583.77	28.15	7

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	1,969,793	3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,073,671	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	98,420	10
11	Life Insurance (If employee is owner or beneficiary)	44,662	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	37,330	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	164,827	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	7,348,866	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	34,729	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	214,575	23
24	Total Wage Related cost (Sum of lines 1-23)	19,986,873	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7126

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: **COOK**

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours						1
2	Unduplicated Census Count (see instructions)						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel		0.27	0.27	5
6	Direct Nursing Service				6
7	Nursing Supervisor				7
8	Physical Therapy Service				8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service				10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service				12
13	Speech Pathology Supervisor				13
14	Medical Social Service				14
15	Medical Social Service Supervisor				15
16	Home Health Aide				16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits						21
22	Skilled Nursing Visit Charges						22
23	Physical Therapy Visits						23
24	Physical Therapy Visit Charges						24
25	Occupational Therapy Visits						25
26	Occupational Therapy Visit Charges						26
27	Speech Pathology Visits						27
28	Speech Pathology Visit Charges						28
29	Medical Social Service Visits						29
30	Medical Social Service Visit Charges						30
31	Home Health Aide Visits						31
32	Home Health Aide Visit Charges						32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)						33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)						35
36	Total Number of Episodes (standard/non-outlier)						36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges						38

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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				3
4	RUL				4
5	RVX	22		22	5
6	RVL	145		145	6
7	RHX				7
8	RHL	36		36	8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	9		9	12
13	RUB	157		157	13
14	RUA	631		631	14
15	RVC	98		98	15
16	RVB	559		559	16
17	RVA	1,983		1,983	17
18	RHC	53		53	18
19	RHB	71		71	19
20	RHA	80		80	20
21	RMC				21
22	RMB				22
23	RMA	10		10	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1	29		29	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	8		8	32
33	HC2				33
34	HC1	14		14	34
35	HB2				35
36	HB1	50		50	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1	1		1	42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1	4		4	46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	8		8	50
51	CB2				51
52	CB1	15		15	52
53	CA2				53
54	CA1	25		25	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
65	BB2				65
66	BB1	13		13	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	9		9	76
77	PA2				77
78	PA1	10		10	78
199	AAA				199
200	TOTAL	4,040		4,040	200

SNF SERVICES

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (0)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	7,195,220			207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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)		0.161804	1
---	--	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid		30,086,347	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 and/or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		138,339,864	6
7	Medicaid cost (line 1 times line 6)		22,383,943	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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	33,859,175	1,045,981	34,905,156	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,478,550	1,045,981	6,524,531	21
22	Payments received from patients for amounts previously written off as charity care	311,961		311,961	22
23	Cost of charity care (line 21 minus line 22)	5,166,589	1,045,981	6,212,570	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, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			13,861,231	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,599,700	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,461,077	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)			11,400,154	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,705,968	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			8,918,538	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,918,538	31

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				12,056,586	12,056,586	-4,135,289	7,921,297	1
2	00200	Cap Rel Costs-Mvble Equip				9,132,975	9,132,975	-34,161	9,098,814	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,066,816	1,162,354	3,229,170	11,610,996	14,840,166	-1,247,581	13,592,585	4
5.01	00540	NON-PATIENT PHONES	194,662	404,232	598,894		598,894	-226,149	372,745	5.01
5.03	00560	PURCHASING	928,460	586,978	1,515,438		1,515,438		1,515,438	5.03
5.04	00570	ADMITTING	2,059,037	397,225	2,456,262		2,456,262		2,456,262	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,523,007	2,216,957	3,739,964		3,739,964	-210,913	3,529,051	5.05
5.06	00590	ADMINISTRATION & GENERAL	14,194,726	70,480,454	84,675,180	-34,019,269	50,655,911	-20,732,421	29,923,490	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,018,405	6,526,730	8,545,135	27,851	8,572,986	-1,356,280	7,216,706	7
8	00800	Laundry & Linen Service		925,306	925,306		925,306		925,306	8
9	00900	Housekeeping	1,933,899	741,884	2,675,783		2,675,783		2,675,783	9
10	01000	Dietary	342,797	30,495	373,292		373,292		373,292	10
11	01100	Cafeteria		3,263,025	3,263,025		3,263,025	-796,794	2,466,231	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,317,624	359,379	1,677,003		1,677,003	-505,988	1,171,015	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,107,952	7,916,353	10,024,305	-6,985,132	3,039,173		3,039,173	15
16	01600	Medical Records & Library	1,374,110	723,703	2,097,813		2,097,813	-185	2,097,628	16
17	01700	Social Service	512,465	97,453	609,918		609,918		609,918	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	2,376,648	1,797,545	4,174,193		4,174,193	-1,477,726	2,696,467	21
22	02200	I&R Services-Other Prgm Costs Apprvd	1,381,851	562,858	1,944,709		1,944,709	-1,485,588	459,121	22
23	02300	PARAMED ED PRGM-PHARMACY	294,782	15,569	310,351		310,351		310,351	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	21,456,628	5,884,147	27,340,775	-5,879,728	21,461,047	-1,616,350	19,844,697	30
31	03100	Intensive Care Unit	3,508,863	764,062	4,272,925	-419,629	3,853,296		3,853,296	31
31.01	02060	SPECIAL CARE NURSERY	520,140	31,719	551,859		551,859		551,859	31.01
40	04000	Subprovider - IPF	1,395,752	123,486	1,519,238	-10,155	1,509,083		1,509,083	40
41	04100	Subprovider - IRF	1,139,114	152,455	1,291,569	-46,330	1,245,239		1,245,239	41
43	04300	Nursery		574,021	574,021	1,194,540	1,768,561	-573,192	1,195,369	43
44	04400	Skilled Nursing Facility	1,211,431	160,066	1,371,497	-59,401	1,312,096		1,312,096	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	5,963,023	14,548,292	20,511,315	-10,316,241	10,195,074	-691,886	9,503,188	50
52	05200	Delivery Room & Labor Room		2,471	2,471	2,554,170	2,556,641		2,556,641	52
53	05300	Anesthesiology	203,855	545,873	749,728	-511,670	238,058		238,058	53
54	05400	Radiology-Diagnostic	3,358,453	1,313,030	4,671,483	-75,476	4,596,007		4,596,007	54
54.02	03480	CANCER TREATMENT CENTER	564,473	327,419	891,892	-52,587	839,305	-199,579	639,726	54.02
54.03	03630	ULTRASOUND	1,480,413	254,890	1,735,303	-74,820	1,660,483		1,660,483	54.03
54.04	05401	SPECIAL PROCEDURES	574,523	1,175,814	1,750,337	-988,845	761,492	-28,210	733,282	54.04
54.05	05402	OP ONCOLOGY								54.05
57	05700	CT Scan	691,280	703,256	1,394,536	-147,697	1,246,839		1,246,839	57
58	05800	MRI	413,792	381,476	795,268		795,268		795,268	58
59	05900	Cardiac Catheterization	914,341	5,688,608	6,602,949	-3,362,568	3,240,381	-92,130	3,148,251	59
60	06000	Laboratory	3,448,701	4,284,557	7,733,258		7,733,258	-43,976	7,689,282	60
60.01	03420	PATHOLOGY	723,696	572,850	1,296,546		1,296,546		1,296,546	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	233,051	1,219,512	1,452,563	-985,052	467,511		467,511	63
65	06500	Respiratory Therapy	1,462,419	363,423	1,825,842	-139,672	1,686,170		1,686,170	65
66.01	06601	REHABILITATION MEDICINE	4,844,060	682,377	5,526,437	-2,922	5,523,515	351,926	5,875,441	66.01
69	06900	Electrocardiology	587,213	406,306	993,519	-60,436	933,083	-94,552	838,531	69
69.02	03140	CARDIOLOGY	1,718,659	994,883	2,713,542	-45,879	2,667,663	-67,792	2,599,871	69.02
71	07100	Medical Supplies Charged to Patients	506,958	1,078,568	1,585,526	14,891,715	16,477,241		16,477,241	71
72	07200	Impl. Dev. Charged to Patients				6,661,587	6,661,587		6,661,587	72
73	07300	Drugs Charged to Patients				6,881,681	6,881,681		6,881,681	73
74	07400	Renal Dialysis		829,428	829,428		829,428		829,428	74
75	07500	ASC (Non-Distinct Part)	488,764	578,134	1,066,898	-705,017	361,881		361,881	75
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC								90.01
90.02	09001	WOUND CARE	762,688	260,663	1,023,351	-94,347	929,004	-46,150	882,854	90.02
90.03	09002	PAIN MANAGEMENT	192,701	180,908	373,609	-1,546	372,063		372,063	90.03
90.05	09004	WOMENS CENTER								90.05
90.06	09005	DIABETES CENTER	148,795	11,223	160,018		160,018		160,018	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,232,573	5,181,557	6,414,130	-185,434	6,228,696	-763	6,227,933	90.07
91	09100	Emergency	5,677,915	2,052,063	7,729,978	-1,033,109	6,696,869	-276,250	6,420,619	91
92	09200	Observation Beds (Non-Distinct Part)								92

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
93.01	04950	OCCUP HEALTH								93.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	16,882	89,876	106,758		106,758		106,758	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	100,068,397	149,625,913	249,694,310	-1,190,861	248,503,449	-35,587,979	212,915,470	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	26,168		26,168		26,168		26,168	190
190.02	19002	COVENANT RETIREMENT HOME								190.02
190.05	19005	BOARD OF BENEVOLENCE								190.05
190.07	19007	DENTAL								190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY								190.08
190.09	19009	OP PHARMACY	223,180	16,231	239,411		239,411		239,411	190.09
190.10	19010	PLAZA		154,827	154,827	-10,208	144,619		144,619	190.10
190.11	19011	G CAFETERIA								190.11
190.12	19012	G PHARMACY	330,385	25,545	355,930		355,930		355,930	190.12
190.13	19013	G SUITE								190.13
190.14	19014	OFFSITE CLINICS	28,331	2,353,195	2,381,526	1,201,069	3,582,595		3,582,595	190.14
191.01	19101	OCC HEALTH		2,576	2,576		2,576		2,576	191.01
200		TOTAL (sum of lines 118-199)	100,676,461	152,178,287	252,854,748		252,854,748	-35,587,979	217,266,769	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	DEPRECIATION	A	Cap Rel Costs-Bldg & Fixt	1		5,118,570
2			Cap Rel Costs-Mvble Equip	2		9,101,135
500	Total reclassifications					14,219,705
	Code Letter - A					
1	INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		7,920,677
500	Total reclassifications					7,920,677
	Code Letter - B					
1	OB DEPT EXPENSES	C	Nursery	43	823,584	401,677
2			Delivery Room & Labor Room	52	1,718,357	838,074
500	Total reclassifications				2,541,941	1,239,751
	Code Letter - C					
1	HOSPITAL USE OF PLAZA	D	Operation of Plant	7		27,851
500	Total reclassifications					27,851
	Code Letter - D					
1	NON HOSP BLDG DEPR	E				
2			PLAZA	190.10		17,643
3			OFFSITE CLINICS	190.14		1,201,069
500	Total reclassifications					1,218,712
	Code Letter - E					
1	EMPLOYEE BENEFITS	G	Employee Benefits Department	4		11,610,996
500	Total reclassifications					11,610,996
	Code Letter - G					
1	COST OF DRUGS SOLD (AC730380)	H	Drugs Charged to Patients	73		6,881,681
500	Total reclassifications					6,881,681
	Code Letter - H					
1	COLLECTION FEES	K				
500	Total reclassifications					
	Code Letter - K					
1	PROPERTY INSURANCE	M	Cap Rel Costs-Bldg & Fixt	1		236,051
2			Cap Rel Costs-Mvble Equip	2		31,840
500	Total reclassifications					267,891
	Code Letter - M					
1	OUTPATIENT SURG RE OR CASES	N	Operating Room	50	237,790	
500	Total reclassifications				237,790	
	Code Letter - N					
1	CHARGEABLE MEDICAL SUPPLIES	O	Medical Supplies Charged to P	71		14,895,762
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
500	Total reclassifications					14,895,762

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	
		1	2	3	4	5
	Code Letter - O					
1	IMPLANTABLE DEVICES	P	Impl. Dev. Charged to Patient	72		6,661,587
2						
3						
4						
5						
500	Total reclassifications					6,661,587
	Code Letter - P					
	GRAND TOTAL (Increases)				2,779,731	64,944,613

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		14,219,705	9	1
2							9	2
500	Total reclassifications					14,219,705		500
	Code letter - A							
1	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		7,920,677	11	1
500	Total reclassifications					7,920,677		500
	Code letter - B							
1	OB DEPT EXPENSES	C	Adults & Pediatrics	30	2,541,941	1,239,751		1
2								2
500	Total reclassifications				2,541,941	1,239,751		500
	Code letter - C							
1	HOSPITAL USE OF PLAZA	D	PLAZA	190.10		27,851		1
500	Total reclassifications					27,851		500
	Code letter - D							
1	NON HOSP BLDG DEPR	E	Cap Rel Costs-Bldg & Fixt	1		1,218,712	9	1
2								2
3								3
500	Total reclassifications					1,218,712		500
	Code letter - E							
1	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		11,610,996		1
500	Total reclassifications					11,610,996		500
	Code letter - G							
1	COST OF DRUGS SOLD (AC730380)	H	Pharmacy	15		6,881,681		1
500	Total reclassifications					6,881,681		500
	Code letter - H							
1	COLLECTION FEES	K						1
500	Total reclassifications							500
	Code letter - K							
1	PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		267,891	12	1
2							12	2
500	Total reclassifications					267,891		500
	Code letter - M							
1	OUTPATIENT SURG RE OR CASES	N	ASC (Non-Distinct Part)	75	237,790			1
500	Total reclassifications				237,790			500
	Code letter - N							
1	CHARGEABLE MEDICAL SUPPLIES	O						1
2								2
3								3
4			Pharmacy	15		103,451		4
5			Adults & Pediatrics	30		2,098,036		5
6			Intensive Care Unit	31		419,629		6
7			Subprovider - IPF	40		10,155		7
8			Subprovider - IRF	41		46,330		8
9			Nursery	43		30,721		9
10			Skilled Nursing Facility	44		59,401		10
11			Operating Room	50		5,712,719		11
12			Delivery Room & Labor Room	52		2,261		12
13			Anesthesiology	53		511,670		13
14			Radiology-Diagnostic	54		75,476		14
15			CANCER TREATMENT CENTER	54.02		52,587		15
16			ULTRASOUND	54.03		74,820		16
17			SPECIAL PROCEDURES	54.04		981,034		17
18			CT Scan	57		147,697		18
19								19
20			Cardiac Catheterization	59		1,562,536		20
21			Blood Storing, Processing & T	63		985,052		21
22			Respiratory Therapy	65		139,672		22
23			REHABILITATION MEDICINE	66.01		2,922		23
24			Electrocardiology	69		60,436		24
25			CARDIOLOGY	69.02		45,879		25
26			ASC (Non-Distinct Part)	75		458,842		26
27			WOUND CARE	90.02		94,347		27
28			PAIN MANAGMENT	90.03		1,546		28
29			EVANSTON INFUSION CENTER	90.07		185,434		29
30			Emergency	91		1,033,109		30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications					14,895,762	500	
	Code letter - O							
1	IMPLANTABLE DEVICES	P	Operating Room	50		4,841,312	1	
2			Cardiac Catheterization	59		1,800,032	2	
3			Medical Supplies Charged to P	71		4,047	3	
4			ASC (Non-Distinct Part)	75		8,385	4	
5			SPECIAL PROCEDURES	54.04		7,811	5	
500	Total reclassifications					6,661,587	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				2,779,731	64,944,613		

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,960,138					7,960,138		1
2	Land Improvements	3,506,386					3,506,386		2
3	Buildings and Fixtures	297,725,701				1,130,771	296,594,930		3
4	Building Improvements								4
5	Fixed Equipment	44,601,640	59,255		59,255		44,660,895		5
6	Movable Equipment	132,635,189	23,069,511		23,069,511		155,704,700		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	486,429,054	23,128,766		23,128,766	1,130,771	508,427,049		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	486,429,054	23,128,766		23,128,766	1,130,771	508,427,049		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,605,064		4,080,182	236,051			7,921,297	1	
2	Cap Rel Costs-Mvble Equip	9,066,974			31,840			9,098,814	2	
3	Total (sum of lines 1-2)	12,672,038		4,080,182	267,891			17,020,111	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.)

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	--------------------------------	--	--

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	1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-2,062,552	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	B	-53,897	NON-PATIENT PHONES	5.01		7
8	Television and radio service (chapter 21)	A	-67,996	Operation of Plant	7		8
9	Parking lot (chapter 21)	A	-192,818	ADMINISTRATION & GENERAL	5.06		9
10	Provider-based physician adjustment	Wkst A-8-2	-5,018,064				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	732,099				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-796,794	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	CHILD CARE REVENUE	B	-1,149,601	Employee Benefits Department	4		33
34							34
35	OTHER REVENUE	B	-92,130	Cardiac Catheterization	59		35
36	OTHER REVENUE	B	-210,913	PATIENT ACCOUNTS & CASHIERS	5.05		36
37	LCG DEV SVCS	A	-405,099	ADMINISTRATION & GENERAL	5.06		37
38							38
39							39
40	COST OF PHYSICIAN RECRUITMENT	A	-4,358	ADMINISTRATION & GENERAL	5.06		40
41	DEVELOPMENT COSTS	A	-40	ADMINISTRATION & GENERAL	5.06		41
42	AMORT '81 CAPITAL INTEREST	A	-2,514	Cap Rel Costs-Bldg & Fixt	1	11	42
43							43
44	OTHER INCOME	B	-172,252	NON-PATIENT PHONES	5.01		44
44.01	OTHER INCOME	B	-1,097	Nursing Administration	13		44.01
44.03	OTHER INCOME	B	-185	Medical Records & Library	16		44.03
44.04	OTHER INCOME	B	-650,246	Operating Room	50		44.04
45	LOBBYIST FEES IHA AND AEH	A	-40,780	ADMINISTRATION & GENERAL	5.06		45
45.03	MARKETING FEES	A	-395,241	ADMINISTRATION & GENERAL	5.06		45.03
45.10	OTHER OPERATING REVENUE	B	-9,819	REHABILITATION MEDICINE	66.01		45.10
45.20	PRIVATE DUTY NURSES	A	-504,891	Nursing Administration	13		45.20
45.21	PDN FRINGE BENEFITS	A	-97,980	Employee Benefits Department	4		45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	-216,290	ADMINISTRATION & GENERAL	5.06		45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	Cap Rel Costs-Bldg & Fixt	1	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-34,161	Cap Rel Costs-Mvble Equip	2	9	45.27
45.36	COURTESY CAR	A	-113,109	ADMINISTRATION & GENERAL	5.06		45.36
45.42	DSR INCOME NETTED ON FS	A	120,539	Cap Rel Costs-Bldg & Fixt	1	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-1,161,497	Cap Rel Costs-Bldg & Fixt	1	11	45.43
45.44	NONALLOWABLE BORROWING	A	-734,471	Cap Rel Costs-Bldg & Fixt	1	11	45.44
45.55	CANCER TREATMENT LEASE	B	-509	CANCER TREATMENT CENTER	54.02		45.55
45.57	CHEMO REV	B	-763	EVANSTON INFUSION CENTER	90.07		45.57
45.59	OTHER A&G INCOME	B	-4,903,302	ADMINISTRATION & GENERAL	5.06		45.59
45.60	OTHER PLANT OPS INCOME	B	-1,181,109	Operation of Plant	7		45.60
45.62	LAB OTHER INCOME	B	-43,976	Laboratory	60		45.62
45.64	PHYSICIAN MALPRACTICE	A	-37,575	ADMINISTRATION & GENERAL	5.06		45.64

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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	
45.65	OTHER INCOME	B	-1,184,328	I&R Services-Other Prgm Costs Apprvd	22		45.65
45.67	MSO DEPR	B	-107,175	Operation of Plant	7		45.67
45.70	OTHER INCOME	B	-2,000	Adults & Pediatrics	30		45.70
46							46
47							47
48	MEDICAID TAX ASSESSMENT	A	-14,496,291	ADMINISTRATION & GENERAL	5.06		48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-35,587,979				50

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	2,050,668	1,960,000	90,668	1
2	5.06	ADMINISTRATION & GENERAL	LIFE CENTER RENTALS	692,727	356,084	336,643	2
3	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	490,893	180,720	310,173	3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	204,523	261,480	-56,957	3.01
3.02	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	81,620	30,048	51,572	3.02
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			3,520,431	2,788,332	732,099	5

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

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

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

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

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

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GEN AGGREGATE	411,329	354,829	56,500	177,200	1,720	146,531	7,327	1
2										2
3	21	I&R Services-Salary AGGREGATE	1,584,046	1,464,046	120,000	177,200	1,248	106,320	5,316	3
4	22	I&R Services-Other P AGGREGATE	531,620	221,620	310,000	177,200	2,704	230,360	11,518	4
5	30	Adults & Pediatrics AGGREGATE	1,614,350	1,614,350						5
6										6
7	43	Nursery AGGREGATE	573,192	573,192						7
8	50	Operating Room AGGREGATE	41,640	41,640						8
9										9
10	54.02	CANCER TREATMENT CEN AGGREGATE	199,070	199,070						10
11	54.04	SPECIAL PROCEDURES AGGREGATE	28,210	28,210						11
12										12
13										13
14										14
15	69	Electrocardiology AGGREGATE	94,552	94,552						15
16	69.02	CARDIOLOGY AGGREGATE	10,835	10,835						16
17										17
18	90.02	WOUND CARE AGGREGATE	46,150	46,150						18
19	91	Emergency AGGREGATE	276,250	276,250						19
20										20
200		TOTAL	5,411,244	4,924,744	486,500		5,672	483,211	24,161	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GEN AGGREGATE					146,531		354,829	1
2										2
3	21	I&R Services-Salary AGGREGATE					106,320	13,680	1,477,726	3
4	22	I&R Services-Other P AGGREGATE					230,360	79,640	301,260	4
5	30	Adults & Pediatrics AGGREGATE							1,614,350	5
6										6
7	43	Nursery AGGREGATE							573,192	7
8	50	Operating Room AGGREGATE							41,640	8
9										9
10	54.02	CANCER TREATMENT CEN AGGREGATE							199,070	10
11	54.04	SPECIAL PROCEDURES AGGREGATE							28,210	11
12										12
13										13
14										14
15	69	Electrocardiology AGGREGATE							94,552	15
16	69.02	CARDIOLOGY AGGREGATE							10,835	16
17										17
18	90.02	WOUND CARE AGGREGATE							46,150	18
19	91	Emergency AGGREGATE							276,250	19
20										20
200		TOTAL					483,211	93,320	5,018,064	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	7,921,297	7,921,297					1
2	Cap Rel Costs-Mvble Equip	9,098,814		9,098,814				2
4	Employee Benefits Department	13,592,585	21,526	31,589	13,645,700			4
5.01	NON-PATIENT PHONES	372,745	11,184	5,556	26,938	416,423		5.01
5.03	PURCHASING	1,515,438	59,719	12,075	128,481	3,998	1,719,711	5.03
5.04	ADMITTING	2,456,262	36,143	25,292	284,932	7,995	1,029	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	3,529,051	26,189	8,551	210,755	27,317	1,206	5.05
5.06	ADMINISTRATION & GENERAL	29,923,490	3,913,942	1,869,777	1,964,280	67,296		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	7,216,706	774,992	2,178,904	279,309	17,989	17,272	7
8	Laundry & Linen Service	925,306	27,075	21,650		666	11	8
9	Housekeeping	2,675,783	60,194	4,143	267,615	2,665	8,355	9
10	Dietary	373,292	63,692	79,418	47,437	3,331	28	10
11	Cafeteria	2,466,231	112,562	8,370		3,331		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,171,015	28,877	426,636	182,334	10,660	1,200	13
14	Central Services & Supply							14
15	Pharmacy	3,039,173	36,672	117,801	291,701	5,996	591	15
16	Medical Records & Library	2,097,628	54,937	199,640	190,151	9,994	146	16
17	Social Service	609,918	22,217		70,915	6,663	128	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	2,696,467		161	328,883		2,085	21
22	I&R Services-Other Prgm Costs Apprvd	459,121	54,710	9,629	191,222	9,328	1,032	22
23	PARAMED ED PRGM-PHARMACY	310,351	1,209	2,322	40,792		164	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19,844,697	773,816	131,577	2,617,431	29,982	10,122	30
31	Intensive Care Unit	3,853,296	62,710	29,988	485,560	15,991	783	31
31.01	SPECIAL CARE NURSERY	551,859	12,674		71,977	5,330	1,857	31.01
40	Subprovider - IPF	1,509,083	113,318	4,696	193,146	7,329	507	40
41	Subprovider - IRF	1,245,239	57,301	11,562	157,632	2,665	328	41
43	Nursery	1,195,369	11,691	26,402	113,968	5,996		43
44	Skilled Nursing Facility	1,312,096	125,506	4,608	167,639	2,665	432	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,503,188	266,665	1,147,369	858,075	19,322	29,110	50
52	Delivery Room & Labor Room	2,556,641	17,154	49,726	237,788		12	52
53	Anesthesiology	238,058	15,869	54,458	28,210	1,999	793	53
54	Radiology-Diagnostic	4,596,007	162,998	689,581	464,746	22,653	3,515	54
54.02	CANCER TREATMENT CENTER	639,726	99,133	10,168	78,112	11,327	298	54.02
54.03	ULTRASOUND	1,660,483	2,634	125,381	204,861	2,665	375	54.03
54.04	SPECIAL PROCEDURES	733,282	10,234	7,522	79,503		6,540	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,246,839	12,641	184,386	95,660		1,064	57
58	MRI	795,268	6,747	85,174	57,261		6,937	58
59	Cardiac Catheterization	3,148,251	20,198	79,461	126,527	4,664	107,482	59
60	Laboratory	7,689,282	108,557	406,577	477,235	20,655	126,617	60
60.01	PATHOLOGY	1,296,546	21,871	31,575	100,146	1,333	22,318	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	467,511	4,912	1,235	32,250	1,999	10,869	63
65	Respiratory Therapy	1,686,170	15,459	45,013	202,371	2,665	3,728	65
66.01	REHABILITATION MEDICINE	5,875,441	64,210	66,791	670,326	11,993	1,805	66.01
69	Electrocardiology	838,531	11,648	56,460	81,259	2,665	2,654	69
69.02	CARDIOLOGY	2,599,871		157,044	237,830	4,664	24,587	69.02
71	Medical Supplies Charged to Patients	16,477,241	110,673	73,574	70,153	1,333	914,900	71
72	Impl. Dev. Charged to Patients	6,661,587					392,787	72
73	Drugs Charged to Patients	6,881,681						73
74	Renal Dialysis	829,428	3,649					74
75	ASC (Non-Distinct Part)	361,881	58,532	38,225	34,730	11,327	721	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	882,854	56,589	17,270	105,542		662	90.02
90.03	PAIN MANAGEMENT	372,063	59,212	267	26,666		318	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	160,018	8,550	291	20,590		16	90.06
90.07	EVANSTON INFUSION CENTER	6,227,933	21,785	215,409	170,565		664	90.07
91	Emergency	6,420,619	210,605	52,517	785,716	19,322	3,173	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	106,758	5,840	17,979	2,336	2,665	45	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	212,915,470	7,839,221	8,823,800	13,561,556	390,438	1,709,266	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	26,168	7,438		3,621	1,333		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	239,411	11,745		30,884	666	33	190.09
190.10	PLAZA	144,619	21,126	29		11,993		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	355,930	34,944	1,463	45,719	9,994		190.12
190.13	G SUITE			9,346				190.13
190.14	OFFSITE CLINICS	3,582,595		264,176	3,920		10,412	190.14
191.01	OCC HEALTH	2,576	6,823			1,999		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	217,266,769	7,921,297	9,098,814	13,645,700	416,423	1,719,711	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS-CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING	2,811,653						5.04
5.05	PATIENT ACCOUNTS & CASHIERS		3,803,069					5.05
5.06	ADMINISTRATION & GENERAL			37,738,785	37,738,785			5.06
6	Maintenance & Repairs							6
7	Operation of Plant			10,485,172	2,204,098	12,689,270		7
8	Laundry & Linen Service			974,708	204,894	111,631	1,291,233	8
9	Housekeeping			3,018,755	634,576	248,188	94,682	9
10	Dietary			567,198	119,231	262,609		10
11	Cafeteria			2,590,494	544,550	464,106		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,820,722	382,736	119,064		13
14	Central Services & Supply							14
15	Pharmacy			3,491,934	734,043	151,201		15
16	Medical Records & Library			2,552,496	536,563	226,511		16
17	Social Service			709,841	149,216	91,602		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,027,596	636,434			21
22	I&R Services-Other Prgm Costs Apprvd			725,042	152,412	225,577		22
23	PARAMED ED PRGM-PHARMACY			354,838	74,591	4,985		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	308,261	416,878	24,132,764	5,073,000	3,190,525	559,722	30
31	Intensive Care Unit	43,610	58,976	4,550,914	956,652	258,559	106,715	31
31.01	SPECIAL CARE NURSERY	9,165	12,394	665,256	139,844	52,255		31.01
40	Subprovider - IPF	32,861	44,440	1,905,380	400,532	467,222		40
41	Subprovider - IRF	22,560	30,509	1,527,796	321,160	236,259		41
43	Nursery	17,166	23,215	1,393,807	292,994	48,204		43
44	Skilled Nursing Facility	14,568	19,700	1,647,214	346,263	517,473		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	261,646	353,838	12,439,213	2,614,859	1,099,486	51,760	50
52	Delivery Room & Labor Room	35,817	48,437	2,945,575	619,192	70,726	104,372	52
53	Anesthesiology	75,331	101,874	516,592	108,593	65,430		53
54	Radiology-Diagnostic	156,857	212,126	6,308,483	1,326,113	672,057	31,416	54
54.02	CANCER TREATMENT CENTER	14,893	20,141	873,798	183,682	408,735		54.02
54.03	ULTRASOUND	59,731	80,777	2,136,907	449,201	10,860		54.03
54.04	SPECIAL PROCEDURES	10,969	14,833	862,883	181,387	42,195		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	222,584	301,012	2,064,186	433,915	52,121		57
58	MRI	72,149	97,571	1,121,107	235,669	27,819		58
59	Cardiac Catheterization	95,953	129,762	3,712,298	780,366	83,278		59
60	Laboratory	430,144	582,430	9,841,497	2,068,791	447,593		60
60.01	PATHOLOGY	21,101	28,536	1,523,426	320,241	90,177		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	28,646	38,740	586,162	123,218	20,252		63
65	Respiratory Therapy	57,743	78,089	2,091,238	439,601	63,738		65
66.01	REHABILITATION MEDICINE	62,247	84,180	6,836,993	1,437,211	264,746		66.01
69	Electrocardiology	41,506	56,131	1,090,854	229,310	48,026		69
69.02	CARDIOLOGY	66,892	90,461	3,181,349	668,755			69.02
71	Medical Supplies Charged to Patients	120,146	162,480	17,930,500	3,769,188	456,317		71
72	Impl. Dev. Charged to Patients	48,453	65,525	7,168,352	1,506,866			72
73	Drugs Charged to Patients	147,815	199,898	7,229,394	1,519,698			73
74	Renal Dialysis	18,685	25,268	877,030	184,361	15,044		74
75	ASC (Non-Distinct Part)	15,812	21,384	542,612	114,063	241,333		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	15,909	21,515	1,100,341	231,304	233,321		90.02
90.03	PAIN MANAGMENT	6,024	8,147	472,697	99,366	244,137		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	335	453	190,253	39,993	35,252		90.06
90.07	EVANSTON INFUSION CENTER	118,771	160,620	6,915,747	1,453,766	89,821		90.07
91	Emergency	157,274	212,690	7,861,916	1,652,661	868,346	342,566	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	29	39	135,691	28,524	24,080		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,811,653	3,803,069	212,437,806	36,723,683	12,350,861	1,291,233	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			38,560	8,106	30,667		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			282,739	59,435	48,427		190.09
190.10	PLAZA			177,767	37,369	87,106		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			448,050	94,185	144,079		190.12
190.13	G SUITE			9,346	1,965			190.13
190.14	OFFSITE CLINICS			3,861,103	811,646			190.14
191.01	OCC HEALTH			11,398	2,396	28,130		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,811,653	3,803,069	217,266,769	37,738,785	12,689,270	1,291,233	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	3,996,201						9
10	Dietary	48,063	997,101					10
11	Cafeteria	84,944		3,684,094				11
12	Maintenance of Personnel							12
13	Nursing Administration	21,794		78,729	2,423,045			13
14	Central Services & Supply							14
15	Pharmacy	27,674		78,792		4,483,644		15
16	Medical Records & Library	41,458		80,061			3,437,089	16
17	Social Service	16,763		26,824				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			135,485				21
22	I&R Services-Other Prgm Costs Apprvd	41,284		38,271				22
23	PARAMED ED PRGM-PHARMACY			13,793				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,929,006	682,697	976,710	1,002,293	188	376,810	30
31	Intensive Care Unit	157,365	51,350	119,409	122,541		53,307	31
31.01	SPECIAL CARE NURSERY	31,804	1,005	21,244	21,797		11,203	31.01
40	Subprovider - IPF	284,363	63,409	68,139	69,931		40,168	40
41	Subprovider - IRF	143,794	95,489	55,519	56,981		27,576	41
43	Nursery	2,739	1,882	38,334	39,328		20,984	43
44	Skilled Nursing Facility	314,943	101,269	63,224	64,878	84	17,807	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	201,232		290,153	297,753	65	319,829	50
52	Delivery Room & Labor Room	12,943		79,966	82,057		43,782	52
53	Anesthesiology	11,972		17,534	17,983	1,074	92,082	53
54	Radiology-Diagnostic	126,855		174,358	178,933	180,544	191,738	54
54.02	CANCER TREATMENT CENTER	74,810		16,456	16,896		18,205	54.02
54.03	ULTRASOUND	1,988		57,834		1,266	73,013	54.03
54.04	SPECIAL PROCEDURES	7,724		25,080		170	13,408	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			29,932		99	272,081	57
58	MRI			16,329			88,193	58
59	Cardiac Catheterization	15,242		35,512	36,456		117,290	59
60	Laboratory	81,920		248,268		3	525,999	60
60.01	PATHOLOGY	16,504		33,197			25,794	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,704		10,400			35,016	63
65	Respiratory Therapy	11,668		74,068		667	70,583	65
66.01	REHABILITATION MEDICINE	48,458		202,324		37	76,089	66.01
69	Electrocardiology	8,793		27,046			50,736	69
69.02	CARDIOLOGY			75,875	77,871	204	81,767	69.02
71	Medical Supplies Charged to Patients			40,490		12	146,863	71
72	Impl. Dev. Charged to Patients						59,227	72
73	Drugs Charged to Patients					2,540,439	180,685	73
74	Renal Dialysis						22,840	74
75	ASC (Non-Distinct Part)	44,171		16,519	16,955	72	19,329	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	42,702		36,749	37,718	2,615	19,447	90.02
90.03	PAIN MANAGMENT	44,683		18,327		9,851	7,364	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			6,088			410	90.06
90.07	EVANSTON INFUSION CENTER			52,697		1,745,720	145,182	90.07
91	Emergency	84,076		274,585	281,773	403	192,247	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			888	901		35	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	3,985,439	997,101	3,655,209	2,423,045	4,483,513	3,437,089	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,614		634				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			9,702				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			14,712		131		190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			3,837				190.14
191.01	OCC HEALTH	5,148						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,996,201	997,101	3,684,094	2,423,045	4,483,644	3,437,089	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	994,246						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		3,799,515					21
22	I&R Services-Other Prgm Costs Apprvd			1,182,586				22
23	PARAMED ED PRGM-PHARMACY				448,207			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	705,559	2,569,109	799,627		41,998,010	-3,368,736	30
31	Intensive Care Unit	9,457	321,585	100,092		6,807,946	-421,677	31
31.01	SPECIAL CARE NURSERY	3,415				947,823		31.01
40	Subprovider - IPF	95,353				3,394,497		40
41	Subprovider - IRF	88,786				2,553,360		41
43	Nursery	3,415				1,841,687		43
44	Skilled Nursing Facility	85,897				3,159,052		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		486,609	151,455		17,952,414	-638,064	50
52	Delivery Room & Labor Room		280,329	87,251		4,326,193	-367,580	52
53	Anesthesiology					831,260		53
54	Radiology-Diagnostic					9,190,497		54
54.02	CANCER TREATMENT CENTER					1,592,582		54.02
54.03	ULTRASOUND					2,731,069		54.03
54.04	SPECIAL PROCEDURES					1,132,847		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					2,852,334		57
58	MRI					1,489,117		58
59	Cardiac Catheterization					4,780,442		59
60	Laboratory					13,214,071		60
60.01	PATHOLOGY					2,009,339		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					778,752		63
65	Respiratory Therapy					2,751,563		65
66.01	REHABILITATION MEDICINE					8,865,858		66.01
69	Electrocardiology					1,454,765		69
69.02	CARDIOLOGY					4,085,821		69.02
71	Medical Supplies Charged to Patients					22,343,370		71
72	Impl. Dev. Charged to Patients					8,734,445		72
73	Drugs Charged to Patients				448,207	11,918,423		73
74	Renal Dialysis					1,099,275		74
75	ASC (Non-Distinct Part)					995,054		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE					1,704,197		90.02
90.03	PAIN MANAGMENT					896,425		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					271,996		90.06
90.07	EVANSTON INFUSION CENTER					10,402,933		90.07
91	Emergency	2,364	141,883	44,161		11,746,981	-186,044	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency					190,119		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	994,246	3,799,515	1,182,586	448,207	211,044,517	-4,982,101	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					83,581		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					400,303		190.09
190.10	PLAZA					302,242		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					701,157		190.12
190.13	G SUITE					11,311		190.13
190.14	OFFSITE CLINICS					4,676,586		190.14
191.01	OCC HEALTH					47,072		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	994,246	3,799,515	1,182,586	448,207	217,266,769	-4,982,101	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	38,629,274					30
31	Intensive Care Unit	6,386,269					31
31.01	SPECIAL CARE NURSERY	947,823					31.01
40	Subprovider - IPF	3,394,497					40
41	Subprovider - IRF	2,553,360					41
43	Nursery	1,841,687					43
44	Skilled Nursing Facility	3,159,052					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	17,314,350					50
52	Delivery Room & Labor Room	3,958,613					52
53	Anesthesiology	831,260					53
54	Radiology-Diagnostic	9,190,497					54
54.02	CANCER TREATMENT CENTER	1,592,582					54.02
54.03	ULTRASOUND	2,731,069					54.03
54.04	SPECIAL PROCEDURES	1,132,847					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	2,852,334					57
58	MRI	1,489,117					58
59	Cardiac Catheterization	4,780,442					59
60	Laboratory	13,214,071					60
60.01	PATHOLOGY	2,009,339					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	778,752					63
65	Respiratory Therapy	2,751,563					65
66.01	REHABILITATION MEDICINE	8,865,858					66.01
69	Electrocardiology	1,454,765					69
69.02	CARDIOLOGY	4,085,821					69.02
71	Medical Supplies Charged to Patients	22,343,370					71
72	Impl. Dev. Charged to Patients	8,734,445					72
73	Drugs Charged to Patients	11,918,423					73
74	Renal Dialysis	1,099,275					74
75	ASC (Non-Distinct Part)	995,054					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,704,197					90.02
90.03	PAIN MANAGMENT	896,425					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	271,996					90.06
90.07	EVANSTON INFUSION CENTER	10,402,933					90.07
91	Emergency	11,560,937					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	190,119					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	206,062,416					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	83,581					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL						190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	400,303					190.09
190.10	PLAZA	302,242					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	701,157					190.12
190.13	G SUITE	11,311					190.13
190.14	OFFSITE CLINICS	4,676,586					190.14
191.01	OCC HEALTH	47,072					191.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	212,284,668					202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	10,236	21,526	31,589	63,351	63,351		4
5.01	NON-PATIENT PHONES	61,252	11,184	5,556	77,992	125	78,117	5.01
5.03	PURCHASING	68,679	59,719	12,075	140,473	596	750	5.03
5.04	ADMITTING	6,621	36,143	25,292	68,056	1,322	1,500	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	6,834	26,189	8,551	41,574	978	5,124	5.05
5.06	ADMINISTRATION & GENERAL	131,730	3,913,942	1,869,777	5,915,449	9,113	12,619	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	6,634	774,992	2,178,904	2,960,530	1,296	3,375	7
8	Laundry & Linen Service	3	27,075	21,650	48,728		125	8
9	Housekeeping	75	60,194	4,143	64,412	1,242	500	9
10	Dietary	2,542	63,692	79,418	145,652	220	625	10
11	Cafeteria	369	112,562	8,370	121,301		625	11
12	Maintenance of Personnel							12
13	Nursing Administration	7,616	28,877	426,636	463,129	846	2,000	13
14	Central Services & Supply							14
15	Pharmacy	3,362	36,672	117,801	157,835	1,353	1,125	15
16	Medical Records & Library	5,156	54,937	199,640	259,733	882	1,875	16
17	Social Service	1,842	22,217		24,059	329	1,250	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	70		161	231	1,526		21
22	I&R Services-Other Prgm Costs Apprvd	1,140	54,710	9,629	65,479	887	1,750	22
23	PARAMED ED PRGM-PHARMACY		1,209	2,322	3,531	189		23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	33,730	773,816	131,577	939,123	12,186	5,624	30
31	Intensive Care Unit	1,686	62,710	29,988	94,384	2,253	3,000	31
31.01	SPECIAL CARE NURSERY	218	12,674		12,892	334	1,000	31.01
40	Subprovider - IPF	1,498	113,318	4,696	119,512	896	1,375	40
41	Subprovider - IRF	1,431	57,301	11,562	70,294	731	500	41
43	Nursery		11,691	26,402	38,093	529	1,125	43
44	Skilled Nursing Facility	3,328	125,506	4,608	133,442	778	500	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	40,983	266,665	1,147,369	1,455,017	3,981	3,625	50
52	Delivery Room & Labor Room		17,154	49,726	66,880	1,103		52
53	Anesthesiology	986	15,869	54,458	71,313	131	375	53
54	Radiology-Diagnostic	6,723	162,998	689,581	859,302	2,156	4,250	54
54.02	CANCER TREATMENT CENTER	560	99,133	10,168	109,861	362	2,125	54.02
54.03	ULTRASOUND	598	2,634	125,381	128,613	950	500	54.03
54.04	SPECIAL PROCEDURES	307	10,234	7,522	18,063	369		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	10,561	12,641	184,386	207,588	444		57
58	MRI	540	6,747	85,174	92,461	266		58
59	Cardiac Catheterization	2,638	20,198	79,461	102,297	587	875	59
60	Laboratory	7,972	108,557	406,577	523,106	2,214	3,875	60
60.01	PATHOLOGY	1,615	21,871	31,575	55,061	465	250	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	354	4,912	1,235	6,501	150	375	63
65	Respiratory Therapy	42,948	15,459	45,013	103,420	939	500	65
66.01	REHABILITATION MEDICINE	140,238	64,210	66,791	271,239	3,110	2,250	66.01
69	Electrocardiology	727	11,648	56,460	68,835	377	500	69
69.02	CARDIOLOGY	54,838		157,044	211,882	1,103	875	69.02
71	Medical Supplies Charged to Patients	19,289	110,673	73,574	203,536	325	250	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	140	3,649		3,789			74
75	ASC (Non-Distinct Part)		58,532	38,225	96,757	161	2,125	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	1,309	56,589	17,270	75,168	490		90.02
90.03	PAIN MANAGMENT	3,347	59,212	267	62,826	124		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		8,550	291	8,841	96		90.06
90.07	EVANSTON INFUSION CENTER	4,384	21,785	215,409	241,578	791		90.07
91	Emergency	9,995	210,605	52,517	273,117	3,645	3,625	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,987	5,840	17,979	25,806	11	500	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	709,091	7,839,221	8,823,800	17,372,112	62,961	73,242	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		7,438		7,438	17	250	190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY		11,745		11,745	143	125	190.09
190.10	PLAZA		21,126	29	21,155		2,250	190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		34,944	1,463	36,407	212	1,875	190.12
190.13	G SUITE			9,346	9,346			190.13
190.14	OFFSITE CLINICS	675		264,176	264,851	18		190.14
191.01	OCC HEALTH		6,823		6,823		375	191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	709,766	7,921,297	9,098,814	17,729,877	63,351	78,117	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING	141,819						5.03
5.04	ADMITTING	85	70,963					5.04
5.05	PATIENT ACCOUNTS & CASHIERS	99		47,775				5.05
5.06	ADMINISTRATION & GENERAL				5,937,181			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	1,424			346,755	3,313,380		7
8	Laundry & Linen Service	1			32,235	29,149	110,238	8
9	Housekeeping	689			99,833	64,806	8,083	9
10	Dietary	2			18,758	68,572		10
11	Cafeteria				85,670	121,186		11
12	Maintenance of Personnel							12
13	Nursing Administration	99			60,213	31,090		13
14	Central Services & Supply							14
15	Pharmacy	49			115,482	39,481		15
16	Medical Records & Library	12			84,414	59,146		16
17	Social Service	11			23,475	23,919		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	172			100,126			21
22	I&R Services-Other Prgm Costs Apprvd	85			23,978	58,902		22
23	PARAMED ED PRGM-PHARMACY	14			11,735	1,302		23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	835	7,818	5,305	798,106	833,097	47,786	30
31	Intensive Care Unit	65	1,106	751	150,503	67,514	9,111	31
31.01	SPECIAL CARE NURSERY	153	232	158	22,001	13,645		31.01
40	Subprovider - IPF	42	833	566	63,013	121,999		40
41	Subprovider - IRF	27	572	388	50,526	61,691		41
43	Nursery		435	295	46,095	12,587		43
44	Skilled Nursing Facility	36	369	251	54,475	135,121		44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	2,400	6,636	4,503	411,377	287,094	4,419	50
52	Delivery Room & Labor Room	1	908	616	97,413	18,468	8,911	52
53	Anesthesiology	65	1,911	1,296	17,084	17,085		53
54	Radiology-Diagnostic	290	3,978	2,700	208,628	175,485	2,682	54
54.02	CANCER TREATMENT CENTER	25	378	256	28,897	106,728		54.02
54.03	ULTRASOUND	31	1,515	1,028	70,670	2,836		54.03
54.04	SPECIAL PROCEDURES	539	278	189	28,536	11,018		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	88	5,645	3,831	68,265	13,610		57
58	MRI	572	1,830	1,242	37,076	7,264		58
59	Cardiac Catheterization	8,863	2,434	1,651	122,769	21,745		59
60	Laboratory	10,441	10,563	6,788	325,468	116,874		60
60.01	PATHOLOGY	1,840	535	363	50,381	23,547		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	896	727	493	19,385	5,288		63
65	Respiratory Therapy	307	1,464	994	69,159	16,643		65
66.01	REHABILITATION MEDICINE	149	1,579	1,071	226,106	69,129		66.01
69	Electrocardiology	219	1,053	714	36,076	12,540		69
69.02	CARDIOLOGY	2,027	1,697	1,151	105,210			69.02
71	Medical Supplies Charged to Patients	75,453	3,047	2,068	592,980	119,152		71
72	Impl. Dev. Charged to Patients	32,389	1,229	834	237,065			72
73	Drugs Charged to Patients		3,749	2,544	239,083			73
74	Renal Dialysis		474	322	29,004	3,928		74
75	ASC (Non-Distinct Part)	59	401	272	17,945	63,016		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	55	403	274	36,389	60,924		90.02
90.03	PAIN MANAGMENT	26	153	104	15,633	63,748		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1	9	6	6,292	9,205		90.06
90.07	EVANSTON INFUSION CENTER	55	3,012	2,044	228,711	23,454		90.07
91	Emergency	262	3,989	2,707	260,001	226,740	29,246	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.03	5.04	5.05	5.06	7	8	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	4	1		4,487	6,288		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	140,957	70,963	47,775	5,777,483	3,225,016	110,238	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				1,275	8,008		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	3			9,350	12,645		190.09
190.10	PLAZA				5,879	22,745		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY				14,817	37,621		190.12
190.13	G SUITE				309			190.13
190.14	OFFSITE CLINICS	859			127,691			190.14
191.01	OCC HEALTH				377	7,345		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	141,819	70,963	47,775	5,937,181	3,313,380	110,238	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	239,565						9
10	Dietary	2,881	236,710					10
11	Cafeteria	5,092		333,874				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,307		7,135	565,819			13
14	Central Services & Supply							14
15	Pharmacy	1,659		7,141		324,125		15
16	Medical Records & Library	2,485		7,256			415,803	16
17	Social Service	1,005		2,431				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			12,278				21
22	I&R Services-Other Prgm Costs Apprvd	2,475		3,468				22
23	PARAMED ED PRGM-PHARMACY			1,250				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	115,639	162,070	88,518	234,052	14	45,513	30
31	Intensive Care Unit	9,434	12,191	10,822	28,615		6,439	31
31.01	SPECIAL CARE NURSERY	1,907	239	1,925	5,090		1,353	31.01
40	Subprovider - IPF	17,047	15,053	6,175	16,330		4,852	40
41	Subprovider - IRF	8,620	22,669	5,031	13,306		3,331	41
43	Nursery	164	447	3,474	9,184		2,535	43
44	Skilled Nursing Facility	18,880	24,041	5,730	15,150	6	2,151	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,064		26,295	69,530	5	38,631	50
52	Delivery Room & Labor Room	776		7,247	19,162		5,288	52
53	Anesthesiology	718		1,589	4,199	78	11,122	53
54	Radiology-Diagnostic	7,605		15,801	41,784	13,052	23,159	54
54.02	CANCER TREATMENT CENTER	4,485		1,491	3,945		2,199	54.02
54.03	ULTRASOUND	119		5,241		92	8,819	54.03
54.04	SPECIAL PROCEDURES	463		2,273		12	1,619	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			2,713		7	32,863	57
58	MRI			1,480			10,652	58
59	Cardiac Catheterization	914		3,218	8,513		14,167	59
60	Laboratory	4,911		22,499			64,187	60
60.01	PATHOLOGY	989		3,009			3,115	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	222		943			4,229	63
65	Respiratory Therapy	699		6,712		48	8,525	65
66.01	REHABILITATION MEDICINE	2,905		18,336		3	9,190	66.01
69	Electrocardiology	527		2,451			6,128	69
69.02	CARDIOLOGY			6,876	18,184	15	9,876	69.02
71	Medical Supplies Charged to Patients			3,669		1	17,739	71
72	Impl. Dev. Charged to Patients						7,154	72
73	Drugs Charged to Patients					183,647	21,824	73
74	Renal Dialysis						2,759	74
75	ASC (Non-Distinct Part)	2,648		1,497	3,959	5	2,335	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	2,560		3,330	8,808	189	2,349	90.02
90.03	PAIN MANAGMENT	2,679		1,661		712	889	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			552			50	90.06
90.07	EVANSTON INFUSION CENTER			4,776		126,200	17,536	90.07
91	Emergency	5,040		24,884	65,798	29	23,221	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			80	210		4	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	238,919	236,710	331,257	565,819	324,115	415,803	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	337		57				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			879				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			1,333		10		190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			348				190.14
191.01	OCC HEALTH	309						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	239,565	236,710	333,874	565,819	324,125	415,803	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	76,479						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		114,333					21
22	I&R Services-Other Prgm Costs Apprvd			157,024				22
23	PARAMED ED PRGM-PHARMACY				18,021			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	54,272				3,349,958		30
31	Intensive Care Unit	727				396,915		31
31.01	SPECIAL CARE NURSERY	263				61,192		31.01
40	Subprovider - IPF	7,335				375,028		40
41	Subprovider - IRF	6,830				244,516		41
43	Nursery	263				115,226		43
44	Skilled Nursing Facility	6,607				397,537		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					2,325,577		50
52	Delivery Room & Labor Room					226,773		52
53	Anesthesiology					126,966		53
54	Radiology-Diagnostic					1,360,872		54
54.02	CANCER TREATMENT CENTER					260,752		54.02
54.03	ULTRASOUND					220,414		54.03
54.04	SPECIAL PROCEDURES					63,359		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					335,054		57
58	MRI					152,843		58
59	Cardiac Catheterization					288,033		59
60	Laboratory					1,090,926		60
60.01	PATHOLOGY					139,555		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					39,209		63
65	Respiratory Therapy					209,410		65
66.01	REHABILITATION MEDICINE					605,067		66.01
69	Electrocardiology					129,420		69
69.02	CARDIOLOGY					358,896		69.02
71	Medical Supplies Charged to Patients					1,018,220		71
72	Impl. Dev. Charged to Patients					278,671		72
73	Drugs Charged to Patients					450,847		73
74	Renal Dialysis					40,276		74
75	ASC (Non-Distinct Part)					191,180		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE					190,939		90.02
90.03	PAIN MANAGMENT					148,555		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					25,052		90.06
90.07	EVANSTON INFUSION CENTER					648,157		90.07
91	Emergency	182				922,486		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency					37,391		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	76,479				16,825,272		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					17,382		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY					34,890		190.09
190.10	PLAZA					52,029		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					92,275		190.12
190.13	G SUITE					9,655		190.13
190.14	OFFSITE CLINICS					393,767		190.14
191.01	OCC HEALTH					15,229		191.01
200	Cross Foot Adjustments		114,333	157,024	18,021	289,378		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	76,479	114,333	157,024	18,021	17,729,877		202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	3,349,958					30
31	Intensive Care Unit	396,915					31
31.01	SPECIAL CARE NURSERY	61,192					31.01
40	Subprovider - IPF	375,028					40
41	Subprovider - IRF	244,516					41
43	Nursery	115,226					43
44	Skilled Nursing Facility	397,537					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577					50
52	Delivery Room & Labor Room	226,773					52
53	Anesthesiology	126,966					53
54	Radiology-Diagnostic	1,360,872					54
54.02	CANCER TREATMENT CENTER	260,752					54.02
54.03	ULTRASOUND	220,414					54.03
54.04	SPECIAL PROCEDURES	63,359					54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054					57
58	MRI	152,843					58
59	Cardiac Catheterization	288,033					59
60	Laboratory	1,090,926					60
60.01	PATHOLOGY	139,555					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	39,209					63
65	Respiratory Therapy	209,410					65
66.01	REHABILITATION MEDICINE	605,067					66.01
69	Electrocardiology	129,420					69
69.02	CARDIOLOGY	358,896					69.02
71	Medical Supplies Charged to Patients	1,018,220					71
72	Impl. Dev. Charged to Patients	278,671					72
73	Drugs Charged to Patients	450,847					73
74	Renal Dialysis	40,276					74
75	ASC (Non-Distinct Part)	191,180					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939					90.02
90.03	PAIN MANAGMENT	148,555					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052					90.06
90.07	EVANSTON INFUSION CENTER	648,157					90.07
91	Emergency	922,486					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	37,391					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	16,825,272					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	17,382					190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL						190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY	34,890					190.09
190.10	PLAZA	52,029					190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY	92,275					190.12
190.13	G SUITE	9,655					190.13
190.14	OFFSITE CLINICS	393,767					190.14
191.01	OCC HEALTH	15,229					191.01
200	Cross Foot Adjustments	289,378					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	17,729,877					202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	733,775						1
2	Cap Rel Costs-Mvble Equip		9,734,597					2
4	Employee Benefits Department	1,994	33,796	98,609,645				4
5.01	NON-PATIENT PHONES	1,036	5,944	194,662	625			5.01
5.03	PURCHASING	5,532	12,919	928,460	6	29,166,035		5.03
5.04	ADMITTING	3,348	27,059	2,059,037	12	17,448	1,273,528,778	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,426	9,148	1,523,007	41	20,448		5.05
5.06	ADMINISTRATION & GENERAL	362,561	2,000,429	14,194,726	101			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	71,790	2,331,155	2,018,405	27	292,937		7
8	Laundry & Linen Service	2,508	23,163		1	190		8
9	Housekeeping	5,576	4,433	1,933,899	4	141,707		9
10	Dietary	5,900	84,967	342,797	5	473		10
11	Cafeteria	10,427	8,955		5			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,675	456,448	1,317,624	16	20,358		13
14	Central Services & Supply							14
15	Pharmacy	3,397	126,032	2,107,952	9	10,029		15
16	Medical Records & Library	5,089	213,590	1,374,110	15	2,481		16
17	Social Service	2,058		512,465	10	2,175		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		172	2,376,648		35,360		21
22	I&R Services-Other Prgm Costs Apprvd	5,068	10,302	1,381,851	14	17,506		22
23	PARAMED ED PRGM-PHARMACY	112	2,484	294,782		2,789		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	71,681	140,771	18,914,687	45	171,659	139,610,825	30
31	Intensive Care Unit	5,809	32,083	3,508,863	24	13,273	19,750,833	31
31.01	SPECIAL CARE NURSERY	1,174		520,140	8	31,501	4,150,682	31.01
40	Subprovider - IPF	10,497	5,024	1,395,752	11	8,604	14,882,686	40
41	Subprovider - IRF	5,308	12,370	1,139,114	4	5,559	10,217,183	41
43	Nursery	1,083	28,247	823,584	9		7,774,675	43
44	Skilled Nursing Facility	11,626	4,930	1,211,431	4	7,319	6,597,604	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,702	1,227,542	6,200,813	29	493,705	118,498,901	50
52	Delivery Room & Labor Room	1,589	53,201	1,718,357		210	16,221,381	52
53	Anesthesiology	1,470	58,263	203,855	3	13,457	34,117,195	53
54	Radiology-Diagnostic	15,099	737,766	3,358,453	34	59,616	71,040,244	54
54.02	CANCER TREATMENT CENTER	9,183	10,879	564,473	17	5,055	6,745,048	54.02
54.03	ULTRASOUND	244	134,142	1,480,413	4	6,363	27,051,979	54.03
54.04	SPECIAL PROCEDURES	948	8,048	574,523		110,920	4,967,677	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,171	197,270	691,280		18,042	100,807,921	57
58	MRI	625	91,126	413,792		117,645	32,676,145	58
59	Cardiac Catheterization	1,871	85,013	914,341	7	1,822,870	43,456,902	59
60	Laboratory	10,056	434,987	3,448,701	31	2,147,394	194,948,309	60
60.01	PATHOLOGY	2,026	33,781	723,696	2	378,506	9,556,692	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	455	1,321	233,051	3	184,342	12,973,774	63
65	Respiratory Therapy	1,432	48,158	1,462,419	4	63,222	26,151,664	65
66.01	REHABILITATION MEDICINE	5,948	71,458	4,844,060	18	30,612	28,191,492	66.01
69	Electrocardiology	1,079	60,405	587,213	4	45,016	18,798,191	69
69.02	CARDIOLOGY		168,018	1,718,659	7	416,989	30,295,209	69.02
71	Medical Supplies Charged to Patients	10,252	78,715	506,958	2	15,516,560	54,414,026	71
72	Impl. Dev. Charged to Patients					6,661,588	21,944,134	72
73	Drugs Charged to Patients						66,945,214	73
74	Renal Dialysis	338					8,462,322	74
75	ASC (Non-Distinct Part)	5,422	40,896	250,974	17	12,234	7,161,414	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	5,242	18,477	762,688		11,226	7,205,283	90.02
90.03	PAIN MANAGMENT	5,485	286	192,701		5,399	2,728,363	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	792	311	148,795		270	151,862	90.06
90.07	EVANSTON INFUSION CENTER	2,018	230,461	1,232,573		11,255	53,791,026	90.07
91	Emergency	19,509	56,187	5,677,915	29	53,814	71,228,965	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	541	19,235	16,882	4	762	12,957	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	726,172	9,440,367	98,001,581	586	28,988,888	1,273,528,778	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	689		26,168	2			190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY	1,088		223,180	1	556		190.09
190.10	PLAZA	1,957	31		18			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	3,237	1,565	330,385	15			190.12
190.13	G SUITE		9,999					190.13
190.14	OFFSITE CLINICS		282,635	28,331		176,591		190.14
191.01	OCC HEALTH	632			3			191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,921,297	9,098,814	13,645,700	416,423	1,719,711	2,811,653	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.795267	0.934688	0.138381	666.276800	0.058963	0.002208	203
204	Cost to be allocated (Per Wkst. B, Part II)			63,351	78,117	141,819	70,963	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000642	124.987200	0.004862	0.000056	205

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS-CASHIERS GROSS REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS	1,273,528,778						5.05
5.06	ADMINISTRATION & GENERAL		-37,738,785	179,527,984				5.06
6	Maintenance & Repairs				541			6
7	Operation of Plant			10,485,172		285,088		7
8	Laundry & Linen Service			974,708		2,508	1,018,576	8
9	Housekeeping			3,018,755		5,576	74,689	9
10	Dietary			567,198		5,900		10
11	Cafeteria			2,590,494		10,427		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,820,722		2,675		13
14	Central Services & Supply							14
15	Pharmacy			3,491,934		3,397		15
16	Medical Records & Library			2,552,496		5,089		16
17	Social Service			709,841		2,058		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,027,596				21
22	I&R Services-Other Prgm Costs Apprvd			725,042		5,068		22
23	PARAMED ED PRGM-PHARMACY			354,838		112		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,610,825		24,132,764		71,681	441,531	30
31	Intensive Care Unit	19,750,833		4,550,914		5,809	84,181	31
31.01	SPECIAL CARE NURSERY	4,150,682		665,256		1,174		31.01
40	Subprovider - IPF	14,882,686		1,905,380		10,497		40
41	Subprovider - IRF	10,217,183		1,527,796		5,308		41
43	Nursery	7,774,675		1,393,807		1,083		43
44	Skilled Nursing Facility	6,597,604		1,647,214		11,626		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	118,498,901		12,439,213		24,702	40,830	50
52	Delivery Room & Labor Room	16,221,381		2,945,575		1,589	82,333	52
53	Anesthesiology	34,117,195		516,592		1,470		53
54	Radiology-Diagnostic	71,040,244		6,308,483		15,099	24,782	54
54.02	CANCER TREATMENT CENTER	6,745,048		873,798		9,183		54.02
54.03	ULTRASOUND	27,051,979		2,136,907		244		54.03
54.04	SPECIAL PROCEDURES	4,967,677		862,883		948		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	100,807,921		2,064,186		1,171		57
58	MRI	32,676,145		1,121,107		625		58
59	Cardiac Catheterization	43,456,902		3,712,298		1,871		59
60	Laboratory	194,948,309		9,841,497		10,056		60
60.01	PATHOLOGY	9,556,692		1,523,426		2,026		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,973,774		586,162		455		63
65	Respiratory Therapy	26,151,664		2,091,238		1,432		65
66.01	REHABILITATION MEDICINE	28,191,492		6,836,993		5,948		66.01
69	Electrocardiology	18,798,191		1,090,854		1,079		69
69.02	CARDIOLOGY	30,295,209		3,181,349				69.02
71	Medical Supplies Charged to Patients	54,414,026		17,930,500		10,252		71
72	Impl. Dev. Charged to Patients	21,944,134		7,168,352				72
73	Drugs Charged to Patients	66,945,214		7,229,394				73
74	Renal Dialysis	8,462,322		877,030		338		74
75	ASC (Non-Distinct Part)	7,161,414		542,612		5,422		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	7,205,283		1,100,341		5,242		90.02
90.03	PAIN MANAGMENT	2,728,363		472,697		5,485		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	151,862		190,253		792		90.06
90.07	EVANSTON INFUSION CENTER	53,791,026		6,915,747		2,018		90.07
91	Emergency	71,228,965		7,861,916		19,509	270,230	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6	7	8	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	12,957		135,691	541	541		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,273,528,778	-37,738,785	174,699,021	541	277,485	1,018,576	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			38,560		689		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			282,739		1,088		190.09
190.10	PLAZA			177,767		1,957		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			448,050		3,237		190.12
190.13	G SUITE			9,346				190.13
190.14	OFFSITE CLINICS			3,861,103				190.14
191.01	OCC HEALTH			11,398		632		191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,803,069		37,738,785		12,689,270	1,291,233	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002986		0.210211		44.510011	1.267684	203
204	Cost to be allocated (Per Wkst. B, Part II)	47,775		5,937,181		3,313,380	110,238	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000038		0.033071		11.622306	0.108228	205

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	617,188						9
10	Dietary	7,423	179,593					10
11	Cafeteria	13,119		116,191				11
12	Maintenance of Personnel							12
13	Nursing Administration	3,366		2,483	1,548,961			13
14	Central Services & Supply							14
15	Pharmacy	4,274		2,485		12,145,531		15
16	Medical Records & Library	6,403		2,525			1,273,528,778	16
17	Social Service	2,589		846				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			4,273				21
22	I&R Services-Other Prgm Costs Apprvd	6,376		1,207				22
23	PARAMED ED PRGM-PHARMACY			435				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,923	122,964	30,804	640,727	510	139,610,825	30
31	Intensive Care Unit	24,304	9,249	3,766	78,336		19,750,833	31
31.01	SPECIAL CARE NURSERY	4,912	181	670	13,934		4,150,682	31.01
40	Subprovider - IPF	43,918	11,421	2,149	44,704		14,882,686	40
41	Subprovider - IRF	22,208	17,199	1,751	36,426		10,217,183	41
43	Nursery	423	339	1,209	25,141		7,774,675	43
44	Skilled Nursing Facility	48,641	18,240	1,994	41,474	228	6,597,604	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	31,079		9,151	190,342	175	118,498,901	50
52	Delivery Room & Labor Room	1,999		2,522	52,456		16,221,381	52
53	Anesthesiology	1,849		553	11,496	2,909	34,117,195	53
54	Radiology-Diagnostic	19,592		5,499	114,385	489,066	71,040,244	54
54.02	CANCER TREATMENT CENTER	11,554		519	10,801		6,745,048	54.02
54.03	ULTRASOUND	307		1,824		3,430	27,051,979	54.03
54.04	SPECIAL PROCEDURES	1,193		791		460	4,967,677	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			944		267	100,807,921	57
58	MRI			515			32,676,145	58
59	Cardiac Catheterization	2,354		1,120	23,305		43,456,902	59
60	Laboratory	12,652		7,830		7	194,948,309	60
60.01	PATHOLOGY	2,549		1,047			9,556,692	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	572		328			12,973,774	63
65	Respiratory Therapy	1,802		2,336		1,806	26,151,664	65
66.01	REHABILITATION MEDICINE	7,484		6,381		101	28,191,492	66.01
69	Electrocardiology	1,358		853			18,798,191	69
69.02	CARDIOLOGY			2,393	49,780	552	30,295,209	69.02
71	Medical Supplies Charged to Patients			1,277		32	54,414,026	71
72	Impl. Dev. Charged to Patients						21,944,134	72
73	Drugs Charged to Patients					6,881,681	66,945,214	73
74	Renal Dialysis						8,462,322	74
75	ASC (Non-Distinct Part)	6,822		521	10,839	196	7,161,414	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	6,595		1,159	24,112	7,083	7,205,283	90.02
90.03	PAIN MANAGMENT	6,901		578		26,684	2,728,363	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			192			151,862	90.06
90.07	EVANSTON INFUSION CENTER			1,662		4,728,897	53,791,026	90.07
91	Emergency	12,985		8,660	180,127	1,091	71,228,965	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
		9	10	11	13	15	16	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			28	576		12,957	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	615,526	179,593	115,280	1,548,961	12,145,175	1,273,528,778	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	867		20				190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY			306				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			464		356		190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			121				190.14
191.01	OCC HEALTH	795						191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,996,201	997,101	3,684,094	2,423,045	4,483,644	3,437,089	202
203	Unit Cost Multiplier (Wkst. B, Part I)	6.474852	5.552004	31.707223	1.564303	0.369160	0.002699	203
204	Cost to be allocated (Per Wkst. B, Part II)	239,565	236,710	333,874	565,819	324,125	415,803	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.388156	1.318036	2.873493	0.365289	0.026687	0.000326	205

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION			
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	ASSIGNED TIME			
	17	21	22	23			

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service	3,785					17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		28,734				21
22	I&R Services-Other Prgm Costs Apprvd			28,734			22
23	PARAMED ED PRGM-PHARMACY				100		23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,686	19,429	19,429			30
31	Intensive Care Unit	36	2,432	2,432			31
31.01	SPECIAL CARE NURSERY	13					31.01
40	Subprovider - IPF	363					40
41	Subprovider - IRF	338					41
43	Nursery	13					43
44	Skilled Nursing Facility	327					44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,680	3,680			50
52	Delivery Room & Labor Room		2,120	2,120			52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66.01	REHABILITATION MEDICINE						66.01
69	Electrocardiology						69
69.02	CARDIOLOGY						69.02
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients				100		73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	Emergency	9	1,073	1,073			91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME		
		17	21	22	23		
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	3,785	28,734	28,734	100		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
190.02	COVENANT RETIREMENT HOME						190.02
190.05	BOARD OF BENEVOLENCE						190.05
190.07	DENTAL						190.07
190.08	COVENANT RETIREMENT COMMUNITY						190.08
190.09	OP PHARMACY						190.09
190.10	PLAZA						190.10
190.11	G CAFETERIA						190.11
190.12	G PHARMACY						190.12
190.13	G SUITE						190.13
190.14	OFFSITE CLINICS						190.14
191.01	OCC HEALTH						191.01
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	994,246	3,799,515	1,182,586	448,207		202
203	Unit Cost Multiplier (Wkst. B, Part I)	262.680581	132.230633	41.156330	4,482.070000		203
204	Cost to be allocated (Per Wkst. B, Part II)	76,479	114,333	157,024	18,021		204
205	Unit Cost Multiplier (Wkst. B, Part II)	20.205812	3.979014	5.464746	180.210000		205

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		CODE	LINE NO.	AMOUNT
1		2	3	4

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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	38,629,274		38,629,274		38,629,274	30
31	Intensive Care Unit	6,386,269		6,386,269		6,386,269	31
31.01	SPECIAL CARE NURSERY	947,823		947,823		947,823	31.01
40	Subprovider - IPF	3,394,497		3,394,497		3,394,497	40
41	Subprovider - IRF	2,553,360		2,553,360		2,553,360	41
43	Nursery	1,841,687		1,841,687		1,841,687	43
44	Skilled Nursing Facility	3,159,052		3,159,052		3,159,052	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	17,314,350		17,314,350		17,314,350	50
52	Delivery Room & Labor Room	3,958,613		3,958,613		3,958,613	52
53	Anesthesiology	831,260		831,260		831,260	53
54	Radiology-Diagnostic	9,190,497		9,190,497		9,190,497	54
54.02	CANCER TREATMENT CENTER	1,592,582		1,592,582		1,592,582	54.02
54.03	ULTRASOUND	2,731,069		2,731,069		2,731,069	54.03
54.04	SPECIAL PROCEDURES	1,132,847		1,132,847		1,132,847	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	2,852,334		2,852,334		2,852,334	57
58	MRI	1,489,117		1,489,117		1,489,117	58
59	Cardiac Catheterization	4,780,442		4,780,442		4,780,442	59
60	Laboratory	13,214,071		13,214,071		13,214,071	60
60.01	PATHOLOGY	2,009,339		2,009,339		2,009,339	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	778,752		778,752		778,752	63
65	Respiratory Therapy	2,751,563		2,751,563		2,751,563	65
66.01	REHABILITATION MEDICINE	8,865,858		8,865,858		8,865,858	66.01
69	Electrocardiology	1,454,765		1,454,765		1,454,765	69
69.02	CARDIOLOGY	4,085,821		4,085,821		4,085,821	69.02
71	Medical Supplies Charged to Patients	22,343,370		22,343,370		22,343,370	71
72	Impl. Dev. Charged to Patients	8,734,445		8,734,445		8,734,445	72
73	Drugs Charged to Patients	11,918,423		11,918,423		11,918,423	73
74	Renal Dialysis	1,099,275		1,099,275		1,099,275	74
75	ASC (Non-Distinct Part)	995,054		995,054		995,054	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	1,704,197		1,704,197		1,704,197	90.02
90.03	PAIN MANAGMENT	896,425		896,425		896,425	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	271,996		271,996		271,996	90.06
90.07	EVANSTON INFUSION CENTER	10,402,933		10,402,933		10,402,933	90.07
91	Emergency	11,560,937		11,560,937		11,560,937	91
92	Observation Beds (Non-Distinct Part)	5,472,964		5,472,964		5,472,964	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	190,119		190,119		190,119	101
200	Subtotal (sum of lines 30 thru 199)	211,535,380		211,535,380		211,535,380	200
201	Less Observation Beds	5,472,964		5,472,964		5,472,964	201
202	Total (line 200 minus line 201)	206,062,416		206,062,416		206,062,416	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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	124,028,693		124,028,693				30
31	Intensive Care Unit	19,750,833		19,750,833				31
31.01	SPECIAL CARE NURSERY	4,150,682		4,150,682				31.01
40	Subprovider - IPF	14,882,686		14,882,686				40
41	Subprovider - IRF	10,217,183		10,217,183				41
43	Nursery	7,774,675		7,774,675				43
44	Skilled Nursing Facility	6,597,604		6,597,604				44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	36,255,401	82,243,499	118,498,900	0.146114	0.146114	0.146114	50
52	Delivery Room & Labor Room	16,184,419	36,962	16,221,381	0.244037	0.244037	0.244037	52
53	Anesthesiology	20,006,439	14,110,756	34,117,195	0.024365	0.024365	0.024365	53
54	Radiology-Diagnostic	18,855,346	52,184,898	71,040,244	0.129370	0.129370	0.129370	54
54.02	CANCER TREATMENT CENTER	173,264	6,571,784	6,745,048	0.236111	0.236111	0.236111	54.02
54.03	ULTRASOUND	2,774,309	24,277,670	27,051,979	0.100956	0.100956	0.100956	54.03
54.04	SPECIAL PROCEDURES	2,584,110	2,383,567	4,967,677	0.228044	0.228044	0.228044	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	30,966,129	69,841,792	100,807,921	0.028295	0.028295	0.028295	57
58	MRI	7,716,071	24,960,074	32,676,145	0.045572	0.045572	0.045572	58
59	Cardiac Catheterization	24,868,577	18,588,325	43,456,902	0.110004	0.110004	0.110004	59
60	Laboratory	88,643,861	106,304,448	194,948,309	0.067782	0.067782	0.067782	60
60.01	PATHOLOGY	2,580,430	6,976,262	9,556,692	0.210255	0.210255	0.210255	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,866,367	3,107,407	12,973,774	0.060025	0.060025	0.060025	63
65	Respiratory Therapy	24,308,016	1,843,648	26,151,664	0.105216	0.105216	0.105216	65
66.01	REHABILITATION MEDICINE	16,104,079	12,087,413	28,191,492	0.314487	0.314487	0.314487	66.01
69	Electrocardiology	6,125,498	12,672,693	18,798,191	0.077389	0.077389	0.077389	69
69.02	CARDIOLOGY	10,209,694	20,085,515	30,295,209	0.134867	0.134867	0.134867	69.02
71	Medical Supplies Charged to Patients	33,630,481	20,783,545	54,414,026	0.410618	0.410618	0.410618	71
72	Impl. Dev. Charged to Patients	12,529,612	9,414,522	21,944,134	0.398031	0.398031	0.398031	72
73	Drugs Charged to Patients	50,963,346	15,981,868	66,945,214	0.178032	0.178032	0.178032	73
74	Renal Dialysis	7,889,083	573,239	8,462,322	0.129902	0.129902	0.129902	74
75	ASC (Non-Distinct Part)	1,523,987	5,637,427	7,161,414	0.138947	0.138947	0.138947	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	233,723	6,971,560	7,205,283	0.236520	0.236520	0.236520	90.02
90.03	PAIN MANAGEMENT	1,749	2,726,614	2,728,363	0.328558	0.328558	0.328558	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		151,862	151,862	1.791073	1.791073	1.791073	90.06
90.07	EVANSTON INFUSION CENTER	451,915	53,339,111	53,791,026	0.193395	0.193395	0.193395	90.07
91	Emergency	19,867,966	51,360,999	71,228,965	0.162307	0.162307	0.162307	91
92	Observation Beds (Non-Distinct Part)	1,717,956	13,864,176	15,582,132	0.351233	0.351233	0.351233	92
93.01	OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	12,957		12,957				101
200	Subtotal (sum of lines 30 thru 199)	634,447,141	639,081,636	1,273,528,777				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	634,447,141	639,081,636	1,273,528,777				202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,349,958		3,349,958	42,434	78.95	14,423	1,138,696	30
31	Intensive Care Unit	396,915		396,915	3,038	130.65	1,690	220,799	31
31.01	SPECIAL CARE NURSERY	61,192		61,192	1,382	44.28			31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	375,028		375,028	5,733	65.42	2,094	136,989	40
41	Subprovider - IRF	244,516		244,516	3,807	64.23	1,688	108,420	41
42	Subprovider I								42
43	Nursery	115,226		115,226	4,128	27.91			43
44	Skilled Nursing Facility	397,537		397,537	6,080	65.38	4,040	264,135	44
45	Nursing Facility								45
200	Total (lines 30-199)	4,940,372		4,940,372	66,602		23,935	1,869,039	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577	118,498,900	0.019625	11,001,390	215,902	50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980	28,707	401	52
53	Anesthesiology	126,966	34,117,195	0.003721	5,251,167	19,540	53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156	7,521,195	144,076	54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658	62,560	2,418	54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148	788,111	6,422	54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754	942,865	12,025	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054	100,807,921	0.003324	11,680,273	38,825	57
58	MRI	152,843	32,676,145	0.004678	2,770,254	12,959	58
59	Cardiac Catheterization	288,033	43,456,902	0.006628	8,661,912	57,411	59
60	Laboratory	1,090,926	194,948,309	0.005596	30,666,569	171,610	60
60.01	PATHOLOGY	139,555	9,556,692	0.014603	556,217	8,122	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022	3,078,730	9,304	63
65	Respiratory Therapy	209,410	26,151,664	0.008008	9,702,336	77,696	65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463	3,039,945	65,246	66.01
69	Electrocardiology	129,420	18,798,191	0.006885	2,510,801	17,287	69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847	3,881,670	45,986	69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712	11,670,105	218,371	71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699	4,086,520	51,895	72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735	17,275,816	116,353	73
74	Renal Dialysis	40,276	8,462,322	0.004759	3,613,052	17,195	74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696	645,807	17,240	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500	60,374	1,600	90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448	1,372	75	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966			90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050	123,237	1,485	90.07
91	Emergency	922,486	71,228,965	0.012951	7,666,207	99,285	91
92	Observation Beds (Non-Distinct)	474,621	15,582,132	0.030459	908,280	27,665	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,322,130	1,086,113,464		148,195,472	1,456,394	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	42,434		14,423		30
31	Intensive Care Unit	3,038		1,690		31
31.01	SPECIAL CARE NURSERY	1,382				31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,733		2,094		40
41	Subprovider - IRF	3,807		1,688		41
42	Subprovider I					42
43	Nursery	4,128				43
44	Skilled Nursing Facility	6,080		4,040		44
45	Nursing Facility					45
200	Total (lines 30-199)	66,602		23,935		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900			11,001,390		26,700,271		50
52	Delivery Room & Labor Room	16,221,381			28,707				52
53	Anesthesiology	34,117,195			5,251,167		2,603,123		53
54	Radiology-Diagnostic	71,040,244			7,521,195		13,967,134		54
54.02	CANCER TREATMENT CENTER	6,745,048			62,560		1,680,554		54.02
54.03	ULTRASOUND	27,051,979			788,111		1,936,505		54.03
54.04	SPECIAL PROCEDURES	4,967,677			942,865		843,242		54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921			11,680,273		18,432,852		57
58	MRI	32,676,145			2,770,254		6,608,669		58
59	Cardiac Catheterization	43,456,902			8,661,912		5,884,204		59
60	Laboratory	194,948,309			30,666,569		10,580,587		60
60.01	PATHOLOGY	9,556,692			556,217		1,180,523		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774			3,078,730		787,852		63
65	Respiratory Therapy	26,151,664			9,702,336		521,779		65
66.01	REHABILITATION MEDICINE	28,191,492			3,039,945		142,548		66.01
69	Electrocardiology	18,798,191			2,510,801		3,081,078		69
69.02	CARDIOLOGY	30,295,209			3,881,670		6,234,489		69.02
71	Medical Supplies Charged to Pat	54,414,026			11,670,105		6,402,525		71
72	Impl. Dev. Charged to Patients	21,944,134			4,086,520		3,083,742		72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695	17,275,816	115,662	10,271,729	68,769	73
74	Renal Dialysis	8,462,322			3,613,052		520,590		74
75	ASC (Non-Distinct Part)	7,161,414			645,807		1,203,718		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283			60,374		2,200,610		90.02
90.03	PAIN MANAGMENT	2,728,363			1,372		1,195,463		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026			123,237		13,139,447		90.07
91	Emergency	71,228,965			7,666,207		6,956,117		91
92	Observation Beds (Non-Distinct)	15,582,132			908,280		3,371,220		92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464			148,195,472	115,662	149,530,571	68,769	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.146114	26,700,271			3,901,283		50	
52	Delivery Room & Labor Room	0.244037						52	
53	Anesthesiology	0.024365	2,603,123			63,425		53	
54	Radiology-Diagnostic	0.129370	13,967,134			1,806,928		54	
54.02	CANCER TREATMENT CENTER	0.236111	1,680,554			396,797		54.02	
54.03	ULTRASOUND	0.100956	1,936,505			195,502		54.03	
54.04	SPECIAL PROCEDURES	0.228044	843,242			192,296		54.04	
54.05	OP ONCOLOGY							54.05	
57	CT Scan	0.028295	18,432,852			521,558		57	
58	MRI	0.045572	6,608,669			301,170		58	
59	Cardiac Catheterization	0.110004	5,884,204			647,286		59	
60	Laboratory	0.067782	10,580,587	1,620		717,173	110	60	
60.01	PATHOLOGY	0.210255	1,180,523			248,211		60.01	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.060025	787,852			47,291		63	
65	Respiratory Therapy	0.105216	521,779			54,899		65	
66.01	REHABILITATION MEDICINE	0.314487	142,548			44,829		66.01	
69	Electrocardiology	0.077389	3,081,078			238,442		69	
69.02	CARDIOLOGY	0.134867	6,234,489			840,827		69.02	
71	Medical Supplies Charged to Pat	0.410618	6,402,525			2,628,992		71	
72	Impl. Dev. Charged to Patients	0.398031	3,083,742			1,227,425		72	
73	Drugs Charged to Patients	0.178032	10,271,729		134,358	1,828,696		23,920	
74	Renal Dialysis	0.129902	520,590			67,626		74	
75	ASC (Non-Distinct Part)	0.138947	1,203,718			167,253		75	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC							90.01	
90.02	WOUND CARE	0.236520	2,200,610			520,488		90.02	
90.03	PAIN MANAGMENT	0.328558	1,195,463			392,779		90.03	
90.05	WOMENS CENTER							90.05	
90.06	DIABETES CENTER	1.791073						90.06	
90.07	EVANSTON INFUSION CENTER	0.193395	13,139,447			2,541,103		90.07	
91	Emergency	0.162307	6,956,117			1,129,026		91	
92	Observation Beds (Non-Distinct)	0.351233	3,371,220			1,184,084		92	
93.01	OCCUP HEALTH							93.01	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		149,530,571	1,620	134,358	21,905,389	110	23,920	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		149,530,571	1,620	134,358	21,905,389	110	23,920	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577	118,498,900	0.019625			50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980			52
53	Anesthesiology	126,966	34,117,195	0.003721			53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156	35,251	675	54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658			54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148	11,938	97	54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054	100,807,921	0.003324	79,767	265	57
58	MRI	152,843	32,676,145	0.004678	14,573	68	58
59	Cardiac Catheterization	288,033	43,456,902	0.006628			59
60	Laboratory	1,090,926	194,948,309	0.005596	576,350	3,225	60
60.01	PATHOLOGY	139,555	9,556,692	0.014603	450	7	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022	4,552	14	63
65	Respiratory Therapy	209,410	26,151,664	0.008008	26,516	212	65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463	518,266	11,124	66.01
69	Electrocardiology	129,420	18,798,191	0.006885	64,452	444	69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847	9,742	115	69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712	14,435	270	71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699			72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735	560,180	3,773	73
74	Renal Dialysis	40,276	8,462,322	0.004759			74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500			90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966			90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050			90.07
91	Emergency	922,486	71,228,965	0.012951	321,121	4,159	91
92	Observation Beds (Non-Distinct)		15,582,132				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	11,847,509	1,086,113,464		2,237,593	24,448	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900							50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195							53
54	Radiology-Diagnostic	71,040,244			35,251		602		54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979			11,938				54.03
54.04	SPECIAL PROCEDURES	4,967,677							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921			79,767		2,990		57
58	MRI	32,676,145			14,573				58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309			576,350		435		60
60.01	PATHOLOGY	9,556,692			450				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774			4,552				63
65	Respiratory Therapy	26,151,664			26,516				65
66.01	REHABILITATION MEDICINE	28,191,492			518,266				66.01
69	Electrocardiology	18,798,191			64,452		2,768		69
69.02	CARDIOLOGY	30,295,209			9,742		2,363		69.02
71	Medical Supplies Charged to Pat	54,414,026			14,435		15		71
72	Impl. Dev. Charged to Patients	21,944,134							72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695	560,180	3,750	2,407	16	73
74	Renal Dialysis	8,462,322							74
75	ASC (Non-Distinct Part)	7,161,414							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026							90.07
91	Emergency	71,228,965			321,121				91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464			2,237,593	3,750	11,580	16	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370	602			78			54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956							54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295	2,990			85			57
58	MRI	0.045572							58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782	435			29			60
60.01	PATHOLOGY	0.210255							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216							65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389	2,768			214			69
69.02	CARDIOLOGY	0.134867	2,363			319			69.02
71	Medical Supplies Charged to Pat	0.410618	15			6			71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032	2,407		340	429		61	73
74	Renal Dialysis	0.129902							74
75	ASC (Non-Distinct Part)	0.138947							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307							91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		11,580		340	1,160		61	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		11,580		340	1,160		61	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577	118,498,900	0.019625	3,763	74	50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980			52
53	Anesthesiology	126,966	34,117,195	0.003721	1,177	4	53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156	206,803	3,962	54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658			54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148	16,708	136	54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754	4,707	60	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054	100,807,921	0.003324	163,933	545	57
58	MRI	152,843	32,676,145	0.004678	20,061	94	58
59	Cardiac Catheterization	288,033	43,456,902	0.006628			59
60	Laboratory	1,090,926	194,948,309	0.005596	891,178	4,987	60
60.01	PATHOLOGY	139,555	9,556,692	0.014603	1,819	27	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022	30,702	93	63
65	Respiratory Therapy	209,410	26,151,664	0.008008	305,559	2,447	65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463	1,815,170	38,959	66.01
69	Electrocardiology	129,420	18,798,191	0.006885	29,022	200	69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847	14,558	172	69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712	162,466	3,040	71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699	2,495	32	72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735	867,751	5,844	73
74	Renal Dialysis	40,276	8,462,322	0.004759	365,593	1,740	74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696	5,708	152	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500			90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966			90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050			90.07
91	Emergency	922,486	71,228,965	0.012951			91
92	Observation Beds (Non-Distinct)		15,582,132				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	11,847,509	1,086,113,464		4,909,173	62,568	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900			3,763				50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195			1,177				53
54	Radiology-Diagnostic	71,040,244			206,803		23,894		54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979			16,708		1,898		54.03
54.04	SPECIAL PROCEDURES	4,967,677			4,707				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921			163,933		10,317		57
58	MRI	32,676,145			20,061		3,966		58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309			891,178		1,437		60
60.01	PATHOLOGY	9,556,692			1,819		4,000		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774			30,702				63
65	Respiratory Therapy	26,151,664			305,559		1,012		65
66.01	REHABILITATION MEDICINE	28,191,492			1,815,170				66.01
69	Electrocardiology	18,798,191			29,022		2,325		69
69.02	CARDIOLOGY	30,295,209			14,558				69.02
71	Medical Supplies Charged to Pat	54,414,026			162,466		9,752		71
72	Impl. Dev. Charged to Patients	21,944,134			2,495				72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695	867,751	5,810	32,696	219	73
74	Renal Dialysis	8,462,322			365,593		15,076		74
75	ASC (Non-Distinct Part)	7,161,414			5,708		2,144		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026							90.07
91	Emergency	71,228,965					25		91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464			4,909,173	5,810	108,542	219	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART V**

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [XX] 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	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370	23,894			3,091			54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956	1,898			192			54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295	10,317			292			57
58	MRI	0.045572	3,966			181			58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782	1,437			97			60
60.01	PATHOLOGY	0.210255	4,000			841			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216	1,012			106			65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389	2,325			180			69
69.02	CARDIOLOGY	0.134867							69.02
71	Medical Supplies Charged to Pat	0.410618	9,752			4,004			71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032	32,696		345	5,821		61	73
74	Renal Dialysis	0.129902	15,076			1,958			74
75	ASC (Non-Distinct Part)	0.138947	2,144			298			75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307	25			4			91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		108,542		345	17,065		61	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		108,542		345	17,065		61	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5573

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900							50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195							53
54	Radiology-Diagnostic	71,040,244			155,947				54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979			8,750				54.03
54.04	SPECIAL PROCEDURES	4,967,677			499				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921			45,965				57
58	MRI	32,676,145			3,576				58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309			1,157,604				60
60.01	PATHOLOGY	9,556,692			3,583				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774			8,650				63
65	Respiratory Therapy	26,151,664			545,642				65
66.01	REHABILITATION MEDICINE	28,191,492			2,777,704				66.01
69	Electrocardiology	18,798,191			27,935				69
69.02	CARDIOLOGY	30,295,209			352				69.02
71	Medical Supplies Charged to Pat	54,414,026			620,815				71
72	Impl. Dev. Charged to Patients	21,944,134							72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695	1,658,007	11,100			73
74	Renal Dialysis	8,462,322							74
75	ASC (Non-Distinct Part)	7,161,414							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026			1,121				90.07
91	Emergency	71,228,965							91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464			7,016,150	11,100			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5573

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370							54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956							54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295							57
58	MRI	0.045572							58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782							60
60.01	PATHOLOGY	0.210255							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216							65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389							69
69.02	CARDIOLOGY	0.134867							69.02
71	Medical Supplies Charged to Pat	0.410618							71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032			5,439			968	73
74	Renal Dialysis	0.129902							74
75	ASC (Non-Distinct Part)	0.138947							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307							91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)				5,439			968	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				5,439			968	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,349,958		3,349,958	42,434	78.95	5,423	428,146	30
31	Intensive Care Unit	396,915		396,915	3,038	130.65	628	82,048	31
31.01	SPECIAL CARE NURSERY	61,192		61,192	1,382	44.28	338	14,967	31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	375,028		375,028	5,733	65.42	393	25,710	40
41	Subprovider - IRF	244,516		244,516	3,807	64.23	607	38,988	41
42	Subprovider I								42
43	Nursery	115,226		115,226	4,128	27.91	910	25,398	43
44	Skilled Nursing Facility	397,537		397,537	6,080	65.38			44
45	Nursing Facility								45
200	Total (lines 30-199)	4,940,372		4,940,372	66,602		8,299	615,257	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577	118,498,900	0.019625			50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980			52
53	Anesthesiology	126,966	34,117,195	0.003721			53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156			54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658			54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148			54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054	100,807,921	0.003324			57
58	MRI	152,843	32,676,145	0.004678			58
59	Cardiac Catheterization	288,033	43,456,902	0.006628			59
60	Laboratory	1,090,926	194,948,309	0.005596			60
60.01	PATHOLOGY	139,555	9,556,692	0.014603			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022			63
65	Respiratory Therapy	209,410	26,151,664	0.008008			65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463			66.01
69	Electrocardiology	129,420	18,798,191	0.006885			69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847			69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712			71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699			72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735			73
74	Renal Dialysis	40,276	8,462,322	0.004759			74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500			90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966			90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050			90.07
91	Emergency	922,486	71,228,965	0.012951			91
92	Observation Beds (Non-Distinct)	474,621	15,582,132	0.030459			92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,322,130	1,086,113,464				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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)	42,434		5,423		30
31	Intensive Care Unit	3,038		628		31
31.01	SPECIAL CARE NURSERY	1,382		338		31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,733		393		40
41	Subprovider - IRF	3,807		607		41
42	Subprovider I					42
43	Nursery	4,128		910		43
44	Skilled Nursing Facility	6,080				44
45	Nursing Facility					45
200	Total (lines 30-199)	66,602		8,299		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900							50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195							53
54	Radiology-Diagnostic	71,040,244							54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979							54.03
54.04	SPECIAL PROCEDURES	4,967,677							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921							57
58	MRI	32,676,145							58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309							60
60.01	PATHOLOGY	9,556,692							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774							63
65	Respiratory Therapy	26,151,664							65
66.01	REHABILITATION MEDICINE	28,191,492							66.01
69	Electrocardiology	18,798,191							69
69.02	CARDIOLOGY	30,295,209							69.02
71	Medical Supplies Charged to Pat	54,414,026							71
72	Impl. Dev. Charged to Patients	21,944,134							72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695					73
74	Renal Dialysis	8,462,322							74
75	ASC (Non-Distinct Part)	7,161,414							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026							90.07
91	Emergency	71,228,965							91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370							54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956							54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295							57
58	MRI	0.045572							58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782							60
60.01	PATHOLOGY	0.210255							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216							65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389							69
69.02	CARDIOLOGY	0.134867							69.02
71	Medical Supplies Charged to Pat	0.410618							71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032							73
74	Renal Dialysis	0.129902							74
75	ASC (Non-Distinct Part)	0.138947							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307							91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,325,577	118,498,900	0.019625		50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980		52
53	Anesthesiology	126,966	34,117,195	0.003721		53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156		54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658		54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148		54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754		54.04
54.05	OP ONCOLOGY					54.05
57	CT Scan	335,054	100,807,921	0.003324		57
58	MRI	152,843	32,676,145	0.004678		58
59	Cardiac Catheterization	288,033	43,456,902	0.006628		59
60	Laboratory	1,090,926	194,948,309	0.005596		60
60.01	PATHOLOGY	139,555	9,556,692	0.014603		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022		63
65	Respiratory Therapy	209,410	26,151,664	0.008008		65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463		66.01
69	Electrocardiology	129,420	18,798,191	0.006885		69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847		69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712		71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699		72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735		73
74	Renal Dialysis	40,276	8,462,322	0.004759		74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696		75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC					90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500		90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448		90.03
90.05	WOMENS CENTER					90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966		90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050		90.07
91	Emergency	922,486	71,228,965	0.012951		91
92	Observation Beds (Non-Distinct)		15,582,132			92
93.01	OCCUP HEALTH					93.01
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	11,847,509	1,086,113,464			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900							50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195							53
54	Radiology-Diagnostic	71,040,244							54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979							54.03
54.04	SPECIAL PROCEDURES	4,967,677							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921							57
58	MRI	32,676,145							58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309							60
60.01	PATHOLOGY	9,556,692							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774							63
65	Respiratory Therapy	26,151,664							65
66.01	REHABILITATION MEDICINE	28,191,492							66.01
69	Electrocardiology	18,798,191							69
69.02	CARDIOLOGY	30,295,209							69.02
71	Medical Supplies Charged to Pat	54,414,026							71
72	Impl. Dev. Charged to Patients	21,944,134							72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695					73
74	Renal Dialysis	8,462,322							74
75	ASC (Non-Distinct Part)	7,161,414							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026							90.07
91	Emergency	71,228,965							91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B 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	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370							54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956							54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295							57
58	MRI	0.045572							58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782							60
60.01	PATHOLOGY	0.210255							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216							65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389							69
69.02	CARDIOLOGY	0.134867							69.02
71	Medical Supplies Charged to Pat	0.410618							71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032							73
74	Renal Dialysis	0.129902							74
75	ASC (Non-Distinct Part)	0.138947							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307							91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,325,577	118,498,900	0.019625			50
52	Delivery Room & Labor Room	226,773	16,221,381	0.013980			52
53	Anesthesiology	126,966	34,117,195	0.003721			53
54	Radiology-Diagnostic	1,360,872	71,040,244	0.019156			54
54.02	CANCER TREATMENT CENTER	260,752	6,745,048	0.038658			54.02
54.03	ULTRASOUND	220,414	27,051,979	0.008148			54.03
54.04	SPECIAL PROCEDURES	63,359	4,967,677	0.012754			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	335,054	100,807,921	0.003324			57
58	MRI	152,843	32,676,145	0.004678			58
59	Cardiac Catheterization	288,033	43,456,902	0.006628			59
60	Laboratory	1,090,926	194,948,309	0.005596			60
60.01	PATHOLOGY	139,555	9,556,692	0.014603			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	39,209	12,973,774	0.003022			63
65	Respiratory Therapy	209,410	26,151,664	0.008008			65
66.01	REHABILITATION MEDICINE	605,067	28,191,492	0.021463			66.01
69	Electrocardiology	129,420	18,798,191	0.006885			69
69.02	CARDIOLOGY	358,896	30,295,209	0.011847			69.02
71	Medical Supplies Charged to Pat	1,018,220	54,414,026	0.018712			71
72	Impl. Dev. Charged to Patients	278,671	21,944,134	0.012699			72
73	Drugs Charged to Patients	450,847	66,945,214	0.006735			73
74	Renal Dialysis	40,276	8,462,322	0.004759			74
75	ASC (Non-Distinct Part)	191,180	7,161,414	0.026696			75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE	190,939	7,205,283	0.026500			90.02
90.03	PAIN MANAGMENT	148,555	2,728,363	0.054448			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	25,052	151,862	0.164966			90.06
90.07	EVANSTON INFUSION CENTER	648,157	53,791,026	0.012050			90.07
91	Emergency	922,486	71,228,965	0.012951			91
92	Observation Beds (Non-Distinct)		15,582,132				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	11,847,509	1,086,113,464				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
52	Delivery Room & Labor Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
54.02	CANCER TREATMENT CENTER								54.02
54.03	ULTRASOUND								54.03
54.04	SPECIAL PROCEDURES								54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.01	PATHOLOGY								60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66.01	REHABILITATION MEDICINE								66.01
69	Electrocardiology								69
69.02	CARDIOLOGY								69.02
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients					448,207		448,207	448,207
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE								90.02
90.03	PAIN MANAGMENT								90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER								90.06
90.07	EVANSTON INFUSION CENTER								90.07
91	Emergency								91
92	Observation Beds (Non-Distinct								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)					448,207		448,207	448,207

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T114

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	118,498,900							50
52	Delivery Room & Labor Room	16,221,381							52
53	Anesthesiology	34,117,195							53
54	Radiology-Diagnostic	71,040,244							54
54.02	CANCER TREATMENT CENTER	6,745,048							54.02
54.03	ULTRASOUND	27,051,979							54.03
54.04	SPECIAL PROCEDURES	4,967,677							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	100,807,921							57
58	MRI	32,676,145							58
59	Cardiac Catheterization	43,456,902							59
60	Laboratory	194,948,309							60
60.01	PATHOLOGY	9,556,692							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,973,774							63
65	Respiratory Therapy	26,151,664							65
66.01	REHABILITATION MEDICINE	28,191,492							66.01
69	Electrocardiology	18,798,191							69
69.02	CARDIOLOGY	30,295,209							69.02
71	Medical Supplies Charged to Pat	54,414,026							71
72	Impl. Dev. Charged to Patients	21,944,134							72
73	Drugs Charged to Patients	66,945,214	0.006695	0.006695					73
74	Renal Dialysis	8,462,322							74
75	ASC (Non-Distinct Part)	7,161,414							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	7,205,283							90.02
90.03	PAIN MANAGMENT	2,728,363							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	151,862							90.06
90.07	EVANSTON INFUSION CENTER	53,791,026							90.07
91	Emergency	71,228,965							91
92	Observation Beds (Non-Distinct)	15,582,132							92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,086,113,464							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.146114							50
52	Delivery Room & Labor Room	0.244037							52
53	Anesthesiology	0.024365							53
54	Radiology-Diagnostic	0.129370							54
54.02	CANCER TREATMENT CENTER	0.236111							54.02
54.03	ULTRASOUND	0.100956							54.03
54.04	SPECIAL PROCEDURES	0.228044							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.028295							57
58	MRI	0.045572							58
59	Cardiac Catheterization	0.110004							59
60	Laboratory	0.067782							60
60.01	PATHOLOGY	0.210255							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.060025							63
65	Respiratory Therapy	0.105216							65
66.01	REHABILITATION MEDICINE	0.314487							66.01
69	Electrocardiology	0.077389							69
69.02	CARDIOLOGY	0.134867							69.02
71	Medical Supplies Charged to Pat	0.410618							71
72	Impl. Dev. Charged to Patients	0.398031							72
73	Drugs Charged to Patients	0.178032							73
74	Renal Dialysis	0.129902							74
75	ASC (Non-Distinct Part)	0.138947							75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	FAMILY PRACTICE CLINIC								90.01
90.02	WOUND CARE	0.236520							90.02
90.03	PAIN MANAGMENT	0.328558							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.791073							90.06
90.07	EVANSTON INFUSION CENTER	0.193395							90.07
91	Emergency	0.162307							91
92	Observation Beds (Non-Distinct)	0.351233							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,434	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,434	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)	36,422	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)	14,423	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)	38,629,274	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)	38,629,274	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)	38,629,274	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					910.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					13,129,834	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					13,129,834	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	6,386,269	3,038	2,102.13	1,690	3,552,600	43	
43.01	SPECIAL CARE NURSERY	947,823	1,382	685.83			43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,164,532	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					37,846,966	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,359,495	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,572,056	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,931,551	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					34,915,415	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,012	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					910.34	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,472,964	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,349,958	38,629,274	0.086721	5,472,964	474,621	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,733	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,733	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,733	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)	2,094	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,394,497	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,394,497	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,394,497	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	592.10	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,239,857	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)	1,239,857	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	377,977	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,617,834	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	136,989	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	28,198	51
52	Total Program excludable cost (sum of lines 50 and 51)	165,187	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,452,647	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,807	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,807	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)	3,807	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,688	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,553,360	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,553,360	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,553,360	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	670.70	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,132,142	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)	1,132,142	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	975,957	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,108,099	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	108,420	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	68,378	51
52	Total Program excludable cost (sum of lines 50 and 51)	176,798	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,931,301	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,080	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,080	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)	6,080	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,040	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,159,052	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,159,052	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,159,052	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5573

WORKSHEET D-1
PARTS III & IV

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,159,052	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	519.58	71
72	Program routine service cost (line 9 x line 71)	2,099,103	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,099,103	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,099,103	83
84	Program inpatient ancillary services (see instructions)	1,585,857	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,684,960	86

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,434	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,434	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)	36,422	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)	5,423	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)	4,128	15
16	Nursery days (title V or XIX only)	910	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)	38,629,274	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)	38,629,274	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)	38,629,274	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					910.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					4,936,774	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)					4,936,774	41	
42	Nursery (Titles V and XIX only)	1,841,687	4,128	446.15	910	405,997	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	6,386,269	3,038	2,102.13	628	1,320,138	43	
43.01	SPECIAL CARE NURSERY	947,823	1,382	685.83	338	231,811	43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					6,894,720	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					550,559	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)					550,559	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,012	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,733	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,733	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,733	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)	393	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,394,497	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,394,497	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,394,497	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	592.10	38
39	Program general inpatient routine service cost (line 9 x line 38)	232,695	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)	232,695	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	232,695	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	25,710	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)	25,710	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,807	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,807	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)	3,807	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)	607	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,553,360	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,553,360	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,553,360	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T114

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	670.70	38
39	Program general inpatient routine service cost (line 9 x line 38)	407,115	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)	407,115	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	407,115	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	38,988	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)	38,988	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		43,365,259		30
31	Intensive Care Unit		5,717,700		31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114	11,001,390	1,607,457	50
52	Delivery Room & Labor Room	0.244037	28,707	7,006	52
53	Anesthesiology	0.024365	5,251,167	127,945	53
54	Radiology-Diagnostic	0.129370	7,521,195	973,017	54
54.02	CANCER TREATMENT CENTER	0.236111	62,560	14,771	54.02
54.03	ULTRASOUND	0.100956	788,111	79,565	54.03
54.04	SPECIAL PROCEDURES	0.228044	942,865	215,015	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295	11,680,273	330,493	57
58	MRI	0.045572	2,770,254	126,246	58
59	Cardiac Catheterization	0.110004	8,661,912	952,845	59
60	Laboratory	0.067782	30,666,569	2,078,641	60
60.01	PATHOLOGY	0.210255	556,217	116,947	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025	3,078,730	184,801	63
65	Respiratory Therapy	0.105216	9,702,336	1,020,841	65
66.01	REHABILITATION MEDICINE	0.314487	3,039,945	956,023	66.01
69	Electrocardiology	0.077389	2,510,801	194,308	69
69.02	CARDIOLOGY	0.134867	3,881,670	523,509	69.02
71	Medical Supplies Charged to Patients	0.410618	11,670,105	4,791,955	71
72	Impl. Dev. Charged to Patients	0.398031	4,086,520	1,626,562	72
73	Drugs Charged to Patients	0.178032	17,275,816	3,075,648	73
74	Renal Dialysis	0.129902	3,613,052	469,343	74
75	ASC (Non-Distinct Part)	0.138947	645,807	89,733	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520	60,374	14,280	90.02
90.03	PAIN MANAGMENT	0.328558	1,372	451	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395	123,237	23,833	90.07
91	Emergency	0.162307	7,666,207	1,244,279	91
92	Observation Beds (Non-Distinct Part)	0.351233	908,280	319,018	92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		148,195,472	21,164,532	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		148,195,472		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF		5,448,662		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114			50
52	Delivery Room & Labor Room	0.244037			52
53	Anesthesiology	0.024365			53
54	Radiology-Diagnostic	0.129370	35,251	4,560	54
54.02	CANCER TREATMENT CENTER	0.236111			54.02
54.03	ULTRASOUND	0.100956	11,938	1,205	54.03
54.04	SPECIAL PROCEDURES	0.228044			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295	79,767	2,257	57
58	MRI	0.045572	14,573	664	58
59	Cardiac Catheterization	0.110004			59
60	Laboratory	0.067782	576,350	39,066	60
60.01	PATHOLOGY	0.210255	450	95	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025	4,552	273	63
65	Respiratory Therapy	0.105216	26,516	2,790	65
66.01	REHABILITATION MEDICINE	0.314487	518,266	162,988	66.01
69	Electrocardiology	0.077389	64,452	4,988	69
69.02	CARDIOLOGY	0.134867	9,742	1,314	69.02
71	Medical Supplies Charged to Patients	0.410618	14,435	5,927	71
72	Impl. Dev. Charged to Patients	0.398031			72
73	Drugs Charged to Patients	0.178032	560,180	99,730	73
74	Renal Dialysis	0.129902			74
75	ASC (Non-Distinct Part)	0.138947			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520			90.02
90.03	PAIN MANAGMENT	0.328558			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395			90.07
91	Emergency	0.162307	321,121	52,120	91
92	Observation Beds (Non-Distinct Part)	0.351233			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,237,593	377,977	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,237,593		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

		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				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF		4,419,224		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114	3,763	550	50
52	Delivery Room & Labor Room	0.244037			52
53	Anesthesiology	0.024365	1,177	29	53
54	Radiology-Diagnostic	0.129370	206,803	26,754	54
54.02	CANCER TREATMENT CENTER	0.236111			54.02
54.03	ULTRASOUND	0.100956	16,708	1,687	54.03
54.04	SPECIAL PROCEDURES	0.228044	4,707	1,073	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295	163,933	4,638	57
58	MRI	0.045572	20,061	914	58
59	Cardiac Catheterization	0.110004			59
60	Laboratory	0.067782	891,178	60,406	60
60.01	PATHOLOGY	0.210255	1,819	382	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025	30,702	1,843	63
65	Respiratory Therapy	0.105216	305,559	32,150	65
66.01	REHABILITATION MEDICINE	0.314487	1,815,170	570,847	66.01
69	Electrocardiology	0.077389	29,022	2,246	69
69.02	CARDIOLOGY	0.134867	14,558	1,963	69.02
71	Medical Supplies Charged to Patients	0.410618	162,466	66,711	71
72	Impl. Dev. Charged to Patients	0.398031	2,495	993	72
73	Drugs Charged to Patients	0.178032	867,751	154,487	73
74	Renal Dialysis	0.129902	365,593	47,491	74
75	ASC (Non-Distinct Part)	0.138947	5,708	793	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520			90.02
90.03	PAIN MANAGMENT	0.328558			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395			90.07
91	Emergency	0.162307			91
92	Observation Beds (Non-Distinct Part)	0.351233			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		4,909,173	975,957	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		4,909,173		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5573

WORKSHEET D-3

Check [] Title V [] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [XX] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/ID [] 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				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114			50
52	Delivery Room & Labor Room	0.244037			52
53	Anesthesiology	0.024365			53
54	Radiology-Diagnostic	0.129370	155,947	20,175	54
54.02	CANCER TREATMENT CENTER	0.236111			54.02
54.03	ULTRASOUND	0.100956	8,750	883	54.03
54.04	SPECIAL PROCEDURES	0.228044	499	114	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295	45,965	1,301	57
58	MRI	0.045572	3,576	163	58
59	Cardiac Catheterization	0.110004			59
60	Laboratory	0.067782	1,157,604	78,465	60
60.01	PATHOLOGY	0.210255	3,583	753	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025	8,650	519	63
65	Respiratory Therapy	0.105216	545,642	57,410	65
66.01	REHABILITATION MEDICINE	0.314487	2,777,704	873,552	66.01
69	Electrocardiology	0.077389	27,935	2,162	69
69.02	CARDIOLOGY	0.134867	352	47	69.02
71	Medical Supplies Charged to Patients	0.410618	620,815	254,918	71
72	Impl. Dev. Charged to Patients	0.398031			72
73	Drugs Charged to Patients	0.178032	1,658,007	295,178	73
74	Renal Dialysis	0.129902			74
75	ASC (Non-Distinct Part)	0.138947			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520			90.02
90.03	PAIN MANAGMENT	0.328558			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395	1,121	217	90.07
91	Emergency	0.162307			91
92	Observation Beds (Non-Distinct Part)	0.351233			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		7,016,150	1,585,857	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		7,016,150		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114			50
52	Delivery Room & Labor Room	0.244037			52
53	Anesthesiology	0.024365			53
54	Radiology-Diagnostic	0.129370			54
54.02	CANCER TREATMENT CENTER	0.236111			54.02
54.03	ULTRASOUND	0.100956			54.03
54.04	SPECIAL PROCEDURES	0.228044			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295			57
58	MRI	0.045572			58
59	Cardiac Catheterization	0.110004			59
60	Laboratory	0.067782			60
60.01	PATHOLOGY	0.210255			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025			63
65	Respiratory Therapy	0.105216			65
66.01	REHABILITATION MEDICINE	0.314487			66.01
69	Electrocardiology	0.077389			69
69.02	CARDIOLOGY	0.134867			69.02
71	Medical Supplies Charged to Patients	0.410618			71
72	Impl. Dev. Charged to Patients	0.398031			72
73	Drugs Charged to Patients	0.178032			73
74	Renal Dialysis	0.129902			74
75	ASC (Non-Distinct Part)	0.138947			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520			90.02
90.03	PAIN MANAGMENT	0.328558			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395			90.07
91	Emergency	0.162307			91
92	Observation Beds (Non-Distinct Part)	0.351233			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
COST CENTER DESCRIPTION				
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
31.01				31.01
40				40
41				41
ANCILLARY SERVICE COST CENTERS				
50	0.146114			50
52	0.244037			52
53	0.024365			53
54	0.129370			54
54.02	0.236111			54.02
54.03	0.100956			54.03
54.04	0.228044			54.04
54.05				54.05
57	0.028295			57
58	0.045572			58
59	0.110004			59
60	0.067782			60
60.01	0.210255			60.01
62.30				62.30
63	0.060025			63
65	0.105216			65
66.01	0.314487			66.01
69	0.077389			69
69.02	0.134867			69.02
71	0.410618			71
72	0.398031			72
73	0.178032			73
74	0.129902			74
75	0.138947			75
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01				90.01
90.02	0.236520			90.02
90.03	0.328558			90.03
90.05				90.05
90.06	1.791073			90.06
90.07	0.193395			90.07
91	0.162307			91
92	0.351233			92
93.01				93.01
OTHER REIMBURSABLE COST CENTERS				
200				200
201				201
202				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.146114			50
52	Delivery Room & Labor Room	0.244037			52
53	Anesthesiology	0.024365			53
54	Radiology-Diagnostic	0.129370			54
54.02	CANCER TREATMENT CENTER	0.236111			54.02
54.03	ULTRASOUND	0.100956			54.03
54.04	SPECIAL PROCEDURES	0.228044			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.028295			57
58	MRI	0.045572			58
59	Cardiac Catheterization	0.110004			59
60	Laboratory	0.067782			60
60.01	PATHOLOGY	0.210255			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.060025			63
65	Respiratory Therapy	0.105216			65
66.01	REHABILITATION MEDICINE	0.314487			66.01
69	Electrocardiology	0.077389			69
69.02	CARDIOLOGY	0.134867			69.02
71	Medical Supplies Charged to Patients	0.410618			71
72	Impl. Dev. Charged to Patients	0.398031			72
73	Drugs Charged to Patients	0.178032			73
74	Renal Dialysis	0.129902			74
75	ASC (Non-Distinct Part)	0.138947			75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.236520			90.02
90.03	PAIN MANAGMENT	0.328558			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.791073			90.06
90.07	EVANSTON INFUSION CENTER	0.193395			90.07
91	Emergency	0.162307			91
92	Observation Beds (Non-Distinct Part)	0.351233			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	29,462,821			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)	195,195			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	9,898,150			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	209.53			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	25.22			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	13.44			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	38.66			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	43.86			10
11	FTE count for residents in dental and podiatric programs	6.38			11
12	Current year allowable FTE (see instructions)	45.04			12
13	Total allowable FTE count for the prior year	45.58			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	44.66			14
15	Sum of lines 12 through 14 divided by 3	45.09			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	45.09			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.215196			19
20	Prior year resident to bed ratio (see instructions)	0.219634			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.215196			21
22	IME payment adjustment (see instructions)	3,266,955			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,097,546			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)	5.20			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)	3,266,955			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,097,546			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1046			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3999			31
32	Sum of lines 30 and 31	0.5045			32
33	Allowable disproportionate share percentage (see instructions)	0.3083			33
34	Disproportionate share adjustment (see instructions)	2,270,847			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,377,505	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,377,505	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,377,505			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	38,573,323			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)	39,670,869			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,943,759			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)	2,174,594			52
53	Nursing and allied health managed care payment	97,359			53
54	Special add-on payments for new technologies	1,036			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	115,662			58
59	Total (sum of amounts on lines 49 through 58)	45,003,279			59
60	Primary payer payments	11,833			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	44,991,446			61
62	Deductibles billed to program beneficiaries	2,933,280			62
63	Coinsurance billed to program beneficiaries	100,709			63
64	Allowable bad debts (see instructions)	993,129			64
65	Adjusted reimbursable bad debts (see instructions)	645,534			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	587,650			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	42,602,991			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)	-2,548			70.93
70.94	HRR adjustment amount (see instructions)	-347,672			70.94
71	Amount due provider (see instructions)	42,252,771			71
71.01	Sequestration adjustment (see instructions)	845,055			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	39,822,223			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,585,493			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	771,926			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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	24,030			1
2	Medical and other services reimbursed under OPPS (see instructions)	21,836,620			2
3	OPPS payments	22,351,820			3
4	Outlier payment (see instructions)	338,783			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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	68,769			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	24,030			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	135,978			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)	135,978			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)	135,978			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	111,948			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) (see instructions)	24,030			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, 4.01, 8 and 9)	22,759,372			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,407,247			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	18,376,155			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,045,953			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	19,422,108			30
31	Primary payer payments	178			31
32	Subtotal (line 30 minus line 31)	19,421,930			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,323,325			34
35	Adjusted reimbursable bad debts (see instructions)	860,161			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,036,030			36
37	Subtotal (see instructions)	20,282,091			37
38	MSP-LCC reconciliation amount from PS&R	7			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	20,282,084			40
40.01	Sequestration adjustment (see instructions)	405,642			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	20,149,714			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-273,272			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	61			1
2	Medical and other services reimbursed under OPPTS (see instructions)	1,144			2
3	OPPTS payments	1,205			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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	16			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	61			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	340			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)	340			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)	340			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	279			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) (see instructions)	61			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, 4.01, 8 and 9)	1,221			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	220			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	1,062			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,062			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,062			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,062			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,062			40
40.01	Sequestration adjustment (see instructions)	21			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	1,006			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	35			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	61			1
2	Medical and other services reimbursed under OPSS (see instructions)	16,846			2
3	OPSS payments	11,914			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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	219			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	61			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	345			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)	345			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)	345			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	284			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) (see instructions)	61			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, 4.01, 8 and 9)	12,133			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,455			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	9,739			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	9,739			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	9,739			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	9,739			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	9,739			40
40.01	Sequestration adjustment (see instructions)	195			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	9,283			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	261			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5573

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	968			1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	OPPTS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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)	968			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	5,439			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)	5,439			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)	5,439			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	4,471			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) (see instructions)	968			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, 4.01, 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)	968			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)	968			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	968			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)	968			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)	968			40
40.01	Sequestration adjustment (see instructions)	19			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	5,331			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-4,382			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0114

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		40,297,395		19,790,140
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01	04/27/2017	09/21/2017	373,055
		.02			3.01
		.03			3.02
		.04			3.03
		.05			3.04
		.06			3.05
		.07			3.06
		.08			3.07
		.09			3.08
		.10			3.09
		.50	09/21/2017	04/27/2017	13,481
		.51			3.10
		.52			3.50
		.53			3.51
		.54			3.52
		.55			3.53
		.56			3.54
		.57			3.55
		.58			3.56
		.59			3.57
		.99			3.58
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-475,172		359,574
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)		39,822,223		20,149,714
					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
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
		.99			5.99
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		1,585,493		6.01
		.01			6.01
		.02			-273,272
7	Total Medicare program liability (see instructions)		41,407,716		19,876,442
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)
					8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S114

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,658,375		1,006
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,658,375		1,006
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	81,809		35
		.02			6.02
7	Total Medicare program liability (see instructions)		1,740,184		1,041
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)
					8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T114

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		2,888,448		9,283
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,888,448		9,283
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	27,973		261
		.02			6.02
7	Total Medicare program liability (see instructions)		2,916,421		9,544
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5573

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		1,856,197		5,331	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,856,197		5,331	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	14,388			6.01
		.02			-4,382	6.02
7	Total Medicare program liability (see instructions)		1,870,585		949	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,869,895	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	15.706849	9
10	Teaching adjustment factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,869,895	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,869,895	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,869,895	18
19	Deductibles	148,008	19
20	Subtotal (line 18 minus line 19)	1,721,887	20
21	Coinsurance	29,666	21
22	Subtotal (line 20 minus line 21)	1,692,221	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	122,657	23
24	Adjusted reimbursable bad debts (see instructions)	79,727	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	98,704	25
26	Subtotal (sum of lines 22 and 24)	1,771,948	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	3,750	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,775,698	31
31.01	Sequestration adjustment (see instructions)	35,514	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,658,375	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	81,809	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,728,309		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.100300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	251,823		3
4	Outlier payments			4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	10.430137		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,980,132		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	2,980,132		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,980,132		19
20	Deductibles	2,604		20
21	Subtotal (line 19 minus line 20)	2,977,528		21
22	Coinsurance	18,095		22
23	Subtotal (line 21 minus line 22)	2,959,433		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	16,457		24
25	Adjusted reimbursable bad debts (see instructions)	10,697		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	16,457		26
27	Subtotal (sum of lines 23 and 25)	2,970,130		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	5,810		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,975,940		32
32.01	Sequestration adjustment (see instructions)	59,519		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	2,888,448		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	27,973		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	1,961,048	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs	11,100	3
4	Subtotal (sum of lines 1-3)	1,972,148	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	66,969	7
8	Allowable bad debts (see instructions)	5,509	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	3,864	9
10	Adjusted reimbursable bad debts (see instructions)	3,581	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,908,760	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	1,908,760	15
15.01	Sequestration adjustment (see instructions)	38,175	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	1,856,197	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)	14,388	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	6,894,720		1
2			2
3			3
4	6,894,720		4
5			5
6			6
7	6,894,720		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	6,894,720		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	6,894,720		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

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			14.98	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			40.68	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			43.86	6
7	Enter the lesser of line 5 or line 6			40.68	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	32.91	7.75	40.66	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	30.52	7.19	37.71	9
10	Weighted dental and podiatric resident FTE count for the current year		5.38		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	30.52	12.57		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.79	17.80		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	31.96	13.31		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	29.76	14.56		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	29.76	14.56		17
18	Per resident amount	154,266.85	146,091.60		18
19	Approved amount for resident costs	4,590,981	2,127,094	6,718,075	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)			3.18	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			6,718,075	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	19,895	5,327		26
27	Total inpatient days (see instructions)	51,043	51,043		27
28	Ratio of inpatient days to total inpatient days	0.389769	0.104363		28
29	Program direct GME amount	2,618,497	701,118		29
30	Reduction for direct GME payments for Medicare Advantage		99,068		30
31	Net Program direct GME amount			3,220,547	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)			8,462,322	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)			45,644,150	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)			11,833	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			45,632,317	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			21,948,734	42
43	Primary payer payments (see instructions)			178	43
44	Total Part B reasonable cost (line 42 minus line 43)			21,948,556	44
45	Total reasonable cost (sum of lines 41 and 44)			67,580,873	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.675225	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.324775	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			3,220,547	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			2,174,594	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,045,953	50

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

WORKSHEET E-4

Check Title V
 Applicable Title XVIII
 Box: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			25.70	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6
7	Enter the lesser of line 5 or line 6			25.70	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	26.83	8.28	35.11	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	19.41	5.99	25.40	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	19.41	5.99		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	19.81	9.38		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	19.81	9.38		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	7,697	11,720		26
27	Total inpatient days (see instructions)	51,043	51,043		27
28	Ratio of inpatient days to total inpatient days	0.150794	0.229610		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	1,328,254				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	47,049,380				4
5	Other receivables	11,491,511				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	4,750,142				7
8	Prepaid expenses					8
9	Other current assets	11,430,738				9
10	Due from other funds	142,000,639				10
11	Total current assets (sum of lines 1-10)	218,050,664				11
FIXED ASSETS						
12	Land	7,960,138				12
13	Land improvements	3,506,386				13
14	Accumulated depreciation					14
15	Buildings	296,594,930				15
16	Accumulated depreciation	-321,993,684				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	44,660,895				19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	155,704,700				23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	186,433,365				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	75,674,715				34
35	Total other assets (sum of lines 31-34)	75,674,715				35
36	Total assets (sum of lines 11, 30 and 35)	480,158,744				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	20,498,808				37
38	Salaries, wages and fees payable					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	70,480,382				44
45	Total current liabilities (sum of lines 37 thru 44)	90,979,190				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	213,371,062				49
50	Total long term liabilities (sum of lines 46 thru 49)	213,371,062				50
51	Total liabilities (sum of lines 45 and 50)	304,350,252				51
CAPITAL ACCOUNTS						
52	General fund balance	175,808,492				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	175,808,492				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	480,158,744				60

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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		174,526,405		1
2	Net income (loss) (from Worksheet G-3, line 29)		14,001,325		2
3	Total (sum of line 1 and line 2)		188,527,730		3
4	Additions (credit adjustments) (specify)				4
5	TRANSFERS AND GAINS				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		188,527,730		11
12	Deductions (debit adjustments) (specify)	12,719,238			12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		12,719,238		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		175,808,492		19

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	148,186,436		148,186,436	1
2	Subprovider IPF	14,891,603		14,891,603	2
3	Subprovider IRF	10,278,358		10,278,358	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	7,195,220		7,195,220	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	180,551,617		180,551,617	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	19,833,144		19,833,144	11
11.01	SPECIAL CARE NURSERY	4,301,729		4,301,729	11.01
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,134,873		24,134,873	16
17	Total inpatient routine care services (sum of lines 10 and 16)	204,686,490		204,686,490	17
18	Ancillary services	649,615,884		649,615,884	18
19	Outpatient services		421,237,905	421,237,905	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)	854,302,374	421,237,905	1,275,540,279	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		252,854,748	29
30	Add (specify)			30
31	BAD DEBT	13,137,435		31
32				32
33				33
34				34
35	FHBT PREM			35
36	Total additions (sum of lines 30-35)		13,137,435	36
37	Deduct (specify)			37
38	DSR INCOME			38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		265,992,183	43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,275,540,279	1
2	Less contractual allowances and discounts on patients' accounts	1,013,825,013	2
3	Net patient revenues (line 1 minus line 2)	261,715,266	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	265,992,183	4
5	Net income from service to patients (line 3 minus line 4)	-4,276,917	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other 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 hospital space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	19,682,776	24
25	Total other income (sum of lines 6-24)	19,682,776	25
26	Total (line 5 plus line 25)	15,405,859	26
27	Other expenses (NON OPERATING)	1,404,534	27
27.01	Other expenses (MONTH END CLEARING)		27.01
28	Total other expenses (sum of line 27 and subscripts)	1,404,534	28
29	Net income (or loss) for the period (line 26 minus line 28)	14,001,325	29

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	16,882	24,753			64,361	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care						6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech Pathology						9
10	Medical Social Services						10
11	Home Health Aide						11
12	Supplies (see instructions)					762	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	16,882	24,753			65,123	24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	105,996		105,996		105,996	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care						6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech Pathology						9
10	Medical Social Services						10
11	Home Health Aide						11
12	Supplies (see instructions)	762		762		762	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	106,758		106,758		106,758	24

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	105,996				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care					6
7	Physical Therapy					7
8	Occupational Therapy					8
9	Speech Pathology					9
10	Medical Social Services					10
11	Home Health Aide					11
12	Supplies (see instructions)	762				12
13	Drugs					13
14	DME					14
HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	106,758				24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7126

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		105,996	105,996		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care			61,814	61,814	6
7	Physical Therapy			26,302	26,302	7
8	Occupational Therapy			13,167	13,167	8
9	Speech Pathology			115	115	9
10	Medical Social Services			702	702	10
11	Home Health Aide			2,945	2,945	11
12	Supplies (see instructions)		762	951	1,713	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		106,758		106,758	24

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-105,996	15,626,397	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					9,112,831	9,112,831	6
7	Physical Therapy					3,877,640	3,877,640	7
8	Occupational Therapy					1,941,113	1,941,113	8
9	Speech Pathology					16,975	16,975	9
10	Medical Social Services					103,516	103,516	10
11	Home Health Aide					434,144	434,144	11
12	Supplies (see instructions)					139,416	140,178	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					15,519,639	15,626,397	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						105,996	25
26	Unit Cost Multiplier						0.006783	26

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE		
		0	1	2	4	5.01	5.03		
1	Administrative and General		5,840	17,979	2,336	2,665	45	1	
2	Skilled Nursing Care	61,814							2
3	Physical Therapy	26,302							3
4	Occupational Therapy	13,167							4
5	Speech Pathology	115							5
6	Medical Social Services	702							6
7	Home Health Aide	2,945							7
8	Supplies	1,713							8
9	Drugs								9
10	DME								10
11	Home Dialysis Aide Services								11
12	Respiratory Therapy								12
13	Private Duty Nursing								13
14	Clinic								14
15	Health Promotion Activities								15
16	Day Care Program								16
17	Home Delivered Meals Program								17
18	Homemaker Service								18
19	All Others								19
20	Totals (sum of lines 1-19)(2)	106,758	5,840	17,979	2,336	2,665	45	20	
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	4A	5.06	6	7	
1	Administrative and General	29	39	28,933	6,082		24,080	1
2	Skilled Nursing Care			61,814	12,994			2
3	Physical Therapy			26,302	5,529			3
4	Occupational Therapy			13,167	2,768			4
5	Speech Pathology			115	24			5
6	Medical Social Services			702	148			6
7	Home Health Aide			2,945	619			7
8	Supplies			1,713	360			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	29	39	135,691	28,524		24,080	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINI- STRATION	
		8	9	10	11	12	13	
1	Administrative and General				888		901	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				888		901	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	
		14	15	16	17	19	20	
1	Administrative and General			35				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)			35				20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL (sum of col.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	
1	Administrative and General				60,919		60,919	1
2	Skilled Nursing Care				74,808		74,808	2
3	Physical Therapy				31,831		31,831	3
4	Occupational Therapy				15,935		15,935	4
5	Speech Pathology				139		139	5
6	Medical Social Services				850		850	6
7	Home Health Aide				3,564		3,564	7
8	Supplies				2,073		2,073	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				190,119		190,119	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7126

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28					
1	Administrative and General							1
2	Skilled Nursing Care	35,273	110,081					2
3	Physical Therapy	15,009	46,840					3
4	Occupational Therapy	7,513	23,448					4
5	Speech Pathology	66	205					5
6	Medical Social Services	401	1,251					6
7	Home Health Aide	1,680	5,244					7
8	Supplies	977	3,050					8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	60,919	190,119					20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.471509						21

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

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
1	Administrative and General	541	19,235	16,882	4	762	12,957	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	541	19,235	16,882	4	762	12,957	20
21	Total cost to be allocated	5,840	17,979	2,336	2,665	45	29	21
22	Unit Cost Multiplier	10.794824		0.138372		0.059055		22
22	Unit Cost Multiplier		0.934702		666.250000		0.002238	22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	4A.06	5.06	6	7	8	
1	Administrative and General	12,957		28,933	541	541		1
2	Skilled Nursing Care			61,814				2
3	Physical Therapy			26,302				3
4	Occupational Therapy			13,167				4
5	Speech Pathology			115				5
6	Medical Social Services			702				6
7	Home Health Aide			2,945				7
8	Supplies			1,713				8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	12,957		135,691	541	541		20
21	Total cost to be allocated	39		28,524		24,080		21
22	Unit Cost Multiplier	0.003010		0.210213		44.510166		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	
		9	10	11	12	13	14	
1	Administrative and General			28		576		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			28		576		20
21	Total cost to be allocated			888		901		21
22	Unit Cost Multiplier			31.714286		1.564236		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

	HHA COST CENTER	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		15	16	17	19	20	21	
1	Administrative and General		12,957					1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		12,957					20
21	Total cost to be allocated		35					21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier		0.002701					22

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7126

WORKSHEET H-2
PART II

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	110,081		110,081		1
2	Physical Therapy	3	46,840	4,075	50,915		2
3	Occupational Therapy	4	23,448		23,448		3
4	Speech Pathology	5	205		205		4
5	Medical Social Services	6	1,251		1,251		5
6	Home Health Aide	7	5,244		5,244		6
7	Total (sum of lines 1-6)		187,069	4,075	191,144		7

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

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	3,050		3,050		15
16	Cost of Drugs	9					16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	
1	Physical Therapy	66				col. 2, line 2
1.01	REHABILITATION MEDICINE	66.01	0.314487	12,957	4,075	col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68				col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.410618			col. 2, line 15
5	Drugs Charged to Patients	73	0.178032			col. 2, line 16

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7126

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services			
		Part B			Part B			
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)
		6	7	8	9	10	11	12
1	Skilled Nursing Care							1
2	Physical Therapy							2
3	Occupational Therapy							3
4	Speech Pathology							4
5	Medical Social Services							5
6	Home Health Aide							6
7	Total (sum of lines 1-6)							7

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7126

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

Check applicable box: Title V Title XVIII Title XIX

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services
Description		1	2
10	Total reasonable cost (see instructions)		10
11	Total PPS Reimbursement - Full Episodes without Outliers		11
12	Total PPS Reimbursement - Full Episodes with Outliers		12
13	Total PPS Reimbursement - LUPA Episodes		13
14	Total PPS Reimbursement - PEP Episodes		14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		15
16	Total PPS Outlier Reimbursement - PSP Episodes		16
17	Total Other Payments		17
18	DME Payments		18
19	Oxygen Payments		19
20	Prosthetic and Orthotic Payments		20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)		21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		22
23	Excess reasonable cost (from line 8)		23
24	Subtotal (line 22 minus line 23)		24
25	Coinsurance billed to program patients (from your records)		25
26	Net cost (line 24 minus line 25)		26
27	Reimbursable bad debts (from your records)		27
28	Reimbursable bad debts for dual eligible (see instructions)		28
29	Total costs - current cost reporting period (line 26 plus line 27)		29
30	Other adjustments (see instructions) (specify)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Subtotal (see instructions)		31
31.01	Sequestration adjustment (see instructions)		31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments (see instructions)		32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2		35

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0114

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,384,707	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	20,109	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)	113.71	3
4	Number of interns & residents (see instructions)	45.09	4
5	Indirect medical education percentage (see instructions)	11.84	5
6	Indirect medical education adjustment (see instructions)	282,349	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1046	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3999	8
9	Sum of lines 7 and 8	0.5045	9
10	Allowable disproportionate share percentage (see instructions)	0.1076	10
11	Disproportionate share adjustment (see instructions)	256,594	11
12	Total prospective capital payments (see instructions)	2,943,759	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	ADMINISTRATION & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	SPECIAL CARE NURSERY						31.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.02	CANCER TREATMENT CENTER						54.02
54.03	ULTRASOUND						54.03
54.04	SPECIAL PROCEDURES						54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	PATHOLOGY						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66.01	REHABILITATION MEDICINE						66.01
69	Electrocardiology						69
69.02	CARDIOLOGY						69.02
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC						90.01
90.02	WOUND CARE						90.02
90.03	PAIN MANAGMENT						90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER						90.06
90.07	EVANSTON INFUSION CENTER						90.07
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HOSPITAL Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/21/2018 Run Time: 09:39 Version: 2018.01 (02/16/2018)
--	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

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