

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report Date: 02/28/2019 Time: 08:34 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. ☐ 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. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ 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 HEALTH (14-0114) {(Provider Name(s) and Number(s))} for the cost reporting period beginning 10/01/2017 and ending 09/30/2018, 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		359,354	-308,895			1
2	SUBPROVIDER - IPF		2,666	23			2
3	SUBPROVIDER - IRF		-8,410	267			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		7,063	-4,522			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		360,673	-313,127			200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

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 HEALTH	14-0114	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	SCH PSYCHIATRIC UNIT	14-S114	16974	4	02 / 01 / 1989	N	P	O	4
5	Subprovider - IRF	SCH REHABILITATION UNIT	14-T114	16974	5	02 / 01 / 1984	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	SWEDISH COVENANT SKILLED CARE	14-5573	16974		04 / 22 / 1987	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2017	To: 09 / 30 / 2018		20
21	Type of control (see instructions)	1			21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		7,720			10,128	182	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	797						25

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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	Y	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

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		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)		23.	1	60.01
		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 osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the IME FTE unweighted count. 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
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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)				26.23		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		13.20		67
67.01		INTERNAL MEDICINE	3900		35.40		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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

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

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.	Physical	Occupational	Speech	Respiratory	
		Y	Y	Y	N	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.			1		
				N		110
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.			1	2	
						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-L, 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	
		972,164			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N		120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1903(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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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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				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2017	09 / 30 / 2018		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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	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		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	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		Y	
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		N	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16
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	17
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		18
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		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

	Y/N	Date	
	1	2	
Home Office Costs			
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
42	Employer: STRATEGIC REIMBURSEMENT GROUP LLC		
43	Phone number: 630-530-7100, EXT 104	E-mail Address: JENNY.DABROWSKI@SRGROUPLLC.COM	

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
**WORKSHEET S-3
PART I**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	188	68,620			14,678	5,193	41,959	1
2	HMO and other (see instructions)						5,887	10,128		2
3	HMO IPF Subprovider						142	1,632		3
4	HMO IRF Subprovider						389	470		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)		188	68,620			14,678	5,193	41,959	7
8	Intensive Care Unit	31	18	6,570			957	233	2,833	8
8.01	SPECIAL CARE NURSERY	31.01	10	3,650				636	1,324	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,840	4,322	13
14	Total (see instructions)		216	78,840			15,635	7,902	50,438	14
15	CAH Visits									15
16	Subprovider - IPF	40	31	11,315			2,087	330	7,143	16
17	Subprovider - IRF	41	25	9,125			1,971	327	4,021	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	34	12,410			3,380		5,407	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							33	24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		306							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)							273	681	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,166	2,300	10,852	1
2	HMO and other (see instructions)					1,054	2,987		2
3	HMO IPF Subprovider						270		3
4	HMO IRF Subprovider						35		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)	74.83	1,695.41			3,166	2,300	10,852	14
15	CAH Visits								15
16	Subprovider - IPF		27.31			208	51	1,043	16
17	Subprovider - IRF		17.25			160	27	326	17
18	Subprovider I								18
19	Skilled Nursing Facility		20.37						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)	74.83	1,760.34						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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III****Part II - Wage Data**

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	108,036,108		108,036,108	3,661,498.55	29.51	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		90,742		90,742	2,010.00	45.15	4
4.01	Physician-Part A - Teaching		299,838		299,838	2,416.00	124.11	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	2,443,452		2,443,452	92,908.78	26.30	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44	1,255,054		1,255,054	42,366.40	29.62	9
10	Excluded area salaries (see instructions)		7,024,508		7,024,508	260,377.40	26.98	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,674,194		1,674,194	27,653.37	60.54	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		1,407,399		1,407,399	9,299.19	151.35	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)		19,350,446		19,350,446			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,744,486		1,744,486			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		14,162		14,162			22
22.01	Physician Part A - Teaching		30,780		30,780			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		528,335		528,335			25
25.50	Home office wage-related		75,840		75,840			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		2,351,049		2,351,049	83,272.99	28.23	26
27	Administrative & General		18,295,824		18,295,824	568,757.62	32.17	27
28	Administrative & General under contract (see instructions)		314,246		314,246	872.31	360.25	28
29	Maintenance & Repairs							29
30	Operation of Plant		2,293,611		2,293,611	98,222.73	23.35	30
31	Laundry & Linen Service							31
32	Housekeeping		2,033,926		2,033,926	148,081.44	13.74	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		386,341		386,341	13,978.31	27.64	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,548,115		1,548,115	96,761.00	16.00	38
39	Central Services and Supply							39
40	Pharmacy		2,283,358		2,283,358	54,222.35	42.11	40
41	Medical Records & Medical Records Library		1,395,640		1,395,640	52,591.49	26.54	41
42	Social Service		533,336		533,336	16,207.77	32.91	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		105,607,064		105,607,064	3,567,046.08	29.61	1
2	Excluded area salaries (see instructions)		8,279,562		8,279,562	302,743.80	27.35	2
3	Subtotal salaries (line 1 minus line 2)		97,327,502		97,327,502	3,264,302.28	29.82	3
4	Subtotal other wages & related costs (see instructions)		3,081,593		3,081,593	36,952.56	83.39	4
5	Subtotal wage-related costs (see instructions)		19,440,448		19,440,448		19.97%	5
6	Total (sum of lines 3 through 5)		119,849,543		119,849,543	3,301,254.84	36.30	6
7	Total overhead cost (see instructions)		31,435,446		31,435,446	1,132,968.01	27.75	7

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3
PART IV****Part IV - Wage Related Cost****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	1,879,819	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)	9,937,394	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	653,835	10
11	Life Insurance (If employee is owner or beneficiary)	236,880	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	150,033	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)	439,869	14
15	Workers' Compensation Insurance	161,823	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	7,791,480	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	84,835	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	332,242	23
24	Total Wage Related cost (Sum of lines 1-23)	21,668,210	24

Part B - Other Than Core Related Cost

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

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**WORKSHEET S-7**

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX	13		13	5
6	RVL	21		21	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC				12
13	RUB	103		103	13
14	RUA	976		976	14
15	RVC	91		91	15
16	RVB	355		355	16
17	RVA	1,621		1,621	17
18	RHC				18
19	RHB	12		12	19
20	RHA	28		28	20
21	RMC				21
22	RMB				22
23	RMA	9		9	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1	11		11	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	2		2	32
33	HC2				33
34	HC1	11		11	34
35	HB2				35
36	HB1	44		44	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	1		1	50
51	CB2				51
52	CB1	11		11	52
53	CA2				53
54	CA1	44		44	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	8		8	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	16		16	76
77	PA2				77
78	PA1	3		3	78
199	AAA				199
200	TOTAL	3,380		3,380	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)	6,225,815			207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.164243	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	50,482,768	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	67,020,820	6
7	Medicaid cost (line 1 times line 6)	11,007,701	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)	44,060,479	3,199,969	47,260,448	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,236,625	3,199,969	10,436,594	21
22	Payments received from patients for amounts previously written off as charity care	156,109	155,137	311,246	22
23	Cost of charity care (line 21 minus line 22)	7,080,516	3,044,832	10,125,348	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)	11,210,424	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,528,284	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,351,205	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	8,859,219	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,277,986	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	12,403,334	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,403,334	31

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				13,835,851	13,835,851	-3,580,421	10,255,430	1
2	00200	Cap Rel Costs-Mvble Equip				9,251,198	9,251,198	-393	9,250,805	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,351,049	1,593,012	3,944,061	12,538,780	16,482,841	-1,262,555	15,220,286	4
5.01	00540	NON-PATIENT PHONES	197,810	547,422	745,232		745,232	-216,385	528,847	5.01
5.03	00560	PURCHASING	1,063,231	724,859	1,788,090		1,788,090		1,788,090	5.03
5.04	00570	ADMITTING	2,100,529	381,403	2,481,932		2,481,932		2,481,932	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,647,457	2,322,399	3,969,856		3,969,856	-347,118	3,622,738	5.05
5.06	00590	ADMINISTRATION & GENERAL	13,286,797	73,655,816	86,942,613	-36,838,424	50,104,189	-20,459,272	29,644,917	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,293,611	7,048,710	9,342,321	37,963	9,380,284	-885,110	8,495,174	7
8	00800	Laundry & Linen Service		922,049	922,049		922,049		922,049	8
9	00900	Housekeeping	2,033,926	885,158	2,919,084		2,919,084		2,919,084	9
10	01000	Dietary	386,341	40,656	426,997		426,997		426,997	10
11	01100	Cafeteria		3,069,044	3,069,044		3,069,044	-794,276	2,274,768	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,548,115	399,806	1,947,921		1,947,921	-559,228	1,388,693	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,283,358	13,554,648	15,838,006	-12,158,235	3,679,771		3,679,771	15
16	01600	Medical Records & Library	1,395,640	535,679	1,931,319		1,931,319	-326	1,930,993	16
17	01700	Social Service	533,336	59,489	592,825		592,825		592,825	17
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd	2,443,452	2,129,173	4,572,625		4,572,625	-1,740,226	2,832,399	21
22	02200	I&R Services-Other Prgm Costs Apprvd	1,586,404	611,374	2,197,778		2,197,778	-1,549,686	648,092	22
23	02300	PARAMED ED PRGM-PHARMACY	438,805	39,244	478,049		478,049		478,049	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	22,479,095	6,062,316	28,541,411	-6,169,714	22,371,697	-1,705,768	20,665,929	30
31	03100	Intensive Care Unit	3,612,341	721,400	4,333,741	-381,004	3,952,737		3,952,737	31
31.01	02060	SPECIAL CARE NURSERY	551,351	-7,755	543,596		543,596		543,596	31.01
40	04000	Subprovider - IPF	1,826,535	158,092	1,984,627	-11,041	1,973,586		1,973,586	40
41	04100	Subprovider - IRF	1,186,692	156,870	1,343,562	-48,320	1,295,242		1,295,242	41
43	04300	Nursery		573,192	573,192	1,294,941	1,868,133	-573,192	1,294,941	43
44	04400	Skilled Nursing Facility	1,255,054	146,843	1,401,897	-55,528	1,346,369		1,346,369	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	5,796,154	14,633,335	20,429,489	-11,367,740	9,061,749	-215,217	8,846,532	50
52	05200	Delivery Room & Labor Room		1,555	1,555	2,631,776	2,633,331		2,633,331	52
53	05300	Anesthesiology	208,455	450,189	658,644	-422,776	235,868		235,868	53
54	05400	Radiology-Diagnostic	3,632,365	1,478,084	5,110,449	-70,680	5,039,769		5,039,769	54
54.02	03480	CANCER TREATMENT CENTER	632,617	403,883	1,036,500	-30,194	1,006,306	-200,035	806,271	54.02
54.03	03630	ULTRASOUND	1,459,579	237,057	1,696,636	-76,920	1,619,716		1,619,716	54.03
54.04	05401	SPECIAL PROCEDURES	592,990	798,207	1,391,197	-655,015	736,182	-23,870	712,312	54.04
54.05	05402	OP ONCOLOGY								54.05
57	05700	CT Scan	669,651	602,376	1,272,027	-91,117	1,180,910		1,180,910	57
58	05800	MRI	407,770	346,029	753,799		753,799		753,799	58
59	05900	Cardiac Catheterization	940,189	4,073,556	5,013,745	-2,002,493	3,011,252		3,011,252	59
60	06000	Laboratory	3,803,355	4,691,549	8,494,904		8,494,904	-34,805	8,460,099	60
60.01	03420	PATHOLOGY	777,015	564,827	1,341,842		1,341,842		1,341,842	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	270,667	995,637	1,266,304	-787,978	478,326		478,326	63
65	06500	Respiratory Therapy	1,532,017	491,037	2,023,054	-172,341	1,850,713		1,850,713	65
66.01	06601	REHABILITATION MEDICINE	5,106,733	478,178	5,584,911		5,584,911	-14,936	5,569,975	66.01
69	06900	Electrocardiology	659,407	452,511	1,111,918	-73,373	1,038,545	-85,130	953,415	69
69.02	03140	CARDIOLOGY	1,827,969	720,713	2,548,682	-50,677	2,498,005	-10,800	2,487,205	69.02
71	07100	Medical Supplies Charged to Patients	555,500	1,265,895	1,821,395	13,568,960	15,390,355		15,390,355	71
72	07200	Impl. Dev. Charged to Patients				7,169,360	7,169,360		7,169,360	72
73	07300	Drugs Charged to Patients				12,060,554	12,060,554		12,060,554	73
74	07400	Renal Dialysis		826,885	826,885		826,885		826,885	74
75	07500	ASC (Non-Distinct Part)	501,769	483,857	985,626	-559,245	426,381		426,381	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	903,027	309,895	1,212,922	-208,054	1,004,868		1,004,868	90.02
90.03	09002	PAIN MANAGMENT	263,694	155,476	419,170		419,170		419,170	90.03
90.05	09004	WOMENS CENTER								90.05
90.06	09005	DIABETES CENTER	157,133	12,421	169,554		169,554		169,554	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,171,862	372,859	1,544,721	-155,465	1,389,256	-1,017	1,388,239	90.07
91	09100	Emergency	6,092,785	2,660,080	8,752,865	-1,177,681	7,575,184	-866,250	6,708,934	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	OCCUP HEALTH								93.01

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		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
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	104,463,632	153,836,990	258,300,622	-1,174,632	257,125,990	-35,126,016	221,999,974	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								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	232,557	70,592	303,149		303,149		303,149	190.09
190.10	19010	PLAZA		210,908	210,908	-23,282	187,626		187,626	190.10
190.11	19011	G CAFETERIA								190.11
190.12	19012	G PHARMACY	337,275	32,577	369,852		369,852		369,852	190.12
190.13	19013	G SUITE								190.13
190.14	19014	OFFSITE CLINICS	26,901	2,434,662	2,461,563	1,197,914	3,659,477		3,659,477	190.14
190.15	19001	LIFE CENTER	2,975,743	856,206	3,831,949		3,831,949		3,831,949	190.15
191.01	19101	OCC HEALTH		2,413	2,413		2,413		2,413	191.01
200		TOTAL (sum of lines 118-199)	108,036,108	157,444,348	265,480,456		265,480,456	-35,126,016	230,354,440	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION	A	Cap Rel Costs-Bldg & Fixt	1		7,311,333	1
2			Cap Rel Costs-Mvble Equip	2		9,240,780	2
500	Total reclassifications					16,552,113	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		7,497,100	1
500	Total reclassifications					7,497,100	500
	Code Letter - B						
1	OB DEPT EXPENSES	C	Nursery	43	894,957	399,984	1
2			Delivery Room & Labor Room	52	1,819,036	812,983	2
500	Total reclassifications				2,713,993	1,212,967	500
	Code Letter - C						
1	HOSPITAL USE OF PLAZA	D	Operation of Plant	7		37,963	1
500	Total reclassifications					37,963	500
	Code Letter - D						
1	NON HOSP BLDG DEPR	E					1
2			PLAZA	190.10		14,681	2
3			OFFSITE CLINICS	190.14		1,197,914	3
500	Total reclassifications					1,212,595	500
	Code Letter - E						
1	EMPLOYEE BENEFITS	G	Employee Benefits Department	4		12,538,780	1
500	Total reclassifications					12,538,780	500
	Code Letter - G						
1	COST OF DRUGS SOLD (AC730380)	H	Drugs Charged to Patients	73		12,060,554	1
500	Total reclassifications					12,060,554	500
	Code Letter - H						
1	COLLECTION FEES	K					1
500	Total reclassifications						500
	Code Letter - K						
1	PROPERTY INSURANCE	M	Cap Rel Costs-Bldg & Fixt	1		240,013	1
2			Cap Rel Costs-Mvble Equip	2		10,418	2
500	Total reclassifications					250,431	500
	Code Letter - M						
1	OUTPATIENT SURG RE OR CASES	N	Operating Room	50	210,133		1
500	Total reclassifications				210,133		500
	Code Letter - N						
1	CHARGEABLE MEDICAL SUPPLIES	O	Medical Supplies Charged to P	71		13,573,806	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
500	Total reclassifications					13,573,806	500

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
	Code Letter - O					
1	IMPLANTABLE DEVICES	P	Impl. Dev. Charged to Patient	72		7,169,360
2						
3						
4						
5						
6						
7						
8						
500	Total reclassifications					7,169,360
	Code Letter - P					
	GRAND TOTAL (Increases)				2,924,126	72,105,669

(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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		16,552,113	9	1
2							9	2
500	Total reclassifications					16,552,113		500
	Code letter - A							
1	INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		7,497,100	11	1
500	Total reclassifications					7,497,100		500
	Code letter - B							
1	OB DEPT EXPENSES	C	Adults & Pediatrics	30	2,713,993	1,212,967		1
2								2
500	Total reclassifications				2,713,993	1,212,967		500
	Code letter - C							
1	HOSPITAL USE OF PLAZA	D	PLAZA	190.10		37,963		1
500	Total reclassifications					37,963		500
	Code letter - D							
1	NON HOSP BLDG DEPR	E	Cap Rel Costs-Bldg & Fixt	1		1,212,595	9	1
2								2
3								3
500	Total reclassifications					1,212,595		500
	Code letter - E							
1	EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		12,538,780		1
500	Total reclassifications					12,538,780		500
	Code letter - G							
1	COST OF DRUGS SOLD (AC730380)	H	Pharmacy	15		12,060,554		1
500	Total reclassifications					12,060,554		500
	Code letter - H							
1	COLLECTION FEES	K						1
500	Total reclassifications							500
	Code letter - K							
1	PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		250,431	12	1
2							12	2
500	Total reclassifications					250,431		500
	Code letter - M							
1	OUTPATIENT SURG RE OR CASES	N	ASC (Non-Distinct Part)	75	210,133			1
500	Total reclassifications				210,133			500
	Code letter - N							
1	CHARGEABLE MEDICAL SUPPLIES	O						1
2								2
3								3
4			Pharmacy	15		97,681		4
5			Adults & Pediatrics	30		2,242,754		5
6			Intensive Care Unit	31		381,004		6
7			Subprovider - IPF	40		11,041		7
8			Subprovider - IRF	41		48,320		8
9								9
10			Skilled Nursing Facility	44		55,528		10
11			Operating Room	50		5,502,528		11
12			Delivery Room & Labor Room	52		243		12
13			Anesthesiology	53		421,516		13
14			Radiology-Diagnostic	54		70,680		14
15			CANCER TREATMENT CENTER	54.02		30,194		15
16			ULTRASOUND	54.03		76,920		16
17			SPECIAL PROCEDURES	54.04		624,584		17
18			CT Scan	57		91,117		18
19								19
20			Cardiac Catheterization	59		998,036		20
21			Blood Storing, Processing & T	63		787,978		21
22			Respiratory Therapy	65		172,341		22
23								23
24			Electrocardiology	69		73,373		24
25			CARDIOLOGY	69.02		50,677		25
26			ASC (Non-Distinct Part)	75		297,903		26
27			WOUND CARE	90.02		206,294		27
28								28
29			EVANSTON INFUSION CENTER	90.07		155,465		29
30			Emergency	91		1,177,629		30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications					13,573,806		500
	Code letter - O							
1	IMPLANTABLE DEVICES	P	Operating Room	50		6,075,345		1
2			Anesthesiology	53		1,260		2
3			SPECIAL PROCEDURES	54.04		30,431		3
4			Cardiac Catheterization	59		1,004,457		4
5			Medical Supplies Charged to P	71		4,846		5
6			ASC (Non-Distinct Part)	75		51,209		6
7			WOUND CARE	90.02		1,760		7
8			Emergency	91		52		8
500	Total reclassifications					7,169,360		500
	Code letter - P							
	GRAND TOTAL (Decreases)				2,924,126	72,105,669		

(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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,960,138	650,020		650,020		8,610,158		1
2	Land Improvements	3,506,386	378,980		378,980		3,885,366		2
3	Buildings and Fixtures	296,594,930	5,340,800		5,340,800		301,935,730		3
4	Building Improvements								4
5	Fixed Equipment	44,660,895	1,833,860		1,833,860		46,494,755		5
6	Movable Equipment	155,704,700	21,476,071		21,476,071		177,180,771		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	508,427,049	29,679,731		29,679,731		538,106,780		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	508,427,049	29,679,731		29,679,731		538,106,780		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	360,926,010		360,926,010	0.670733					1
2	Cap Rel Costs-Mvble Equip	177,180,770		177,180,770	0.329267					2
3	Total (sum of lines 1-2)	538,106,780		538,106,780	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	5,803,944		4,211,473	240,013			10,255,430	1
2	Cap Rel Costs-Mvble Equip	9,240,387			10,418			9,250,805	2
3	Total (sum of lines 1-2)	15,044,331		4,211,473	250,431			19,506,235	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ADJUSTMENTS TO EXPENSES
WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-2,570,617	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	-67,958	NON-PATIENT PHONES	5.01		7
8	Television and radio service (chapter 21)	A	-48,791	Operation of Plant	7		8
9	Parking lot (chapter 21)	A	-209,808	ADMINISTRATION & GENERAL	5.06		9
10	Provider-based physician adjustment	Wkst A-8-2	-6,197,715				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	581,344				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-794,276	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	-1,154,749	Employee Benefits Department	4		33
34							34
35							35
36	OTHER REVENUE	B	-347,118	PATIENT ACCOUNTS & CASHIERS	5.05		36
37							37
38							38
39							39
40	COST OF PHYSICIAN RECRUITMENT	A	-180	ADMINISTRATION & GENERAL	5.06		40
41	DEVELOPMENT COSTS	A	-151	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	-148,427	NON-PATIENT PHONES	5.01		44
44.01	OTHER INCOME	B	-306	Nursing Administration	13		44.01
44.03	OTHER INCOME	B	-326	Medical Records & Library	16		44.03
44.04	OTHER INCOME	B	-198,601	Operating Room	50		44.04
45	LOBBYIST FEES IHA AND AEH	A	-34,094	ADMINISTRATION & GENERAL	5.06		45
45.03	MARKETING FEES	A	-423,363	ADMINISTRATION & GENERAL	5.06		45.03
45.10	OTHER OPERATING REVENUE	B	-14,936	REHABILITATION MEDICINE	66.01		45.10
45.20	PRIVATE DUTY NURSES	A	-558,922	Nursing Administration	13		45.20
45.21	PDN FRINGE BENEFITS	A	-107,806	Employee Benefits Department	4		45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	1	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	-393	Cap Rel Costs-Mvble Equip	2	9	45.27
45.36	COURTESY CAR	A	-90,000	ADMINISTRATION & GENERAL	5.06		45.36
45.42	DSR INCOME NETTED ON FS	A	32,310	Cap Rel Costs-Bldg & Fixt	1	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-744,806	Cap Rel Costs-Bldg & Fixt	1	11	45.43
45.57	CHEMO REV	B	-1,017	EVANSTON INFUSION CENTER	90.07		45.57
45.59	OTHER A&G INCOME	B	-4,744,838	ADMINISTRATION & GENERAL	5.06		45.59
45.60	OTHER PLANT OPS INCOME	B	-730,130	Operation of Plant	7		45.60
45.62	LAB OTHER INCOME	B	-34,805	Laboratory	60		45.62
45.64	PHYSICIAN MALPRACTICE	A	-51,675	ADMINISTRATION & GENERAL	5.06		45.64
45.65	OTHER INCOME	B	-1,150,841	I&R Services-Other Prgm Costs Apprvd	22		45.65
45.67	MSO DEPR	B	-106,189	Operation of Plant	7		45.67

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
46						46
47						47
48	MEDICAID TAX ASSESSMENT	A	-14,909,525	ADMINISTRATION & GENERAL	5.06	48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-35,126,016			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,992,677	1,411,333	581,344		1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			1,992,677	1,411,333	581,344		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			
	1	2	3	Name	Percentage of Ownership	Type of Business	
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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GEN AGGREGATE	667,725	576,983	90,742	177,200	2,010	171,237	8,562	1
2										2
3	21	I&R Services-Salary AGGREGATE	1,802,587	1,713,144	89,443	177,200	732	62,361	3,118	3
4	22	I&R Services-Other P AGGREGATE	604,670	304,832	299,838	177,200	2,416	205,825	10,291	4
5	30	Adults & Pediatrics AGGREGATE	1,705,768	1,705,768						5
6										6
7	43	Nursery AGGREGATE	573,192	573,192						7
8	50	Operating Room AGGREGATE	16,616	16,616						8
9										9
10	54.02	CANCER TREATMENT CEN AGGREGATE	200,035	200,035						10
11	54.04	SPECIAL PROCEDURES AGGREGATE	23,870	23,870						11
12										12
13										13
14										14
15	69	Electrocardiology AGGREGATE	85,130	85,130						15
16	69.02	CARDIOLOGY AGGREGATE	10,800	10,800						16
17										17
18										18
19	91	Emergency AGGREGATE	866,250	866,250						19
20										20
200		TOTAL	6,556,643	6,076,620	480,023		5,158	439,423	21,971	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GEN AGGREGATE					171,237		576,983	1
2										2
3	21	I&R Services-Salary AGGREGATE					62,361	27,082	1,740,226	3
4	22	I&R Services-Other P AGGREGATE					205,825	94,013	398,845	4
5	30	Adults & Pediatrics AGGREGATE							1,705,768	5
6										6
7	43	Nursery AGGREGATE							573,192	7
8	50	Operating Room AGGREGATE							16,616	8
9										9
10	54.02	CANCER TREATMENT CEN AGGREGATE							200,035	10
11	54.04	SPECIAL PROCEDURES AGGREGATE							23,870	11
12										12
13										13
14										14
15	69	Electrocardiology AGGREGATE							85,130	15
16	69.02	CARDIOLOGY AGGREGATE							10,800	16
17										17
18										18
19	91	Emergency AGGREGATE							866,250	19
20										20
200		TOTAL					439,423	121,095	6,197,715	200

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	10,255,430	10,255,430					1
2	Cap Rel Costs-Mvble Equip	9,250,805		9,250,805				2
4	Employee Benefits Department	15,220,286	26,037	27,999	15,274,322			4
5.01	NON-PATIENT PHONES	528,847	13,528	19,561	28,738	590,674		5.01
5.03	PURCHASING	1,788,090	72,236	9,514	151,844	5,735	2,027,419	5.03
5.04	ADMITTING	2,481,932	43,718	22,047	305,163	11,469	1,134	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	3,622,738	31,678	7,419	239,341	39,187	1,178	5.05
5.06	ADMINISTRATION & GENERAL	29,644,917	4,735,739	2,526,833	1,930,293	96,534	12,367	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,495,174	937,425	2,007,114	333,214	25,806	22,638	7
8	Laundry & Linen Service	922,049	32,749	15,289		956	37	8
9	Housekeeping	2,919,084	72,811	4,029	295,487	3,823	10,024	9
10	Dietary	426,997	77,041	40,595	56,127	4,779	31	10
11	Cafeteria	2,274,768	136,154	6,209		4,779		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,388,693	34,930	327,879	148,032	15,293	3,028	13
14	Central Services & Supply							14
15	Pharmacy	3,679,771	44,358	106,180	331,724	8,602	1,092	15
16	Medical Records & Library	1,930,993	66,452	106,302	202,757	14,337	152	16
17	Social Service	592,825	26,873		77,483	9,558	184	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	2,832,399		169	354,982		7,302	21
22	I&R Services-Other Prgm Costs Apprvd	648,092	66,177	16,268	230,471	13,381	1,238	22
23	PARAMED ED PRGM-PHARMACY	478,049	6,686	3,039	63,749		195	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20,665,929	936,001	178,164	2,871,454	43,010		30
31	Intensive Care Unit	3,952,737	75,853	30,678	524,797	22,939	1,026	31
31.01	SPECIAL CARE NURSERY	543,596	15,330		80,100	7,646		31.01
40	Subprovider - IPF	1,973,586	137,068	4,949	265,357	10,514	633	40
41	Subprovider - IRF	1,295,242	69,311	11,712	172,401	3,823	356	41
43	Nursery	1,294,941	6,033	7,673	130,018	8,602		43
44	Skilled Nursing Facility	1,346,369	151,811	4,473	182,333	3,823	486	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,846,532	322,556	841,385	872,587	27,718	54,803	50
52	Delivery Room & Labor Room	2,633,331	20,749	3,750	264,268		93	52
53	Anesthesiology	235,868	19,195	67,073	30,284	2,867	636	53
54	Radiology-Diagnostic	5,039,769	197,161	646,979	527,706	32,497	4,955	54
54.02	CANCER TREATMENT CENTER	806,271	119,910	11,547	91,906	16,248	609	54.02
54.03	ULTRASOUND	1,619,716	3,186	135,958	212,046	3,823	474	54.03
54.04	SPECIAL PROCEDURES	712,312	12,379	4,240	86,149		4,881	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,180,910	8,905	7,040	97,286		6,303	57
58	MRI	753,799	20,945	32,648	59,240		6,860	58
59	Cardiac Catheterization	3,011,252	24,431	76,327	136,590	6,690	103,931	59
60	Laboratory	8,460,099	131,310	396,503	552,548	29,629	162,025	60
60.01	PATHOLOGY	1,341,842	26,455	28,416	112,884	1,912	24,779	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	478,326	5,941	1,162	39,322	2,867	11,465	63
65	Respiratory Therapy	1,850,713	18,699	40,823	222,570	3,823	9,373	65
66.01	REHABILITATION MEDICINE	5,569,975	77,668	50,791	741,901	17,204	2,291	66.01
69	Electrocardiology	953,415	14,089	60,545	95,798	3,823	4,296	69
69.02	CARDIOLOGY	2,487,205	53,616	167,409	265,566	6,690	27,549	69.02
71	Medical Supplies Charged to Patients	15,390,355	133,869	67,949	80,702	1,912	1,001,341	71
72	Impl. Dev. Charged to Patients	7,169,360					508,795	72
73	Drugs Charged to Patients	12,060,554						73
74	Renal Dialysis	826,885	4,414				2	74
75	ASC (Non-Distinct Part)	426,381	70,800	34,032	42,369	16,248		75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	1,004,868	68,449	15,685	131,191		797	90.02
90.03	PAIN MANAGMENT	419,170	71,622		38,309		616	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	169,554	10,342		22,828		14	90.06
90.07	EVANSTON INFUSION CENTER	1,388,239	26,351	435,185	170,247		609	90.07
91	Emergency	6,708,934	309,641	42,433	885,154	27,718	4,043	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	PURCHASE	
		0	1	2	4	5.01	5.03	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	221,999,974	9,588,682	8,651,975	14,755,316	556,265	2,004,641	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,997			1,912		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	303,149	14,207		33,786	956	5	190.09
190.10	PLAZA	187,626	25,554			17,204		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	369,852	42,268	770	48,999	14,337	2	190.12
190.13	G SUITE			10,168				190.13
190.14	OFFSITE CLINICS	3,659,477	46,682	321,532	3,908		10,911	190.14
190.15	LIFE CENTER	3,831,949	529,040	266,360	432,313		11,860	190.15
191.01	OCC HEALTH	2,413						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	230,354,440	10,255,430	9,250,805	15,274,322	590,674	2,027,419	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
	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	2,865,463						5.04
5.05	PATIENT ACCOUNTS & CASHIERS		3,941,541					5.05
5.06	ADMINISTRATION & GENERAL			38,946,683	38,946,683			5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,821,371	2,405,353	14,226,724		7
8	Laundry & Linen Service			971,080	197,591	106,008	1,274,679	8
9	Housekeeping			3,305,258	672,537	235,686		9
10	Dietary			605,570	123,218	249,381		10
11	Cafeteria			2,421,910	492,798	440,728		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,917,855	390,236	113,067		13
14	Central Services & Supply							14
15	Pharmacy			4,171,727	848,842	143,584		15
16	Medical Records & Library			2,320,993	472,264	215,102		16
17	Social Service			706,923	143,841	86,987		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			3,194,852	650,073			21
22	I&R Services-Other Prgm Costs Apprvd			975,627	198,516	214,214		22
23	PARAMED ED PRGM-PHARMACY			551,718	112,261	21,641		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	327,246	450,219	25,472,023	5,182,909	3,029,811	736,818	30
31	Intensive Care Unit	41,355	56,895	4,706,280	957,610	245,535	48,604	31
31.01	SPECIAL CARE NURSERY	10,817	14,881	672,370	136,810	49,623		31.01
40	Subprovider - IPF	41,676	57,337	2,491,120	506,881	443,687		40
41	Subprovider - IRF	24,891	34,244	1,611,980	327,998	224,358		41
43	Nursery	16,461	22,647	1,486,375	302,440	19,528	16,146	43
44	Skilled Nursing Facility	13,820	19,013	1,722,128	350,410	491,407		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	233,872	321,757	11,521,210	2,344,278	1,044,104	80,569	50
52	Delivery Room & Labor Room	33,458	46,030	3,001,679	610,767	67,164	32,818	52
53	Anesthesiology	66,050	90,870	512,843	104,351	62,134		53
54	Radiology-Diagnostic	162,161	223,099	6,834,327	1,390,615	638,204	32,882	54
54.02	CANCER TREATMENT CENTER	19,422	26,720	1,092,633	222,323	388,147	26,774	54.02
54.03	ULTRASOUND	60,139	82,739	2,118,081	430,977	10,313	15,492	54.03
54.04	SPECIAL PROCEDURES	12,554	17,272	849,787	172,910	40,070		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	236,741	325,704	1,862,889	379,051	28,827	4,263	57
58	MRI	74,592	102,623	1,050,707	213,793	67,798	44,774	58
59	Cardiac Catheterization	104,297	143,491	3,607,009	733,936	79,083	7,816	59
60	Laboratory	458,306	629,820	10,820,240	2,201,648	425,047		60
60.01	PATHOLOGY	22,345	30,742	1,589,375	323,398	85,635		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	28,126	38,695	605,904	123,286	19,232		63
65	Respiratory Therapy	54,023	74,324	2,274,348	462,773	60,528		65
66.01	REHABILITATION MEDICINE	64,157	88,266	6,612,253	1,345,428	251,410		66.01
69	Electrocardiology	44,862	61,720	1,238,548	252,014	45,607	10,313	69
69.02	CARDIOLOGY	75,386	103,715	3,187,136	648,502	173,552		69.02
71	Medical Supplies Charged to Patients	74,083	101,922	16,852,133	3,428,988	433,331	12,745	71
72	Impl. Dev. Charged to Patients	58,948	81,099	7,818,202	1,590,809			72
73	Drugs Charged to Patients	265,082	364,695	12,690,331	2,582,165			73
74	Renal Dialysis	21,372	29,403	882,076	179,480	14,287		74
75	ASC (Non-Distinct Part)	17,084	23,503	630,417	128,274	229,177	6,476	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	25,578	35,189	1,281,757	260,806	221,569	4,467	90.02
90.03	PAIN MANAGEMENT	6,662	9,166	545,545	111,005	231,840	1,881	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	340	468	203,546	41,417	33,476		90.06
90.07	EVANSTON INFUSION CENTER	11,748	16,162	2,048,541	416,827	85,297		90.07
91	Emergency	157,809	217,111	8,352,843	1,699,595	1,002,300	191,841	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (cols.0-4)	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.04	5.05	4A	5.06	7	8	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,865,463	3,941,541	220,158,203	36,872,004	12,068,479	1,274,679	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			10,909	2,220	29,123		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			352,103	71,644	45,988		190.09
190.10	PLAZA			230,384	46,877	82,718		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			476,228	96,900	136,821		190.12
190.13	G SUITE			10,168	2,069			190.13
190.14	OFFSITE CLINICS			4,042,510	822,550	151,108		190.14
190.15	LIFE CENTER			5,071,522	1,031,928	1,712,487		190.15
191.01	OCC HEALTH			2,413	491			191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,865,463	3,941,541	230,354,440	38,946,683	14,226,724	1,274,679	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	4,213,481						9
10	Dietary	50,741	1,028,910					10
11	Cafeteria	89,678		3,445,114				11
12	Maintenance of Personnel							12
13	Nursing Administration	23,009		74,137	2,518,304			13
14	Central Services & Supply							14
15	Pharmacy	29,216		70,436		5,263,805		15
16	Medical Records & Library	43,769		68,301			3,120,429	16
17	Social Service	17,698		21,047				17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			120,689				21
22	I&R Services-Other Prgm Costs Apprvd	43,584		34,340				22
23	PARAMED ED PRGM-PHARMACY			15,914				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,036,514	696,739	863,412	1,035,979	633	356,344	30
31	Intensive Care Unit	166,135	48,191	104,262	125,098		45,032	31
31.01	SPECIAL CARE NURSERY	33,577	1,023	17,832	21,387		11,778	31.01
40	Subprovider - IPF	300,210	68,183	73,786	88,545		45,382	40
41	Subprovider - IRF	151,807	121,173	46,606	55,913		27,104	41
43	Nursery	2,892	1,916	35,421	42,505	246	17,925	43
44	Skilled Nursing Facility	332,496	91,685	55,036	66,030	70	15,049	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	212,447		250,862	300,989	487	254,667	50
52	Delivery Room & Labor Room	13,665		72,003	86,391	499	36,433	52
53	Anesthesiology	12,639		14,914	17,909	850	71,923	53
54	Radiology-Diagnostic	133,925		157,704	189,218	233,260	176,580	54
54.02	CANCER TREATMENT CENTER	78,980		14,941	17,916	28,801	21,149	54.02
54.03	ULTRASOUND	2,099		48,173		1,859	65,487	54.03
54.04	SPECIAL PROCEDURES	8,155		21,587		312	13,671	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			24,775		175	257,792	57
58	MRI			13,266			81,225	58
59	Cardiac Catheterization	16,091		30,530	36,908		113,571	59
60	Laboratory	86,485		217,819		2	499,229	60
60.01	PATHOLOGY	17,424		28,801			24,332	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,910		10,105			30,627	63
65	Respiratory Therapy	12,318		64,357		1,046	58,826	65
66.01	REHABILITATION MEDICINE	51,158		181,993		102	69,862	66.01
69	Electrocardiology	9,283		25,478			48,851	69
69.02	CARDIOLOGY			67,005	80,406	409	82,090	69.02
71	Medical Supplies Charged to Patients			36,582		321	80,671	71
72	Impl. Dev. Charged to Patients						64,189	72
73	Drugs Charged to Patients					4,986,886	288,653	73
74	Renal Dialysis						23,273	74
75	ASC (Non-Distinct Part)	46,633		14,076	16,885	73	18,603	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	45,081		35,258	42,295	3,585	27,852	90.02
90.03	PAIN MANAGMENT	47,173		19,912		2,083	7,255	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			5,106			371	90.06
90.07	EVANSTON INFUSION CENTER			41,743		446	12,792	90.07
91	Emergency	88,762		244,972	293,930	468	171,841	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,207,554	1,028,910	3,243,181	2,518,304	5,262,613	3,120,429	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,927						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			8,322				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			11,564		1,192		190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			2,810				190.14
190.15	LIFE CENTER			179,237				190.15
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,213,481	1,028,910	3,445,114	2,518,304	5,263,805	3,120,429	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	976,496						17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		3,965,614					21
22	I&R Services-Other Prgm Costs Apprvd			1,466,281				22
23	PARAMED ED PRGM-PHARMACY				701,534			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	692,963	2,681,420	991,452		43,777,017	-3,672,872	30
31	Intensive Care Unit	9,288	335,643	124,104		6,915,782	-459,747	31
31.01	SPECIAL CARE NURSERY	3,354				947,754		31.01
40	Subprovider - IPF	93,651				4,111,445		40
41	Subprovider - IRF	87,201				2,654,140		41
43	Nursery	3,354				1,928,748		43
44	Skilled Nursing Facility	84,363				3,208,674		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		507,881	187,788		16,705,282	-695,669	50
52	Delivery Room & Labor Room		292,584	108,182		4,322,185	-400,766	52
53	Anesthesiology					797,563		53
54	Radiology-Diagnostic					9,786,715		54
54.02	CANCER TREATMENT CENTER					1,891,664		54.02
54.03	ULTRASOUND					2,692,481		54.03
54.04	SPECIAL PROCEDURES					1,106,492		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					2,557,772		57
58	MRI					1,471,563		58
59	Cardiac Catheterization					4,624,944		59
60	Laboratory					14,250,470		60
60.01	PATHOLOGY					2,068,965		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					793,064		63
65	Respiratory Therapy					2,934,196		65
66.01	REHABILITATION MEDICINE					8,512,206		66.01
69	Electrocardiology					1,630,094		69
69.02	CARDIOLOGY					4,239,100		69.02
71	Medical Supplies Charged to Patients					20,844,771		71
72	Impl. Dev. Charged to Patients					9,473,200		72
73	Drugs Charged to Patients				701,534	21,249,569		73
74	Renal Dialysis					1,099,116		74
75	ASC (Non-Distinct Part)					1,090,614		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					1,922,670		90.02
90.03	PAIN MANAGMENT					966,694		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					283,916		90.06
90.07	EVANSTON INFUSION CENTER					2,605,646		90.07
91	Emergency	2,322	148,086	54,755		12,251,715	-202,841	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		17	21	22	23	24	25	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	976,496	3,965,614	1,466,281	701,534	215,716,227	-5,431,895	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					48,179		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					478,057		190.09
190.10	PLAZA					359,979		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					722,705		190.12
190.13	G SUITE					12,237		190.13
190.14	OFFSITE CLINICS					5,018,978		190.14
190.15	LIFE CENTER					7,995,174		190.15
191.01	OCC HEALTH					2,904		191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	976,496	3,965,614	1,466,281	701,534	230,354,440	-5,431,895	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,104,145						30
31	Intensive Care Unit	6,456,035						31
31.01	SPECIAL CARE NURSERY	947,754						31.01
40	Subprovider - IPF	4,111,445						40
41	Subprovider - IRF	2,654,140						41
43	Nursery	1,928,748						43
44	Skilled Nursing Facility	3,208,674						44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	16,009,613						50
52	Delivery Room & Labor Room	3,921,419						52
53	Anesthesiology	797,563						53
54	Radiology-Diagnostic	9,786,715						54
54.02	CANCER TREATMENT CENTER	1,891,664						54.02
54.03	ULTRASOUND	2,692,481						54.03
54.04	SPECIAL PROCEDURES	1,106,492						54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	2,557,772						57
58	MRI	1,471,563						58
59	Cardiac Catheterization	4,624,944						59
60	Laboratory	14,250,470						60
60.01	PATHOLOGY	2,068,965						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	793,064						63
65	Respiratory Therapy	2,934,196						65
66.01	REHABILITATION MEDICINE	8,512,206						66.01
69	Electrocardiology	1,630,094						69
69.02	CARDIOLOGY	4,239,100						69.02
71	Medical Supplies Charged to Patients	20,844,771						71
72	Impl. Dev. Charged to Patients	9,473,200						72
73	Drugs Charged to Patients	21,249,569						73
74	Renal Dialysis	1,099,116						74
75	ASC (Non-Distinct Part)	1,090,614						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	1,922,670						90.02
90.03	PAIN MANAGEMENT	966,694						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	283,916						90.06
90.07	EVANSTON INFUSION CENTER	2,605,646						90.07
91	Emergency	12,048,874						91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	210,284,332						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	48,179						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	478,057						190.09
190.10	PLAZA	359,979						190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	722,705						190.12
190.13	G SUITE	12,237						190.13
190.14	OFFSITE CLINICS	5,018,978						190.14
190.15	LIFE CENTER	7,995,174						190.15
191.01	OCC HEALTH	2,904						191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	224,922,545						202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	11,809	26,037	27,999	65,845	65,845		4
5.01	NON-PATIENT PHONES	65,975	13,528	19,561	99,064	124	99,188	5.01
5.03	PURCHASING		72,236	9,514	81,750	654	963	5.03
5.04	ADMITTING	6,584	43,718	22,047	72,349	1,315	1,926	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	8,715	31,678	7,419	47,812	1,031	6,580	5.05
5.06	ADMINISTRATION & GENERAL	102,659	4,735,739	2,526,833	7,365,231	8,318	16,220	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,262	937,425	2,007,114	2,952,801	1,436	4,333	7
8	Laundry & Linen Service		32,749	15,289	48,038		160	8
9	Housekeeping	250	72,811	4,029	77,090	1,273	642	9
10	Dietary	7,379	77,041	40,595	125,015	242	802	10
11	Cafeteria		136,154	6,209	142,363		802	11
12	Maintenance of Personnel							12
13	Nursing Administration	15,555	34,930	327,879	378,364	638	2,568	13
14	Central Services & Supply							14
15	Pharmacy	4,176	44,358	106,180	154,714	1,429	1,444	15
16	Medical Records & Library	6,915	66,452	106,302	179,669	874	2,407	16
17	Social Service		26,873		26,873	334	1,605	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	140		169	309	1,530		21
22	I&R Services-Other Prgm Costs Apprvd	338	66,177	16,268	82,783	993	2,247	22
23	PARAMED ED PRGM-PHARMACY		6,686	3,039	9,725	275		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	38,575	936,001	178,164	1,152,740	12,401	7,222	30
31	Intensive Care Unit	1,586	75,853	30,678	108,117	2,261	3,852	31
31.01	SPECIAL CARE NURSERY	331	15,330		15,661	345	1,284	31.01
40	Subprovider - IPF	2,400	137,068	4,949	144,417	1,143	1,765	40
41	Subprovider - IRF	2,199	69,311	11,712	83,222	743	642	41
43	Nursery	1,007	6,033	7,673	14,713	560	1,444	43
44	Skilled Nursing Facility	3,438	151,811	4,473	159,722	786	642	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	49,282	322,556	841,385	1,213,223	3,760	4,654	50
52	Delivery Room & Labor Room	5,140	20,749	3,750	29,639	1,139		52
53	Anesthesiology	1,734	19,195	67,073	88,002	130	481	53
54	Radiology-Diagnostic	9,709	197,161	646,979	853,849	2,274	5,457	54
54.02	CANCER TREATMENT CENTER	8,500	119,910	11,547	139,957	396	2,728	54.02
54.03	ULTRASOUND	971	3,186	135,958	140,115	914	642	54.03
54.04	SPECIAL PROCEDURES	155	12,379	4,240	16,774	371		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	1,209	8,905	7,040	17,154	419		57
58	MRI	482	20,945	32,648	54,075	255		58
59	Cardiac Catheterization	1,019	24,431	76,327	101,777	589	1,123	59
60	Laboratory	10,673	131,310	396,503	538,486	2,381	4,975	60
60.01	PATHOLOGY	1,763	26,455	28,416	56,634	486	321	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	729	5,941	1,162	7,832	169	481	63
65	Respiratory Therapy	54,890	18,699	40,823	114,412	959	642	65
66.01	REHABILITATION MEDICINE	6,737	77,668	50,791	135,196	3,197	2,889	66.01
69	Electrocardiology	10,305	14,089	60,545	84,939	413	642	69
69.02	CARDIOLOGY	4,126	53,616	167,409	225,151	1,144	1,123	69.02
71	Medical Supplies Charged to Patients	66,541	133,869	67,949	268,359	348	321	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	15	4,414		4,429			74
75	ASC (Non-Distinct Part)	1,212	70,800	34,032	106,044	183	2,728	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	1,952	68,449	15,685	86,086	565		90.02
90.03	PAIN MANAGEMENT	2,010	71,622		73,632	165		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		10,342		10,342	98		90.06
90.07	EVANSTON INFUSION CENTER	7,050	26,351	435,185	468,586	734		90.07
91	Emergency	21,769	309,641	42,433	373,843	3,814	4,654	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	2	2A	4	5.01	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	556,266	9,588,682	8,651,975	18,796,923	63,608	93,411	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,997		8,997		321	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		14,207		14,207	146	160	190.09
190.10	PLAZA		25,554		25,554		2,889	190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		42,268	770	43,038	211	2,407	190.12
190.13	G SUITE			10,168	10,168			190.13
190.14	OFFSITE CLINICS	403	46,682	321,532	368,617	17		190.14
190.15	LIFE CENTER	8,783	529,040	266,360	804,183	1,863		190.15
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	565,452	10,255,430	9,250,805	20,071,687	65,845	99,188	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.03	5.04	5.05	5.06	7	8	
	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	83,367						5.03
5.04	ADMITTING	47	75,637					5.04
5.05	PATIENT ACCOUNTS & CASHIERS	48		55,471				5.05
5.06	ADMINISTRATION & GENERAL	508			7,390,277			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	931			456,423	3,415,924		7
8	Laundry & Linen Service	2			37,493	25,453	111,146	8
9	Housekeeping	412			127,616	56,590		9
10	Dietary	1			23,381	59,878		10
11	Cafeteria				93,510	105,822		11
12	Maintenance of Personnel							12
13	Nursing Administration	125			74,048	27,148		13
14	Central Services & Supply							14
15	Pharmacy	45			161,070	34,475		15
16	Medical Records & Library	6			89,614	51,647		16
17	Social Service	8			27,294	20,886		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	300			123,353			21
22	I&R Services-Other Prgm Costs Apprvd	51			37,669	51,434		22
23	PARAMED ED PRGM-PHARMACY	8			21,302	5,196		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		8,627	6,288	983,501	727,476	64,247	30
31	Intensive Care Unit	42	1,090	795	181,709	58,954	4,238	31
31.01	SPECIAL CARE NURSERY		285	208	25,960	11,915		31.01
40	Subprovider - IPF	26	1,099	801	96,182	106,532		40
41	Subprovider - IRF	15	656	478	62,239	53,870		41
43	Nursery		434	316	57,389	4,689	1,408	43
44	Skilled Nursing Facility	20	364	266	66,491	117,990		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,253	6,166	4,494	444,834	250,696	7,025	50
52	Delivery Room & Labor Room	4	882	643	115,895	16,126	2,862	52
53	Anesthesiology	26	1,741	1,269	19,801	14,919		53
54	Radiology-Diagnostic	204	4,275	3,116	263,873	153,237	2,867	54
54.02	CANCER TREATMENT CENTER	25	512	373	42,187	93,196	2,335	54.02
54.03	ULTRASOUND	19	1,585	1,155	81,779	2,476	1,351	54.03
54.04	SPECIAL PROCEDURES	201	331	241	32,810	9,621		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	259	6,241	4,549	71,926	6,921		57
58	MRI	282	1,966	1,433	40,568	16,279	3,904	58
59	Cardiac Catheterization	4,273	2,750	2,004	139,267	18,988	681	59
60	Laboratory	6,662	12,181	9,220	417,769	102,056		60
60.01	PATHOLOGY	1,019	589	429	61,366	20,561		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	471	741	540	23,394	4,618		63
65	Respiratory Therapy	385	1,424	1,038	87,813	14,533		65
66.01	REHABILITATION MEDICINE	94	1,691	1,233	255,299	60,365		66.01
69	Electrocardiology	177	1,183	862	47,820	10,951	899	69
69.02	CARDIOLOGY	1,133	1,987	1,448	123,055	41,671		69.02
71	Medical Supplies Charged to Patients	41,178	1,953	1,423	650,661	104,046	1,111	71
72	Impl. Dev. Charged to Patients	20,920	1,554	1,133	301,861			72
73	Drugs Charged to Patients		6,988	5,093	489,974			73
74	Renal Dialysis		563	411	34,057	3,430		74
75	ASC (Non-Distinct Part)		450	328	24,340	55,027	565	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	33	674	491	49,489	53,200	389	90.02
90.03	PAIN MANAGEMENT	25	176	128	21,063	55,666	164	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	1	9	7	7,859	8,038		90.06
90.07	EVANSTON INFUSION CENTER	25	310	226	79,094	20,480		90.07
91	Emergency	166	4,160	3,032	322,503	240,659	16,728	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	
		5.03	5.04	5.05	5.06	7	8	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	82,430	75,637	55,471	6,996,601	2,897,715	111,146	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				421	6,993		190
190.02	COVENANT RETIREMENT HOME							190.02
190.05	BOARD OF BENEVOLENCE							190.05
190.07	DENTAL							190.07
190.08	COVENANT RETIREMENT COMMUNITY							190.08
190.09	OP PHARMACY				13,595	11,042		190.09
190.10	PLAZA				8,895	19,861		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY				18,387	32,852		190.12
190.13	G SUITE				393			190.13
190.14	OFFSITE CLINICS	449			156,081	36,282		190.14
190.15	LIFE CENTER	488			195,811	411,179		190.15
191.01	OCC HEALTH				93			191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	83,367	75,637	55,471	7,390,277	3,415,924	111,146	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	263,623						9
10	Dietary	3,175	212,494					10
11	Cafeteria	5,611		348,108				11
12	Maintenance of Personnel							12
13	Nursing Administration	1,440		7,491	491,822			13
14	Central Services & Supply							14
15	Pharmacy	1,828		7,117		362,122		15
16	Medical Records & Library	2,738		6,901			333,856	16
17	Social Service	1,107		2,127				17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			12,195				21
22	I&R Services-Other Prgm Costs Apprvd	2,727		3,470				22
23	PARAMED ED PRGM-PHARMACY			1,608				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	127,416	143,893	87,245	202,325	44	38,164	30
31	Intensive Care Unit	10,395	9,953	10,535	24,431		4,823	31
31.01	SPECIAL CARE NURSERY	2,101	211	1,802	4,177		1,261	31.01
40	Subprovider - IPF	18,783	14,081	7,456	17,293		4,860	40
41	Subprovider - IRF	9,498	25,025	4,709	10,920		2,903	41
43	Nursery	181	396	3,579	8,301	17	1,920	43
44	Skilled Nursing Facility	20,803	18,935	5,561	12,896	5	1,612	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,292		25,348	58,783	33	27,275	50
52	Delivery Room & Labor Room	855		7,275	16,872	34	3,902	52
53	Anesthesiology	791		1,507	3,498	58	7,703	53
54	Radiology-Diagnostic	8,379		15,935	36,954	16,047	18,912	54
54.02	CANCER TREATMENT CENTER	4,941		1,510	3,499	1,981	2,265	54.02
54.03	ULTRASOUND	131		4,868		128	7,014	54.03
54.04	SPECIAL PROCEDURES	510		2,181		21	1,464	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan			2,503		12	27,609	57
58	MRI			1,340			8,699	58
59	Cardiac Catheterization	1,007		3,085	7,208		12,163	59
60	Laboratory	5,411		22,009			53,128	60
60.01	PATHOLOGY	1,090		2,910			2,606	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	245		1,021			3,280	63
65	Respiratory Therapy	771		6,503		72	6,300	65
66.01	REHABILITATION MEDICINE	3,201		18,389		7	7,482	66.01
69	Electrocardiology	581		2,574			5,232	69
69.02	CARDIOLOGY			6,770	15,703	28	8,792	69.02
71	Medical Supplies Charged to Patients			3,696		22	8,640	71
72	Impl. Dev. Charged to Patients						6,875	72
73	Drugs Charged to Patients					343,073	30,914	73
74	Renal Dialysis						2,492	74
75	ASC (Non-Distinct Part)	2,918		1,422	3,298	5	1,992	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	2,821		3,563	8,260	247	2,983	90.02
90.03	PAIN MANAGEMENT	2,951		2,012		143	777	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER			516			40	90.06
90.07	EVANSTON INFUSION CENTER			4,218		31	1,370	90.07
91	Emergency	5,554		24,753	57,404	32	18,404	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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS + LIBRARY	
		9	10	11	13	15	16	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	263,252	212,494	327,704	491,822	362,040	333,856	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	371						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			841				190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			1,168		82		190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS			284				190.14
190.15	LIFE CENTER			18,111				190.15
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	263,623	212,494	348,108	491,822	362,122	333,856	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		17	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	80,234						17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		137,687					21
22	I&R Services-Other Prgm Costs Apprvd			181,374				22
23	PARAMED ED PRGM-PHARMACY				38,114			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,936				3,618,525		30
31	Intensive Care Unit	763				421,958		31
31.01	SPECIAL CARE NURSERY	276				65,486		31.01
40	Subprovider - IPF	7,695				422,133		40
41	Subprovider - IRF	7,165				262,085		41
43	Nursery	276				95,623		43
44	Skilled Nursing Facility	6,932				413,025		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					2,061,836		50
52	Delivery Room & Labor Room					196,128		52
53	Anesthesiology					139,926		53
54	Radiology-Diagnostic					1,385,379		54
54.02	CANCER TREATMENT CENTER					295,905		54.02
54.03	ULTRASOUND					242,177		54.03
54.04	SPECIAL PROCEDURES					64,525		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan					137,965		57
58	MRI					128,801		58
59	Cardiac Catheterization					294,915		59
60	Laboratory					1,174,278		60
60.01	PATHOLOGY					148,011		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					42,792		63
65	Respiratory Therapy					234,852		65
66.01	REHABILITATION MEDICINE					489,043		66.01
69	Electrocardiology					156,273		69
69.02	CARDIOLOGY					428,005		69.02
71	Medical Supplies Charged to Patients					1,081,758		71
72	Impl. Dev. Charged to Patients					332,343		72
73	Drugs Charged to Patients					876,042		73
74	Renal Dialysis					45,382		74
75	ASC (Non-Distinct Part)					199,300		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					208,801		90.02
90.03	PAIN MANAGMENT					156,902		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER					26,910		90.06
90.07	EVANSTON INFUSION CENTER					575,074		90.07
91	Emergency	191				1,075,897		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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		17	21	22	23	24	25	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	80,234				17,498,055		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					17,103		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					39,991		190.09
190.10	PLAZA					57,199		190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY					98,145		190.12
190.13	G SUITE					10,561		190.13
190.14	OFFSITE CLINICS					561,730		190.14
190.15	LIFE CENTER					1,431,635		190.15
191.01	OCC HEALTH					93		191.01
200	Cross Foot Adjustments		137,687	181,374	38,114	357,175		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	80,234	137,687	181,374	38,114	20,071,687		202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
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	3,618,525						30
31	Intensive Care Unit	421,958						31
31.01	SPECIAL CARE NURSERY	65,486						31.01
40	Subprovider - IPF	422,133						40
41	Subprovider - IRF	262,085						41
43	Nursery	95,623						43
44	Skilled Nursing Facility	413,025						44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,061,836						50
52	Delivery Room & Labor Room	196,128						52
53	Anesthesiology	139,926						53
54	Radiology-Diagnostic	1,385,379						54
54.02	CANCER TREATMENT CENTER	295,905						54.02
54.03	ULTRASOUND	242,177						54.03
54.04	SPECIAL PROCEDURES	64,525						54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	137,965						57
58	MRI	128,801						58
59	Cardiac Catheterization	294,915						59
60	Laboratory	1,174,278						60
60.01	PATHOLOGY	148,011						60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	42,792						63
65	Respiratory Therapy	234,852						65
66.01	REHABILITATION MEDICINE	489,043						66.01
69	Electrocardiology	156,273						69
69.02	CARDIOLOGY	428,005						69.02
71	Medical Supplies Charged to Patients	1,081,758						71
72	Impl. Dev. Charged to Patients	332,343						72
73	Drugs Charged to Patients	876,042						73
74	Renal Dialysis	45,382						74
75	ASC (Non-Distinct Part)	199,300						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	208,801						90.02
90.03	PAIN MANAGEMENT	156,902						90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	26,910						90.06
90.07	EVANSTON INFUSION CENTER	575,074						90.07
91	Emergency	1,075,897						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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	17,498,055						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	17,103						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	39,991						190.09
190.10	PLAZA	57,199						190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	98,145						190.12
190.13	G SUITE	10,561						190.13
190.14	OFFSITE CLINICS	561,730						190.14
190.15	LIFE CENTER	1,431,635						190.15
191.01	OCC HEALTH	93						191.01
200	Cross Foot Adjustments	357,175						200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	20,071,687						202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	785,383						1
2	Cap Rel Costs-Mvble Equip		9,391,547					2
4	Employee Benefits Department	1,994	28,425	105,137,846				4
5.01	NON-PATIENT PHONES	1,036	19,859	197,810	618			5.01
5.03	PURCHASING	5,532	9,659	1,045,186	6	28,568,181		5.03
5.04	ADMITTING	3,348	22,382	2,100,529	12	15,981	1,280,338,432	5.04
5.05	PATIENT ACCOUNTS & CASHIERS	2,426	7,532	1,647,457	41	16,593		5.05
5.06	ADMINISTRATION & GENERAL	362,673	2,565,276	13,286,797	101	174,258		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	71,790	2,037,650	2,293,611	27	318,994		7
8	Laundry & Linen Service	2,508	15,522		1	525		8
9	Housekeeping	5,576	4,090	2,033,926	4	141,241		9
10	Dietary	5,900	41,213	386,341	5	435		10
11	Cafeteria	10,427	6,303		5			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,675	332,867	1,018,947	16	42,670		13
14	Central Services & Supply							14
15	Pharmacy	3,397	107,795	2,283,358	9	15,383		15
16	Medical Records & Library	5,089	107,919	1,395,640	15	2,135		16
17	Social Service	2,058		533,336	10	2,598		17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		172	2,443,452		102,895		21
22	I&R Services-Other Prgm Costs Apprvd	5,068	16,515	1,586,404	14	17,440		22
23	PARAMED ED PRGM-PHARMACY	512	3,085	438,805		2,745		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	71,681	180,875	19,765,102	45		146,222,447	30
31	Intensive Care Unit	5,809	31,145	3,612,341	24	14,452	18,478,377	31
31.01	SPECIAL CARE NURSERY	1,174		551,351	8		4,833,142	31.01
40	Subprovider - IPF	10,497	5,024	1,826,535	11	8,922	18,622,105	40
41	Subprovider - IRF	5,308	11,890	1,186,692	4	5,010	11,121,784	41
43	Nursery	462	7,790	894,957	9		7,355,224	43
44	Skilled Nursing Facility	11,626	4,541	1,255,054	4	6,851	6,175,200	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,702	854,186	6,006,287	29	772,216	104,500,354	50
52	Delivery Room & Labor Room	1,589	3,807	1,819,036		1,313	14,949,790	52
53	Anesthesiology	1,470	68,093	208,455	3	8,966	29,512,875	53
54	Radiology-Diagnostic	15,099	656,822	3,632,365	34	69,818	72,458,128	54
54.02	CANCER TREATMENT CENTER	9,183	11,723	632,617	17	8,581	8,678,125	54.02
54.03	ULTRASOUND	244	138,026	1,459,579	4	6,676	26,871,946	54.03
54.04	SPECIAL PROCEDURES	948	4,305	592,990		68,775	5,609,678	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	682	7,147	669,651		88,821	105,782,536	57
58	MRI	1,604	33,145	407,770		96,661	33,329,935	58
59	Cardiac Catheterization	1,871	77,488	940,189	7	1,464,480	46,602,961	59
60	Laboratory	10,056	402,535	3,803,355	31	2,283,069	204,754,599	60
60.01	PATHOLOGY	2,026	28,848	777,015	2	349,163	9,984,298	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	455	1,180	270,667	3	161,551	12,567,296	63
65	Respiratory Therapy	1,432	41,444	1,532,017	4	132,075	24,138,895	65
66.01	REHABILITATION MEDICINE	5,948	51,564	5,106,733	18	32,283	28,667,063	66.01
69	Electrocardiology	1,079	61,466	659,407	4	60,530	20,045,612	69
69.02	CARDIOLOGY	4,106	169,956	1,827,969	7	388,182	33,684,729	69.02
71	Medical Supplies Charged to Patients	10,252	68,983	555,500	2	14,109,891	33,102,406	71
72	Impl. Dev. Charged to Patients					7,169,360	26,339,366	72
73	Drugs Charged to Patients						118,445,931	73
74	Renal Dialysis	338				25	9,549,660	74
75	ASC (Non-Distinct Part)	5,422	34,550	291,636	17		7,633,431	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	15,924	903,027		11,225	11,428,851	90.02
90.03	PAIN MANAGMENT	5,485		263,694		8,673	2,976,923	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	792		157,133		203	152,141	90.06
90.07	EVANSTON INFUSION CENTER	2,018	441,806	1,171,862		8,588	5,249,201	90.07
91	Emergency	23,713	43,079	6,092,785	29	56,963	70,513,423	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	
		1	2	4	5.01	5.03	5.04	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	734,322	8,783,606	101,565,370	582	28,247,216	1,280,338,432	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	689			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		232,557	1	74		190.09
190.10	PLAZA	1,957			18			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY	3,237	782	337,275	15	34		190.12
190.13	G SUITE		10,323					190.13
190.14	OFFSITE CLINICS	3,575	326,424	26,901		153,742		190.14
190.15	LIFE CENTER	40,515	270,412	2,975,743		167,115		190.15
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)	10,255,430	9,250,805	15,274,322	590,674	2,027,419	2,865,463	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.057871	0.985014	0.145279	955.783172	0.070968	0.002238	203
204	Cost to be allocated (Per Wkst. B, Part II)			65,845	99,188	83,367	75,637	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000626	160.498382	0.002918	0.000059	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS	1,280,338,432						5.05
5.06	ADMINISTRATION & GENERAL		-38,946,683	191,407,757				5.06
6	Maintenance & Repairs							6
7	Operation of Plant			11,821,371	336,584			7
8	Laundry & Linen Service			971,080	2,508	1,261,380		8
9	Housekeeping			3,305,258	5,576		616,393	9
10	Dietary			605,570	5,900		7,423	10
11	Cafeteria			2,421,910	10,427		13,119	11
12	Maintenance of Personnel							12
13	Nursing Administration			1,917,855	2,675		3,366	13
14	Central Services & Supply							14
15	Pharmacy			4,171,727	3,397		4,274	15
16	Medical Records & Library			2,320,993	5,089		6,403	16
17	Social Service			706,923	2,058		2,589	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			3,194,852				21
22	I&R Services-Other Prgm Costs Apprvd			975,627	5,068		6,376	22
23	PARAMED ED PRGM-PHARMACY			551,718	512			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	146,222,447		25,472,023	71,681	729,131	297,923	30
31	Intensive Care Unit	18,478,377		4,706,280	5,809	48,097	24,304	31
31.01	SPECIAL CARE NURSERY	4,833,142		672,370	1,174		4,912	31.01
40	Subprovider - IPF	18,622,105		2,491,120	10,497		43,918	40
41	Subprovider - IRF	11,121,784		1,611,980	5,308		22,208	41
43	Nursery	7,355,224		1,486,375	462	15,978	423	43
44	Skilled Nursing Facility	6,175,200		1,722,128	11,626		48,641	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	104,500,354		11,521,210	24,702	79,728	31,079	50
52	Delivery Room & Labor Room	14,949,790		3,001,679	1,589	32,476	1,999	52
53	Anesthesiology	29,512,875		512,843	1,470		1,849	53
54	Radiology-Diagnostic	72,458,128		6,834,327	15,099	32,539	19,592	54
54.02	CANCER TREATMENT CENTER	8,678,125		1,092,633	9,183	26,495	11,554	54.02
54.03	ULTRASOUND	26,871,946		2,118,081	244	15,330	307	54.03
54.04	SPECIAL PROCEDURES	5,609,678		849,787	948		1,193	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	105,782,536		1,862,889	682	4,219		57
58	MRI	33,329,935		1,050,707	1,604	44,307		58
59	Cardiac Catheterization	46,602,961		3,607,009	1,871	7,734	2,354	59
60	Laboratory	204,754,599		10,820,240	10,056		12,652	60
60.01	PATHOLOGY	9,984,298		1,589,375	2,026		2,549	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,567,296		605,904	455		572	63
65	Respiratory Therapy	24,138,895		2,274,348	1,432		1,802	65
66.01	REHABILITATION MEDICINE	28,667,063		6,612,253	5,948		7,484	66.01
69	Electrocardiology	20,045,612		1,238,548	1,079	10,205	1,358	69
69.02	CARDIOLOGY	33,684,729		3,187,136	4,106			69.02
71	Medical Supplies Charged to Patients	33,102,406		16,852,133	10,252	12,612		71
72	Impl. Dev. Charged to Patients	26,339,366		7,818,202				72
73	Drugs Charged to Patients	118,445,931		12,690,331				73
74	Renal Dialysis	9,549,660		882,076	338			74
75	ASC (Non-Distinct Part)	7,633,431		630,417	5,422	6,408	6,822	75
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC							90.01
90.02	WOUND CARE	11,428,851		1,281,757	5,242	4,420	6,595	90.02
90.03	PAIN MANAGMENT	2,976,923		545,545	5,485	1,861	6,901	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER	152,141		203,546	792			90.06
90.07	EVANSTON INFUSION CENTER	5,249,201		2,048,541	2,018			90.07
91	Emergency	70,513,423		8,352,843	23,713	189,840	12,985	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCCUP HEALTH							93.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
		5.05	5A.06	5.06	7	8	9	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,280,338,432	-38,946,683	181,211,520	285,523	1,261,380	615,526	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			10,909	689		867	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			352,103	1,088			190.09
190.10	PLAZA			230,384	1,957			190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY			476,228	3,237			190.12
190.13	G SUITE			10,168				190.13
190.14	OFFSITE CLINICS			4,042,510	3,575			190.14
190.15	LIFE CENTER			5,071,522	40,515			190.15
191.01	OCC HEALTH			2,413				191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,941,541		38,946,683	14,226,724	1,274,679	4,213,481	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003079		0.203475	42.267975	1.010543	6.835705	203
204	Cost to be allocated (Per Wkst. B, Part II)	55,471		7,390,277	3,415,924	111,146	263,623	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000043		0.038610	10.148801	0.088115	0.427687	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	182,035						10
11	Cafeteria		127,512					11
12	Maintenance of Personnel							12
13	Nursing Administration		2,744	1,615,790				13
14	Central Services & Supply							14
15	Pharmacy		2,607		12,730,271			15
16	Medical Records & Library		2,528			1,280,338,432		16
17	Social Service		779				3,785	17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		4,467					21
22	I&R Services-Other Prgm Costs Apprvd		1,271					22
23	PARAMED ED PRGM-PHARMACY		589					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	123,267	31,957	664,703	1,530	146,222,447	2,686	30
31	Intensive Care Unit	8,526	3,859	80,265		18,478,377	36	31
31.01	SPECIAL CARE NURSERY	181	660	13,722		4,833,142	13	31.01
40	Subprovider - IPF	12,063	2,731	56,812		18,622,105	363	40
41	Subprovider - IRF	21,438	1,725	35,875		11,121,784	338	41
43	Nursery	339	1,311	27,272	594	7,355,224	13	43
44	Skilled Nursing Facility	16,221	2,037	42,366	170	6,175,200	327	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		9,285	193,120	1,177	104,500,354		50
52	Delivery Room & Labor Room		2,665	55,430	1,207	14,949,790		52
53	Anesthesiology		552	11,491	2,056	29,512,875		53
54	Radiology-Diagnostic		5,837	121,406	564,129	72,458,128		54
54.02	CANCER TREATMENT CENTER		553	11,495	69,655	8,678,125		54.02
54.03	ULTRASOUND		1,783		4,497	26,871,946		54.03
54.04	SPECIAL PROCEDURES		799		755	5,609,678		54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan		917		423	105,782,536		57
58	MRI		491			33,329,935		58
59	Cardiac Catheterization		1,130	23,681		46,602,961		59
60	Laboratory		8,062		4	204,754,599		60
60.01	PATHOLOGY		1,066			9,984,298		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		374			12,567,296		63
65	Respiratory Therapy		2,382		2,529	24,138,895		65
66.01	REHABILITATION MEDICINE		6,736		246	28,667,063		66.01
69	Electrocardiology		943			20,045,612		69
69.02	CARDIOLOGY		2,480	51,590	990	33,684,729		69.02
71	Medical Supplies Charged to Patients		1,354		776	33,102,406		71
72	Impl. Dev. Charged to Patients					26,339,366		72
73	Drugs Charged to Patients				12,060,554	118,445,931		73
74	Renal Dialysis					9,549,660		74
75	ASC (Non-Distinct Part)		521	10,834	177	7,633,431		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		1,305	27,137	8,669	11,428,851		90.02
90.03	PAIN MANAGMENT		737		5,038	2,976,923		90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		189			152,141		90.06
90.07	EVANSTON INFUSION CENTER		1,545		1,078	5,249,201		90.07
91	Emergency		9,067	188,591	1,133	70,513,423	9	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
		10	11	13	15	16	17	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	182,035	120,038	1,615,790	12,727,387	1,280,338,432	3,785	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		308					190.09
190.10	PLAZA							190.10
190.11	G CAFETERIA							190.11
190.12	G PHARMACY		428		2,884			190.12
190.13	G SUITE							190.13
190.14	OFFSITE CLINICS		104					190.14
190.15	LIFE CENTER		6,634					190.15
191.01	OCC HEALTH							191.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,028,910	3,445,114	2,518,304	5,263,805	3,120,429	976,496	202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.652265	27.017959	1.558559	0.413487	0.002437	257.991017	203
204	Cost to be allocated (Per Wkst. B, Part II)	212,494	348,108	491,822	362,122	333,856	80,234	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.167325	2.730002	0.304385	0.028446	0.000261	21.197886	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
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	19,429	19,429					30
31	Intensive Care Unit	2,432	2,432					31
31.01	SPECIAL CARE NURSERY							31.01
40	Subprovider - IPF							40
41	Subprovider - IRF							41
43	Nursery							43
44	Skilled Nursing Facility							44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,680	3,680					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	1,073	1,073					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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME				
		21	22	23				
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
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	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
190.15	LIFE CENTER							190.15
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)	3,965,614	1,466,281	701,534				202
203	Unit Cost Multiplier (Wkst. B, Part I)	138.011206	51.029477	7,015.340000				203
204	Cost to be allocated (Per Wkst. B, Part II)	137,687	181,374	38,114				204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.791780	6.312174	381.140000				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	40,104,145		40,104,145		40,104,145	30
31	Intensive Care Unit	6,456,035		6,456,035		6,456,035	31
31.01	SPECIAL CARE NURSERY	947,754		947,754		947,754	31.01
40	Subprovider - IPF	4,111,445		4,111,445		4,111,445	40
41	Subprovider - IRF	2,654,140		2,654,140		2,654,140	41
43	Nursery	1,928,748		1,928,748		1,928,748	43
44	Skilled Nursing Facility	3,208,674		3,208,674		3,208,674	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	16,009,613		16,009,613		16,009,613	50
52	Delivery Room & Labor Room	3,921,419		3,921,419		3,921,419	52
53	Anesthesiology	797,563		797,563		797,563	53
54	Radiology-Diagnostic	9,786,715		9,786,715		9,786,715	54
54.02	CANCER TREATMENT CENTER	1,891,664		1,891,664		1,891,664	54.02
54.03	ULTRASOUND	2,692,481		2,692,481		2,692,481	54.03
54.04	SPECIAL PROCEDURES	1,106,492		1,106,492		1,106,492	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	2,557,772		2,557,772		2,557,772	57
58	MRI	1,471,563		1,471,563		1,471,563	58
59	Cardiac Catheterization	4,624,944		4,624,944		4,624,944	59
60	Laboratory	14,250,470		14,250,470		14,250,470	60
60.01	PATHOLOGY	2,068,965		2,068,965		2,068,965	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	793,064		793,064		793,064	63
65	Respiratory Therapy	2,934,196		2,934,196		2,934,196	65
66.01	REHABILITATION MEDICINE	8,512,206		8,512,206		8,512,206	66.01
69	Electrocardiology	1,630,094		1,630,094		1,630,094	69
69.02	CARDIOLOGY	4,239,100		4,239,100		4,239,100	69.02
71	Medical Supplies Charged to Patients	20,844,771		20,844,771		20,844,771	71
72	Impl. Dev. Charged to Patients	9,473,200		9,473,200		9,473,200	72
73	Drugs Charged to Patients	21,249,569		21,249,569		21,249,569	73
74	Renal Dialysis	1,099,116		1,099,116		1,099,116	74
75	ASC (Non-Distinct Part)	1,090,614		1,090,614		1,090,614	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	1,922,670		1,922,670		1,922,670	90.02
90.03	PAIN MANAGMENT	966,694		966,694		966,694	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,916		283,916		283,916	90.06
90.07	EVANSTON INFUSION CENTER	2,605,646		2,605,646		2,605,646	90.07
91	Emergency	12,048,874		12,048,874		12,048,874	91
92	Observation Beds (Non-Distinct Part)	5,026,092		5,026,092		5,026,092	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORE						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	215,310,424		215,310,424		215,310,424	200
201	Less Observation Beds	5,026,092		5,026,092		5,026,092	201
202	Total (line 200 minus line 201)	210,284,332		210,284,332		210,284,332	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	129,525,236		129,525,236				30
31	Intensive Care Unit	18,478,377		18,478,377				31
31.01	SPECIAL CARE NURSERY	4,833,142		4,833,142				31.01
40	Subprovider - IPF	18,622,105		18,622,105				40
41	Subprovider - IRF	11,121,784		11,121,784				41
43	Nursery	7,355,224		7,355,224				43
44	Skilled Nursing Facility	6,175,200		6,175,200				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	32,941,845	71,558,509	104,500,354	0.153202	0.153202	0.153202	50
52	Delivery Room & Labor Room	14,935,378	14,412	14,949,790	0.262306	0.262306	0.262306	52
53	Anesthesiology	16,681,484	12,831,391	29,512,875	0.027024	0.027024	0.027024	53
54	Radiology-Diagnostic	20,118,548	52,339,580	72,458,128	0.135067	0.135067	0.135067	54
54.02	CANCER TREATMENT CENTER	282,898	8,395,227	8,678,125	0.217981	0.217981	0.217981	54.02
54.03	ULTRASOUND	2,847,131	24,024,815	26,871,946	0.100197	0.100197	0.100197	54.03
54.04	SPECIAL PROCEDURES	3,020,488	2,589,190	5,609,678	0.197247	0.197247	0.197247	54.04
54.05	OP ONCOLOGY							54.05
57	CT Scan	35,021,346	70,761,190	105,782,536	0.024180	0.024180	0.024180	57
58	MRI	7,868,925	25,461,010	33,329,935	0.044151	0.044151	0.044151	58
59	Cardiac Catheterization	25,850,349	20,752,612	46,602,961	0.099241	0.099241	0.099241	59
60	Laboratory	95,044,585	109,710,014	204,754,599	0.069598	0.069598	0.069598	60
60.01	PATHOLOGY	2,749,073	7,235,225	9,984,298	0.207222	0.207222	0.207222	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,676,013	2,891,283	12,567,296	0.063105	0.063105	0.063105	63
65	Respiratory Therapy	22,340,336	1,798,559	24,138,895	0.121555	0.121555	0.121555	65
66.01	REHABILITATION MEDICINE	15,917,192	12,749,871	28,667,063	0.296933	0.296933	0.296933	66.01
69	Electrocardiology	6,974,713	13,070,899	20,045,612	0.081319	0.081319	0.081319	69
69.02	CARDIOLOGY	10,990,164	22,694,565	33,684,729	0.125846	0.125846	0.125846	69.02
71	Medical Supplies Charged to Patients	22,625,458	10,476,948	33,102,406	0.629706	0.629706	0.629706	71
72	Impl. Dev. Charged to Patients	14,983,113	11,356,253	26,339,366	0.359659	0.359659	0.359659	72
73	Drugs Charged to Patients	56,845,838	61,600,093	118,445,931	0.179403	0.179403	0.179403	73
74	Renal Dialysis	8,903,161	725,537	9,628,698	0.114150	0.114150	0.114150	74
75	ASC (Non-Distinct Part)	1,616,601	6,016,830	7,633,431	0.142873	0.142873	0.142873	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	490,963	10,937,888	11,428,851	0.168230	0.168230	0.168230	90.02
90.03	PAIN MANAGMENT	1,204	2,975,719	2,976,923	0.324729	0.324729	0.324729	90.03
90.05	WOMENS CENTER							90.05
90.06	DIABETES CENTER		152,141	152,141	1.866137	1.866137	1.866137	90.06
90.07	EVANSTON INFUSION CENTER	486,879	4,762,322	5,249,201	0.496389	0.496389	0.496389	90.07
91	Emergency	20,519,356	49,994,067	70,513,423	0.170873	0.170873	0.170873	91
92	Observation Beds (Non-Distinct Part)	1,985,688	14,619,528	16,605,216	0.302682	0.302682	0.302682	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
200	Subtotal (sum of lines 30 thru 199)	647,829,797	632,495,678	1,280,325,475				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	647,829,797	632,495,678	1,280,325,475				202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	COSTS			
	COST CENTER DESCRIPTIONS			Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	43,777,017		43,777,017		43,777,017	30
31	Intensive Care Unit	6,915,782		6,915,782		6,915,782	31
31.01	SPECIAL CARE NURSERY	947,754		947,754		947,754	31.01
40	Subprovider - IPF	4,111,445		4,111,445		4,111,445	40
41	Subprovider - IRF	2,654,140		2,654,140		2,654,140	41
43	Nursery	1,928,748		1,928,748		1,928,748	43
44	Skilled Nursing Facility	3,208,674		3,208,674		3,208,674	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	16,705,282		16,705,282		16,705,282	50
52	Delivery Room & Labor Room	4,322,185		4,322,185		4,322,185	52
53	Anesthesiology	797,563		797,563		797,563	53
54	Radiology-Diagnostic	9,786,715		9,786,715		9,786,715	54
54.02	CANCER TREATMENT CENTER	1,891,664		1,891,664		1,891,664	54.02
54.03	ULTRASOUND	2,692,481		2,692,481		2,692,481	54.03
54.04	SPECIAL PROCEDURES	1,106,492		1,106,492		1,106,492	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	2,557,772		2,557,772		2,557,772	57
58	MRI	1,471,563		1,471,563		1,471,563	58
59	Cardiac Catheterization	4,624,944		4,624,944		4,624,944	59
60	Laboratory	14,250,470		14,250,470		14,250,470	60
60.01	PATHOLOGY	2,068,965		2,068,965		2,068,965	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	793,064		793,064		793,064	63
65	Respiratory Therapy	2,934,196		2,934,196		2,934,196	65
66.01	REHABILITATION MEDICINE	8,512,206		8,512,206		8,512,206	66.01
69	Electrocardiology	1,630,094		1,630,094		1,630,094	69
69.02	CARDIOLOGY	4,239,100		4,239,100		4,239,100	69.02
71	Medical Supplies Charged to Patients	20,844,771		20,844,771		20,844,771	71
72	Impl. Dev. Charged to Patients	9,473,200		9,473,200		9,473,200	72
73	Drugs Charged to Patients	21,249,569		21,249,569		21,249,569	73
74	Renal Dialysis	1,099,116		1,099,116		1,099,116	74
75	ASC (Non-Distinct Part)	1,090,614		1,090,614		1,090,614	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	1,922,670		1,922,670		1,922,670	90.02
90.03	PAIN MANAGMENT	966,694		966,694		966,694	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	283,916		283,916		283,916	90.06
90.07	EVANSTON INFUSION CENTER	2,605,646		2,605,646		2,605,646	90.07
91	Emergency	12,251,715		12,251,715		12,251,715	91
92	Observation Beds (Non-Distinct Part)	5,486,371		5,486,371		5,486,371	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
200	Subtotal (sum of lines 30 thru 199)	221,202,598		221,202,598		221,202,598	200
201	Less Observation Beds	5,486,371		5,486,371		5,486,371	201
202	Total (line 200 minus line 201)	215,716,227		215,716,227		215,716,227	202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**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							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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,618,525		3,618,525	47,971	75.43	14,678	1,107,162	30
31	Intensive Care Unit	421,958		421,958	2,833	148.94	957	142,536	31
31.01	SPECIAL CARE NURSERY	65,486		65,486	1,324	49.46			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	422,133		422,133	7,143	59.10	2,087	123,342	40
41	Subprovider - IRF	262,085		262,085	4,021	65.18	1,971	128,470	41
42	Subprovider I								42
43	Nursery	95,623		95,623	4,322	22.12			43
44	Skilled Nursing Facility	413,025		413,025	5,407	76.39	3,380	258,198	44
45	Nursing Facility								45
200	Total (lines 30-199)	5,298,835		5,298,835	73,021		23,073	1,759,708	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0114

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730	10,658,584	210,294	50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119	28,714	377	52
53	Anesthesiology	139,926	29,512,875	0.004741	4,381,031	20,770	53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120	7,674,996	146,746	54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098	103,955	3,545	54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012	837,807	7,550	54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502	1,136,705	13,074	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304	12,652,934	16,499	57
58	MRI	128,801	33,329,935	0.003864	2,610,724	10,088	58
59	Cardiac Catheterization	294,915	46,602,961	0.006328	8,512,627	53,868	59
60	Laboratory	1,174,278	204,754,599	0.005735	31,975,348	183,379	60
60.01	PATHOLOGY	148,011	9,984,298	0.014824	634,949	9,412	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405	3,094,934	10,538	63
65	Respiratory Therapy	234,852	24,138,895	0.009729	8,711,244	84,752	65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059	3,002,257	51,216	66.01
69	Electrocardiology	156,273	20,045,612	0.007796	2,741,177	21,370	69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706	3,771,569	47,922	69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679	7,782,271	254,317	71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618	5,168,700	65,219	72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396	19,067,316	141,022	73
74	Renal Dialysis	45,382	9,628,698	0.004713	4,114,490	19,392	74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109	691,614	18,057	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	208,801	11,428,851	0.018270	146,984	2,685	90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706	301	16	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555	147,275	16,135	90.07
91	Emergency	1,075,897	70,513,423	0.015258	7,151,803	109,122	91
92	Observation Beds (Non-Distinct	453,494	16,605,216	0.027310	818,532	22,354	92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,652,714	1,084,214,407		147,618,841	1,539,719	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	47,971		14,678		30
31	Intensive Care Unit	2,833		957		31
31.01	SPECIAL CARE NURSERY	1,324				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	7,143		2,087		40
41	Subprovider - IRF	4,021		1,971		41
42	Subprovider I					42
43	Nursery	4,322				43
44	Skilled Nursing Facility	5,407		3,380		44
45	Nursing Facility					45
200	Total (lines 30-199)	73,021		23,073		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0114

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0114

WORKSHEET D PART IV

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	104,500,354			10,658,584		20,936,538		50
52	Delivery Room & Labor Room	14,949,790			28,714				52
53	Anesthesiology	29,512,875			4,381,031		2,592,500		53
54	Radiology-Diagnostic	72,458,128			7,674,996		14,474,786		54
54.02	CANCER TREATMENT CENTER	8,678,125			103,955		2,323,399		54.02
54.03	ULTRASOUND	26,871,946			837,807		2,123,698		54.03
54.04	SPECIAL PROCEDURES	5,609,678			1,136,705		1,406,255		54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	105,782,536			12,652,934		20,001,161		57
58	MRI	33,329,935			2,610,724		7,408,165		58
59	Cardiac Catheterization	46,602,961			8,512,627		7,830,756		59
60	Laboratory	204,754,599			31,975,348		11,373,826		60
60.01	PATHOLOGY	9,984,298			634,949		1,210,003		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,567,296			3,094,934		567,682		63
65	Respiratory Therapy	24,138,895			8,711,244		488,399		65
66.01	REHABILITATION MEDICINE	28,667,063			3,002,257		181,186		66.01
69	Electrocardiology	20,045,612			2,741,177		3,369,745		69
69.02	CARDIOLOGY	33,684,729			3,771,569		7,052,511		69.02
71	Medical Supplies Charged to Pat	33,102,406			7,782,271		3,448,386		71
72	Impl. Dev. Charged to Patients	26,339,366			5,168,700		4,847,873		72
73	Drugs Charged to Patients	118,445,931	0.005923	0.005923	19,067,316	112,936	19,978,800	118,334	73
74	Renal Dialysis	9,628,698			4,114,490		695,385		74
75	ASC (Non-Distinct Part)	7,633,431			691,614		1,180,805		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	11,428,851			146,984		4,061,532		90.02
90.03	PAIN MANAGMENT	2,976,923			301		1,333,982		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	152,141							90.06
90.07	EVANSTON INFUSION CENTER	5,249,201			147,275		1,370,703		90.07
91	Emergency	70,513,423			7,151,803		7,046,108		91
92	Observation Beds (Non-Distinct	16,605,216			818,532		6,184,607		92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,084,214,407			147,618,841	112,936	153,488,791	118,334	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART V

Check
Applicable
Boxes:

[] Title V - O/P
[XX] Title XVIII, Part B
[] Title XIX - O/P

[XX] Hospital
[] IPF
[] IRF

[] SUB (Other)
[] SNF
[] NF

[] Swing Bed SNF
[] Swing Bed 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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.153202	20,936,538			3,207,519			50
52	Delivery Room & Labor Room	0.262306							52
53	Anesthesiology	0.027024	2,592,500			70,060			53
54	Radiology-Diagnostic	0.135067	14,474,786			1,955,066			54
54.02	CANCER TREATMENT CENTER	0.217981	2,323,399			506,457			54.02
54.03	ULTRASOUND	0.100197	2,123,698			212,788			54.03
54.04	SPECIAL PROCEDURES	0.197247	1,406,255			277,380			54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.024180	20,001,161			483,628			57
58	MRI	0.044151	7,408,165			327,078			58
59	Cardiac Catheterization	0.099241	7,830,756			777,132			59
60	Laboratory	0.069598	11,373,826			791,596			60
60.01	PATHOLOGY	0.207222	1,210,003			250,739			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.063105	567,682			35,824			63
65	Respiratory Therapy	0.121555	488,399			59,367			65
66.01	REHABILITATION MEDICINE	0.296933	181,186			53,800			66.01
69	Electrocardiology	0.081319	3,369,745			274,024			69
69.02	CARDIOLOGY	0.125846	7,052,511			887,530			69.02
71	Medical Supplies Charged to Pat	0.629706	3,448,386			2,171,469			71
72	Impl. Dev. Charged to Patients	0.359659	4,847,873			1,743,581			72
73	Drugs Charged to Patients	0.179403	19,978,800		165,039	3,584,257		29,608	73
74	Renal Dialysis	0.114150	695,385			79,378			74
75	ASC (Non-Distinct Part)	0.142873	1,180,805			168,705			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	0.168230	4,061,532			683,272			90.02
90.03	PAIN MANAGMENT	0.324729	1,333,982			433,183			90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.866137							90.06
90.07	EVANSTON INFUSION CENTER	0.496389	1,370,703			680,402			90.07
91	Emergency	0.170873	7,046,108			1,203,990			91
92	Observation Beds (Non-Distinct	0.302682	6,184,607			1,871,969			92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		153,488,791		165,039	22,790,194		29,608	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		153,488,791		165,039	22,790,194		29,608	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730			50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119			52
53	Anesthesiology	139,926	29,512,875	0.004741			53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120	24,987	478	54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098			54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012	7,369	66	54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304	68,406	89	57
58	MRI	128,801	33,329,935	0.003864	28,697	111	58
59	Cardiac Catheterization	294,915	46,602,961	0.006328			59
60	Laboratory	1,174,278	204,754,599	0.005735	602,356	3,455	60
60.01	PATHOLOGY	148,011	9,984,298	0.014824			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405	6,485	22	63
65	Respiratory Therapy	234,852	24,138,895	0.009729	19,582	191	65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059	418,324	7,136	66.01
69	Electrocardiology	156,273	20,045,612	0.007796	61,107	476	69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706	10,760	137	69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679	11,271	368	71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618	51	1	72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396	458,185	3,389	73
74	Renal Dialysis	45,382	9,628,698	0.004713			74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109			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	208,801	11,428,851	0.018270			90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555			90.07
91	Emergency	1,075,897	70,513,423	0.015258	251,097	3,831	91
92	Observation Beds (Non-Distinct		16,605,216				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,199,220	1,084,214,407		1,968,677	19,750	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S114

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	104,500,354							50
52	Delivery Room & Labor Room	14,949,790							52
53	Anesthesiology	29,512,875							53
54	Radiology-Diagnostic	72,458,128			24,987		984		54
54.02	CANCER TREATMENT CENTER	8,678,125							54.02
54.03	ULTRASOUND	26,871,946			7,369		2,124		54.03
54.04	SPECIAL PROCEDURES	5,609,678							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	105,782,536			68,406		5,980		57
58	MRI	33,329,935			28,697		3,576		58
59	Cardiac Catheterization	46,602,961							59
60	Laboratory	204,754,599			602,356				60
60.01	PATHOLOGY	9,984,298							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,567,296			6,485				63
65	Respiratory Therapy	24,138,895			19,582				65
66.01	REHABILITATION MEDICINE	28,667,063			418,324				66.01
69	Electrocardiology	20,045,612			61,107		3,204		69
69.02	CARDIOLOGY	33,684,729			10,760				69.02
71	Medical Supplies Charged to Pat	33,102,406			11,271		17		71
72	Impl. Dev. Charged to Patients	26,339,366			51				72
73	Drugs Charged to Patients	118,445,931	0.005923	0.005923	458,185	2,714	525	3	73
74	Renal Dialysis	9,628,698							74
75	ASC (Non-Distinct Part)	7,633,431							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	11,428,851							90.02
90.03	PAIN MANAGMENT	2,976,923							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	152,141							90.06
90.07	EVANSTON INFUSION CENTER	5,249,201							90.07
91	Emergency	70,513,423			251,097				91
92	Observation Beds (Non-Distinct	16,605,216							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,084,214,407			1,968,677	2,714	16,410	3	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S114

 WORKSHEET D
PART V

Check	☐ Title V - O/P	☐ Hospital	☐ SUB (Other)	☐ Swing Bed SNF
Applicable	☒ Title XVIII, Part B	☒ 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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.153202							50
52	Delivery Room & Labor Room	0.262306							52
53	Anesthesiology	0.027024							53
54	Radiology-Diagnostic	0.135067	984			133			54
54.02	CANCER TREATMENT CENTER	0.217981							54.02
54.03	ULTRASOUND	0.100197	2,124			213			54.03
54.04	SPECIAL PROCEDURES	0.197247							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.024180	5,980			145			57
58	MRI	0.044151	3,576			158			58
59	Cardiac Catheterization	0.099241							59
60	Laboratory	0.069598							60
60.01	PATHOLOGY	0.207222							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.063105							63
65	Respiratory Therapy	0.121555							65
66.01	REHABILITATION MEDICINE	0.296933							66.01
69	Electrocardiology	0.081319	3,204			261			69
69.02	CARDIOLOGY	0.125846							69.02
71	Medical Supplies Charged to Pat	0.629706	17			11			71
72	Impl. Dev. Charged to Patients	0.359659							72
73	Drugs Charged to Patients	0.179403	525		333	94		60	73
74	Renal Dialysis	0.114150							74
75	ASC (Non-Distinct Part)	0.142873							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	0.168230							90.02
90.03	PAIN MANAGMENT	0.324729							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.866137							90.06
90.07	EVANSTON INFUSION CENTER	0.496389							90.07
91	Emergency	0.170873							91
92	Observation Beds (Non-Distinct	0.302682							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		16,410		333	1,015		60	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		16,410		333	1,015		60	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T114

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730	1,443	28	50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119			52
53	Anesthesiology	139,926	29,512,875	0.004741			53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120	318,794	6,095	54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098			54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012	25,283	228	54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502	2,288	26	54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304	166,088	217	57
58	MRI	128,801	33,329,935	0.003864	5,221	20	58
59	Cardiac Catheterization	294,915	46,602,961	0.006328			59
60	Laboratory	1,174,278	204,754,599	0.005735	935,099	5,363	60
60.01	PATHOLOGY	148,011	9,984,298	0.014824	1,864	28	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405	25,481	87	63
65	Respiratory Therapy	234,852	24,138,895	0.009729	369,759	3,597	65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059	2,073,918	35,379	66.01
69	Electrocardiology	156,273	20,045,612	0.007796	30,690	239	69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706	3,585	46	69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679	224,333	7,331	71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618	1,296	16	72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396	886,967	6,560	73
74	Renal Dialysis	45,382	9,628,698	0.004713	251,048	1,183	74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109	5,297	138	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	208,801	11,428,851	0.018270			90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555			90.07
91	Emergency	1,075,897	70,513,423	0.015258			91
92	Observation Beds (Non-Distinct		16,605,216				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,199,220	1,084,214,407		5,328,454	66,581	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T114

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T114
**WORKSHEET D
PART IV**

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	104,500,354			1,443				50
52	Delivery Room & Labor Room	14,949,790							52
53	Anesthesiology	29,512,875							53
54	Radiology-Diagnostic	72,458,128			318,794		33,710		54
54.02	CANCER TREATMENT CENTER	8,678,125							54.02
54.03	ULTRASOUND	26,871,946			25,283				54.03
54.04	SPECIAL PROCEDURES	5,609,678			2,288				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	105,782,536			166,088		10,586		57
58	MRI	33,329,935			5,221				58
59	Cardiac Catheterization	46,602,961							59
60	Laboratory	204,754,599			935,099		1,170		60
60.01	PATHOLOGY	9,984,298			1,864				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,567,296			25,481				63
65	Respiratory Therapy	24,138,895			369,759				65
66.01	REHABILITATION MEDICINE	28,667,063			2,073,918				66.01
69	Electrocardiology	20,045,612			30,690		5,340		69
69.02	CARDIOLOGY	33,684,729			3,585				69.02
71	Medical Supplies Charged to Pat	33,102,406			224,333		1,356		71
72	Impl. Dev. Charged to Patients	26,339,366			1,296		29		72
73	Drugs Charged to Patients	118,445,931	0.005923	0.005923	886,967	5,254	42,622	252	73
74	Renal Dialysis	9,628,698			251,048		30,152		74
75	ASC (Non-Distinct Part)	7,633,431			5,297				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	11,428,851							90.02
90.03	PAIN MANAGMENT	2,976,923							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	152,141							90.06
90.07	EVANSTON INFUSION CENTER	5,249,201							90.07
91	Emergency	70,513,423					25		91
92	Observation Beds (Non-Distinct	16,605,216							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,084,214,407			5,328,454	5,254	124,990	252	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T114

 WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.153202							50
52	Delivery Room & Labor Room	0.262306							52
53	Anesthesiology	0.027024							53
54	Radiology-Diagnostic	0.135067	33,710			4,553			54
54.02	CANCER TREATMENT CENTER	0.217981							54.02
54.03	ULTRASOUND	0.100197							54.03
54.04	SPECIAL PROCEDURES	0.197247							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.024180	10,586			256			57
58	MRI	0.044151							58
59	Cardiac Catheterization	0.099241							59
60	Laboratory	0.069598	1,170			81			60
60.01	PATHOLOGY	0.207222							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.063105							63
65	Respiratory Therapy	0.121555							65
66.01	REHABILITATION MEDICINE	0.296933							66.01
69	Electrocardiology	0.081319	5,340			434			69
69.02	CARDIOLOGY	0.125846							69.02
71	Medical Supplies Charged to Pat	0.629706	1,356			854			71
72	Impl. Dev. Charged to Patients	0.359659	29			10			72
73	Drugs Charged to Patients	0.179403	42,622		111	7,647		20	73
74	Renal Dialysis	0.114150	30,152			3,442			74
75	ASC (Non-Distinct Part)	0.142873							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	0.168230							90.02
90.03	PAIN MANAGMENT	0.324729							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.866137							90.06
90.07	EVANSTON INFUSION CENTER	0.496389							90.07
91	Emergency	0.170873	25			4			91
92	Observation Beds (Non-Distinct	0.302682							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		124,990		111	17,281		20	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		124,990		111	17,281		20	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5573

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☐ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☒ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5573

WORKSHEET D
PART IV

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	104,500,354							50
52	Delivery Room & Labor Room	14,949,790							52
53	Anesthesiology	29,512,875							53
54	Radiology-Diagnostic	72,458,128			129,169				54
54.02	CANCER TREATMENT CENTER	8,678,125							54.02
54.03	ULTRASOUND	26,871,946			10,375				54.03
54.04	SPECIAL PROCEDURES	5,609,678			4,632				54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	105,782,536			75,359				57
58	MRI	33,329,935			7,278				58
59	Cardiac Catheterization	46,602,961							59
60	Laboratory	204,754,599			957,222				60
60.01	PATHOLOGY	9,984,298			4,691				60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	12,567,296			1,020				63
65	Respiratory Therapy	24,138,895			607,823				65
66.01	REHABILITATION MEDICINE	28,667,063			2,464,562				66.01
69	Electrocardiology	20,045,612			23,715				69
69.02	CARDIOLOGY	33,684,729			3,305				69.02
71	Medical Supplies Charged to Pat	33,102,406			221,830				71
72	Impl. Dev. Charged to Patients	26,339,366			205				72
73	Drugs Charged to Patients	118,445,931	0.005923	0.005923	1,216,862	7,207			73
74	Renal Dialysis	9,628,698							74
75	ASC (Non-Distinct Part)	7,633,431							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	11,428,851							90.02
90.03	PAIN MANAGMENT	2,976,923							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	152,141							90.06
90.07	EVANSTON INFUSION CENTER	5,249,201							90.07
91	Emergency	70,513,423							91
92	Observation Beds (Non-Distinct	16,605,216							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,084,214,407			5,728,048	7,207			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5573

WORKSHEET D PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.153202							50
52	Delivery Room & Labor Room	0.262306							52
53	Anesthesiology	0.027024							53
54	Radiology-Diagnostic	0.135067							54
54.02	CANCER TREATMENT CENTER	0.217981							54.02
54.03	ULTRASOUND	0.100197							54.03
54.04	SPECIAL PROCEDURES	0.197247							54.04
54.05	OP ONCOLOGY								54.05
57	CT Scan	0.024180							57
58	MRI	0.044151							58
59	Cardiac Catheterization	0.099241							59
60	Laboratory	0.069598							60
60.01	PATHOLOGY	0.207222							60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.063105							63
65	Respiratory Therapy	0.121555							65
66.01	REHABILITATION MEDICINE	0.296933							66.01
69	Electrocardiology	0.081319							69
69.02	CARDIOLOGY	0.125846							69.02
71	Medical Supplies Charged to Pat	0.629706							71
72	Impl. Dev. Charged to Patients	0.359659							72
73	Drugs Charged to Patients	0.179403			5,624			1,009	73
74	Renal Dialysis	0.114150							74
75	ASC (Non-Distinct Part)	0.142873							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	0.168230							90.02
90.03	PAIN MANAGMENT	0.324729							90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	1.866137							90.06
90.07	EVANSTON INFUSION CENTER	0.496389							90.07
91	Emergency	0.170873							91
92	Observation Beds (Non-Distinct	0.302682							92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)				5,624			1,009	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				5,624			1,009	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,618,525		3,618,525	47,971	75.43	5,193	391,708	30
31	Intensive Care Unit	421,958		421,958	2,833	148.94	233	34,703	31
31.01	SPECIAL CARE NURSERY	65,486		65,486	1,324	49.46	636	31,457	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	422,133		422,133	7,143	59.10	330	19,503	40
41	Subprovider - IRF	262,085		262,085	4,021	65.18	327	21,314	41
42	Subprovider I								42
43	Nursery	95,623		95,623	4,322	22.12	1,840	40,701	43
44	Skilled Nursing Facility	413,025		413,025	5,407	76.39			44
45	Nursing Facility								45
200	Total (lines 30-199)	5,298,835		5,298,835	73,021		8,559	539,386	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-0114****WORKSHEET D
PART II**

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730			50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119			52
53	Anesthesiology	139,926	29,512,875	0.004741			53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120			54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098			54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012			54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304			57
58	MRI	128,801	33,329,935	0.003864			58
59	Cardiac Catheterization	294,915	46,602,961	0.006328			59
60	Laboratory	1,174,278	204,754,599	0.005735			60
60.01	PATHOLOGY	148,011	9,984,298	0.014824			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405			63
65	Respiratory Therapy	234,852	24,138,895	0.009729			65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059			66.01
69	Electrocardiology	156,273	20,045,612	0.007796			69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706			69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679			71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618			72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396			73
74	Renal Dialysis	45,382	9,628,698	0.004713			74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109			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	208,801	11,428,851	0.018270			90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555			90.07
91	Emergency	1,075,897	70,513,423	0.015258			91
92	Observation Beds (Non-Distinct	453,492	16,605,216	0.027310			92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,652,712	1,084,214,407				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ PPS
☐ TEFRA
☒ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ PPS
☐ TEFRA
☒ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	47,971		5,193		30
31	Intensive Care Unit	2,833		233		31
31.01	SPECIAL CARE NURSERY	1,324		636		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	7,143		330		40
41	Subprovider - IRF	4,021		327		41
42	Subprovider I					42
43	Nursery	4,322		1,840		43
44	Skilled Nursing Facility	5,407				44
45	Nursing Facility					45
200	Total (lines 30-199)	73,021		8,559		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0114

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0114
**WORKSHEET D
PART IV**

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	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								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								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0114

WORKSHEET D PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] 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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	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								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								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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S114

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730			50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119			52
53	Anesthesiology	139,926	29,512,875	0.004741			53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120			54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098			54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012			54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304			57
58	MRI	128,801	33,329,935	0.003864			58
59	Cardiac Catheterization	294,915	46,602,961	0.006328			59
60	Laboratory	1,174,278	204,754,599	0.005735			60
60.01	PATHOLOGY	148,011	9,984,298	0.014824			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405			63
65	Respiratory Therapy	234,852	24,138,895	0.009729			65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059			66.01
69	Electrocardiology	156,273	20,045,612	0.007796			69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706			69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679			71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618			72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396			73
74	Renal Dialysis	45,382	9,628,698	0.004713			74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109			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	208,801	11,428,851	0.018270			90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555			90.07
91	Emergency	1,075,897	70,513,423	0.015258			91
92	Observation Beds (Non-Distinct		16,605,216				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,199,220	1,084,214,407				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S114

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-S114
**WORKSHEET D
PART IV**

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	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								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								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-S114
**WORKSHEET D
PART V**

Check ☐ Title V - O/P ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☐ Title XVIII, Part B ☒ 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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	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								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								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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-T114****WORKSHEET D
PART II**

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,061,836	104,500,354	0.019730			50
52	Delivery Room & Labor Room	196,128	14,949,790	0.013119			52
53	Anesthesiology	139,926	29,512,875	0.004741			53
54	Radiology-Diagnostic	1,385,379	72,458,128	0.019120			54
54.02	CANCER TREATMENT CENTER	295,905	8,678,125	0.034098			54.02
54.03	ULTRASOUND	242,177	26,871,946	0.009012			54.03
54.04	SPECIAL PROCEDURES	64,525	5,609,678	0.011502			54.04
54.05	OP ONCOLOGY						54.05
57	CT Scan	137,965	105,782,536	0.001304			57
58	MRI	128,801	33,329,935	0.003864			58
59	Cardiac Catheterization	294,915	46,602,961	0.006328			59
60	Laboratory	1,174,278	204,754,599	0.005735			60
60.01	PATHOLOGY	148,011	9,984,298	0.014824			60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	42,792	12,567,296	0.003405			63
65	Respiratory Therapy	234,852	24,138,895	0.009729			65
66.01	REHABILITATION MEDICINE	489,043	28,667,063	0.017059			66.01
69	Electrocardiology	156,273	20,045,612	0.007796			69
69.02	CARDIOLOGY	428,005	33,684,729	0.012706			69.02
71	Medical Supplies Charged to Pat	1,081,758	33,102,406	0.032679			71
72	Impl. Dev. Charged to Patients	332,343	26,339,366	0.012618			72
73	Drugs Charged to Patients	876,042	118,445,931	0.007396			73
74	Renal Dialysis	45,382	9,628,698	0.004713			74
75	ASC (Non-Distinct Part)	199,300	7,633,431	0.026109			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	208,801	11,428,851	0.018270			90.02
90.03	PAIN MANAGMENT	156,902	2,976,923	0.052706			90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	26,910	152,141	0.176875			90.06
90.07	EVANSTON INFUSION CENTER	575,074	5,249,201	0.109555			90.07
91	Emergency	1,075,897	70,513,423	0.015258			91
92	Observation Beds (Non-Distinct		16,605,216				92
93.01	OCCUP HEALTH						93.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,199,220	1,084,214,407				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T114

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ Hospital
☐ IPF
☒ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(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					701,534		701,534	701,534	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									92
93.01	OCCUP HEALTH									93.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					701,534		701,534	701,534	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T114
**WORKSHEET D
PART IV**

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	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								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								92
93.01	OCCUP HEALTH								93.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**COMPONENT CCN: 14-T114****WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	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								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								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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,971	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,971	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)	41,959	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)	14,678	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	40,104,145	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	40,104,145	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,104,145	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						836.01	38
39	Program general inpatient routine service cost (line 9 x line 38)						12,270,955	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)						12,270,955	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	6,456,035	2,833	2,278.87	957	2,180,879		43
43.01	SPECIAL CARE NURSERY	947,754	1,324	715.83				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
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						21,908,990	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						36,360,824	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,249,698	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,652,655	51
52	Total Program excludable cost (sum of lines 50 and 51)						2,902,353	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						33,458,471	53
TARGET AMOUNT AND LIMIT COMPUTATION								
54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63
PROGRAM INPATIENT ROUTINE SWING BED COST								
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

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SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ 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)					836.01	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,026,092	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	3,618,525	40,104,145	0.090228	5,026,092	453,494	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,143	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,143	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)	7,143	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)	2,087	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)	4,111,445	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)	4,111,445	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)	4,111,445	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			1
38	Adjusted general inpatient routine service cost per diem (see instructions)	575.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,201,256	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)	1,201,256	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	314,504	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,515,760	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	123,342	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	22,464	51
52	Total Program excludable cost (sum of lines 50 and 51)	145,806	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,369,954	53
TARGET AMOUNT AND LIMIT COMPUTATION			
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
PROGRAM INPATIENT ROUTINE SWING BED COST			
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

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SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,021	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,021	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,021	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)	1,971	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)	2,654,140	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)	2,654,140	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)	2,654,140	37

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SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			1
38	Adjusted general inpatient routine service cost per diem (see instructions)	660.07	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,300,998	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)	1,300,998	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,111,563	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,412,561	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	128,470	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	71,835	51
52	Total Program excludable cost (sum of lines 50 and 51)	200,305	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,212,256	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5573****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,407	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,407	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)	5,407	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)	3,380	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)	3,208,674	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)	3,208,674	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)	3,208,674	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5573****WORKSHEET D-1
PARTS III & IV**

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,208,674	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	593.43	71
72	Program routine service cost (line 9 x line 71)	2,005,793	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)	2,005,793	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)	2,005,793	83
84	Program inpatient ancillary services (see instructions)	1,255,309	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,261,102	86

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,971	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,971	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)	41,959	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)	5,193	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)	4,322	15
16	Nursery days (title V or XIX only)	1,840	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)	43,777,017	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)	43,777,017	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	43,777,017	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	Adjusted general inpatient routine service cost per diem (see instructions)						912.57 38
39	Program general inpatient routine service cost (line 9 x line 38)						4,738,976 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)						4,738,976 41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)	1,928,748	4,322	446.26	1,840	821,118	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,915,782	2,833	2,441.15	233	568,788	43
43.01	SPECIAL CARE NURSERY	947,754	1,324	715.83	636	455,268	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
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					6,584,150	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					498,569	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)					498,569	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0114

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☐ Title XVIII, Part A

☒ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☐ PPS

☐ TEFRA

☒ 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)					912.57	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,486,371	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	3,618,525	43,777,017	0.082658	5,486,371	453,492	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,143	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,143	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)	7,143	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)	330	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)	4,111,445	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)	4,111,445	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	4,111,445	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	575.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	189,945	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)	189,945	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)	189,945	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	19,503	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)	19,503	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T114****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,021	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,021	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,021	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)	327	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)	2,654,140	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)	2,654,140	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	2,654,140	37

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T114****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			1
38	Adjusted general inpatient routine service cost per diem (see instructions)	660.07	38
39	Program general inpatient routine service cost (line 9 x line 38)	215,843	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)	215,843	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)	215,843	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	21,314	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)	21,314	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0114

WORKSHEET D-3

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

		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		41,006,179		30
31	Intensive Care Unit		5,880,942		31
31.01	SPECIAL CARE NURSERY				31.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.153202	10,658,584	1,632,916	50
52	Delivery Room & Labor Room	0.262306	28,714	7,532	52
53	Anesthesiology	0.027024	4,381,031	118,393	53
54	Radiology-Diagnostic	0.135067	7,674,996	1,036,639	54
54.02	CANCER TREATMENT CENTER	0.217981	103,955	22,660	54.02
54.03	ULTRASOUND	0.100197	837,807	83,946	54.03
54.04	SPECIAL PROCEDURES	0.197247	1,136,705	224,212	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.024180	12,652,934	305,948	57
58	MRI	0.044151	2,610,724	115,266	58
59	Cardiac Catheterization	0.099241	8,512,627	844,802	59
60	Laboratory	0.069598	31,975,348	2,225,420	60
60.01	PATHOLOGY	0.207222	634,949	131,575	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.063105	3,094,934	195,306	63
65	Respiratory Therapy	0.121555	8,711,244	1,058,895	65
66.01	REHABILITATION MEDICINE	0.296933	3,002,257	891,469	66.01
69	Electrocardiology	0.081319	2,741,177	222,910	69
69.02	CARDIOLOGY	0.125846	3,771,569	474,637	69.02
71	Medical Supplies Charged to Patients	0.629706	7,782,271	4,900,543	71
72	Impl. Dev. Charged to Patients	0.359659	5,168,700	1,858,969	72
73	Drugs Charged to Patients	0.179403	19,067,316	3,420,734	73
74	Renal Dialysis	0.114150	4,114,490	469,669	74
75	ASC (Non-Distinct Part)	0.142873	691,614	98,813	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	0.168230	146,984	24,727	90.02
90.03	PAIN MANAGMENT	0.324729	301	98	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.866137			90.06
90.07	EVANSTON INFUSION CENTER	0.496389	147,275	73,106	90.07
91	Emergency	0.170873	7,151,803	1,222,050	91
92	Observation Beds (Non-Distinct Part)	0.302682	818,532	247,755	92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		147,618,841	21,908,990	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		147,618,841		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S114

WORKSHEET D-3

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

		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		5,442,830		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.153202			50
52	Delivery Room & Labor Room	0.262306			52
53	Anesthesiology	0.027024			53
54	Radiology-Diagnostic	0.135067	24,987	3,375	54
54.02	CANCER TREATMENT CENTER	0.217981			54.02
54.03	ULTRASOUND	0.100197	7,369	738	54.03
54.04	SPECIAL PROCEDURES	0.197247			54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan				
58	MRI	0.024180	68,406	1,654	57
59	Cardiac Catheterization	0.044151	28,697	1,267	58
60	Laboratory	0.099241			59
60.01	PATHOLOGY	0.069598	602,356	41,923	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0.207222			60.01
63	Blood Storing, Processing & Trans.				62.30
65	Respiratory Therapy	0.063105	6,485	409	63
66.01	REHABILITATION MEDICINE	0.121555	19,582	2,380	65
69	Electrocardiology	0.296933	418,324	124,214	66.01
69.02	CARDIOLOGY	0.081319	61,107	4,969	69
71	Medical Supplies Charged to Patients	0.125846	10,760	1,354	69.02
72	Impl. Dev. Charged to Patients	0.629706	11,271	7,097	71
73	Drugs Charged to Patients	0.359659	51	18	72
74	Renal Dialysis	0.179403	458,185	82,200	73
75	ASC (Non-Distinct Part)	0.114150			74
76.97	CARDIAC REHABILITATION	0.142873			75
76.98	HYPERBARIC OXYGEN THERAPY				76.97
76.99	LITHOTRIPSY				76.98
	OUTPATIENT SERVICE COST CENTERS				76.99
90.01	FAMILY PRACTICE CLINIC				90.01
90.02	WOUND CARE	0.168230			90.02
90.03	PAIN MANAGMENT	0.324729			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.866137			90.06
90.07	EVANSTON INFUSION CENTER	0.496389			90.07
91	Emergency	0.170873	251,097	42,906	91
92	Observation Beds (Non-Distinct Part)	0.302682			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,968,677	314,504	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,968,677		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T114

WORKSHEET D-3

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

		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		5,304,297		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.153202	1,443	221	50
52	Delivery Room & Labor Room	0.262306			52
53	Anesthesiology	0.027024			53
54	Radiology-Diagnostic	0.135067	318,794	43,059	54
54.02	CANCER TREATMENT CENTER	0.217981			54.02
54.03	ULTRASOUND	0.100197	25,283	2,533	54.03
54.04	SPECIAL PROCEDURES	0.197247	2,288	451	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.024180	166,088	4,016	57
58	MRI	0.044151	5,221	231	58
59	Cardiac Catheterization	0.099241			59
60	Laboratory	0.069598	935,099	65,081	60
60.01	PATHOLOGY	0.207222	1,864	386	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.063105	25,481	1,608	63
65	Respiratory Therapy	0.121555	369,759	44,946	65
66.01	REHABILITATION MEDICINE	0.296933	2,073,918	615,815	66.01
69	Electrocardiology	0.081319	30,690	2,496	69
69.02	CARDIOLOGY	0.125846	3,585	451	69.02
71	Medical Supplies Charged to Patients	0.629706	224,333	141,264	71
72	Impl. Dev. Charged to Patients	0.359659	1,296	466	72
73	Drugs Charged to Patients	0.179403	886,967	159,125	73
74	Renal Dialysis	0.114150	251,048	28,657	74
75	ASC (Non-Distinct Part)	0.142873	5,297	757	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	0.168230			90.02
90.03	PAIN MANAGMENT	0.324729			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.866137			90.06
90.07	EVANSTON INFUSION CENTER	0.496389			90.07
91	Emergency	0.170873			91
92	Observation Beds (Non-Distinct Part)	0.302682			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		5,328,454	1,111,563	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,328,454		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5573

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	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	0.153202			50
52	Delivery Room & Labor Room	0.262306			52
53	Anesthesiology	0.027024			53
54	Radiology-Diagnostic	0.135067	129,169	17,446	54
54.02	CANCER TREATMENT CENTER	0.217981			54.02
54.03	ULTRASOUND	0.100197	10,375	1,040	54.03
54.04	SPECIAL PROCEDURES	0.197247	4,632	914	54.04
54.05	OP ONCOLOGY				54.05
57	CT Scan	0.024180	75,359	1,822	57
58	MRI	0.044151	7,278	321	58
59	Cardiac Catheterization	0.099241			59
60	Laboratory	0.069598	957,222	66,621	60
60.01	PATHOLOGY	0.207222	4,691	972	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.063105	1,020	64	63
65	Respiratory Therapy	0.121555	607,823	73,884	65
66.01	REHABILITATION MEDICINE	0.296933	2,464,562	731,810	66.01
69	Electrocardiology	0.081319	23,715	1,928	69
69.02	CARDIOLOGY	0.125846	3,305	416	69.02
71	Medical Supplies Charged to Patients	0.629706	221,830	139,688	71
72	Impl. Dev. Charged to Patients	0.359659	205	74	72
73	Drugs Charged to Patients	0.179403	1,216,862	218,309	73
74	Renal Dialysis	0.114150			74
75	ASC (Non-Distinct Part)	0.142873			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	0.168230			90.02
90.03	PAIN MANAGMENT	0.324729			90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	1.866137			90.06
90.07	EVANSTON INFUSION CENTER	0.496389			90.07
91	Emergency	0.170873			91
92	Observation Beds (Non-Distinct Part)	0.302682			92
93.01	OCCUP HEALTH				93.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		5,728,048	1,255,309	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,728,048		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	30,078,913			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)	334,327			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments	10,690,221			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	199.44			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	66.83			10
11	FTE count for residents in dental and podiatric programs	8.00			11
12	Current year allowable FTE (see instructions)	46.66			12
13	Total allowable FTE count for the prior year	45.04			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	45.58			14
15	Sum of lines 12 through 14 divided by 3	45.76			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	45.76			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.229442			19
20	Prior year resident to bed ratio (see instructions)	0.214957			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.214957			21
22	IME payment adjustment (see instructions)	3,331,781			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,184,134			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)	28.17			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)	3,331,781			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,184,134			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1101			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3527			31
32	Sum of lines 30 and 31	0.4628			32
33	Allowable disproportionate share percentage (see instructions)	0.2740			33
34	Disproportionate share adjustment (see instructions)	2,060,406			34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)			6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000000000		0.000487757	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,300,503	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,300,503	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,300,503			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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	39,105,930			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)	40,290,064			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,982,183			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	1,920,241			52
53	Nursing and allied health managed care payment	116,050			53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	112,936			58
59	Total (sum of amounts on lines 49 through 58)	45,421,474			59
60	Primary payer payments	29,003			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	45,392,471			61
62	Deductibles billed to program beneficiaries	2,760,072			62
63	Coinurance billed to program beneficiaries	199,000			63
64	Allowable bad debts (see instructions)	1,316,741			64
65	Adjusted reimbursable bad debts (see instructions)	855,882			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,041,751			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	43,289,281			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)	127,805			70.93
70.94	HRR adjustment amount (see instructions)	-421,104			70.94
70.99	HAC adjustment amount (see instructions)	429,789			70.99
71	Amount due provider (see instructions)	42,566,193			71
71.01	Sequestration adjustment (see instructions)	851,324			71.01
71.02	Demonstration payment adjustment amount after sequestration	-489			71.02
72	Interim payments	41,356,004			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	359,354			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	5,517,866			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION
EXHIBIT 5

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 1		Total (cols. 2 and 3)	
		(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments							1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1							1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	30,078,913			30,078,913		30,078,913	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1							1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1							1.04
2	Outlier payments for discharges	334,327			334,327		334,327	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)							2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)							2.03
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	10,690,221			10,690,221		10,690,221	4
	Indirect Medical Education Adjustment							
5	Amount from Worksheet E Part A, line 21	0,214,957	0,214,957		0,214,957			5
6	IME payment adjustment	3,331,781			3,331,781		3,331,781	6
6.01	IME payment adjustment for managed care	1,184,134			1,184,134		1,184,134	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7	IME payment adjustment factor							7
8	IME add-on adjustment amount							8
8.01	IME payment adjustment add-on for managed care							8.01
9	Total IME payment (sum of lines 6 and 8)	3,331,781			3,331,781		3,331,781	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,184,134			1,184,134		1,184,134	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.2740	0.2740	0.2740	0.2740	0.2740		10
11	Disproportionate share adjustment	2,060,406			2,060,406		2,060,406	11
11.01	Uncompensated care payments	3,300,503			3,300,503		3,300,503	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	39,105,930			39,105,930		39,105,930	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)							14
15	Total payment for inpatient operating costs SCH and MDH only	40,290,064			40,290,064		40,290,064	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,982,183			2,982,183		2,982,183	16
17	Special add-on payments for new technologies							17
17.01	DO NOT USE THIS LINE							17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG							17.02
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL				43,272,247		43,272,247	19
20	Capital DRG other than outlier	2,449,777			2,449,777		2,449,777	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	32,407			32,407		32,407	21
21.01	Model 4 BPCI Capital DRG outlier payments							21.01
22	Indirect medical education percentage	10.5900	10.5900		10.5900			22
23	Indirect medical education adjustment	259,431			259,431		259,431	23
24	Allowable disproportionate share percentage	0.0982	0.0982		0.0982			24
25	Disproportionate share adjustment	240,568			240,568		240,568	25
26	Total prospective capital payments	2,982,183			2,982,183		2,982,183	26
27								27
28	Low volume adjustment prior to October 1							28
29	Low volume adjustment on or after October 1							29
30	HVBP payment adjustment	127,805			127,805		127,805	30
30.01	HVBP payment adjustment for HSP bonus payment							30.01
31	HRR adjustment	-421,104			-421,104		-421,104	31
31.01	HRR adjustment for HSP bonus payment							31.01
32	HAC Reduction Program adjustment				429,789		429,789	32

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0114****WORKSHEET E
PART B**Check applicable box: ☒ **Hospital** ☐ **IPF** ☐ **IRF** ☐ **SUB (Other)** ☐ **SNF****PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	29,608			1
2	Medical and other services reimbursed under OPPS (see instructions)	22,671,860			2
3	OPPS payments	24,009,800			3
4	Outlier payment (see instructions)	141,785			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	118,334			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	29,608			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	165,039			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	165,039			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)	165,039			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	135,431			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 (see instructions)	29,608			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)	24,269,919			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,562,669			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)	19,736,858			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	997,601			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	20,734,459			30
31	Primary payer payments	1,411			31
32	Subtotal (line 30 minus line 31)	20,733,048			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)	1,034,464			34
35	Adjusted reimbursable bad debts (see instructions)	672,402			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	861,966			36
37	Subtotal (see instructions)	21,405,450			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)	21,405,450			40
40.01	Sequestration adjustment (see instructions)	428,109			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	21,286,236			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-308,895			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S114****WORKSHEET E
PART B**Check applicable box: ☐ Hospital ☒ IPF ☐ IRF ☐ SUB (Other) ☐ SNF**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	60			1
2	Medical and other services reimbursed under OPPS (see instructions)	1,012			2
3	OPPS payments	861			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	3			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	60			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	333			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)	333			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)	333			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	273			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 (see instructions)	60			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)	864			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	151			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)	773			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)	773			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	773			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)	773			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)	773			40
40.01	Sequestration adjustment (see instructions)	15			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	735			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	23			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T114****WORKSHEET E
PART B**Check applicable box: ☐ Hospital ☐ IPF ☒ IRF ☐ SUB (Other) ☐ SNF**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	20			1
2	Medical and other services reimbursed under OPPS (see instructions)	17,029			2
3	OPPS payments	8,718			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	252			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	20			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	111			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)	111			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)	111			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	91			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 (see instructions)	20			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)	8,970			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,740			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)	7,250			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)	7,250			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	7,250			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)	7,250			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	7,250			40
40.01	Sequestration adjustment (see instructions)	145			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	6,838			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	267			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-5573****WORKSHEET E
PART B**Check applicable box: ☐ Hospital ☐ IPF ☐ IRF ☐ SUB (Other) ☒ SNF**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	1,009			1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	OPPS 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)	1,009			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	5,624			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)	5,624			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)	5,624			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	4,615			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 (see instructions)	1,009			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)	1,009			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)	1,009			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,009			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)	1,009			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)	1,009			40
40.01	Sequestration adjustment (see instructions)	20			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	5,511			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-4,522			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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-0114****WORKSHEET E-1
PART I**

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			41,055,188		21,286,236
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		04/12/2018	300,816		3.01
	amount based on subsequent revision of the interim					3.02
	rate for the cost reporting period. Also show date of	Program				3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			300,816		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)			41,356,004		21,286,236
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment					5.01
	after desk review. Also show date of each payment.					5.02
	If none, write 'NONE' or enter a zero. (1)	Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due)			358,865		6.01
	based on the cost report (1)					6.02
7	Total Medicare program liability (see instructions)			41,714,869		20,977,341
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-S114****WORKSHEET E-1
PART I**

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

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				1,644,976		735	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		.01					3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	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)				1,644,976		735	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	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)		.01		2,666		23	6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				1,647,642		758	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-T114****WORKSHEET E-1
PART I**

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			3,038,243		6,838
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		.01			3.01
	amount based on subsequent revision of the interim		.02			3.02
	rate for the cost reporting period. Also show date of	Program	.03			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04			3.04
		Provider	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		Provider	.52			3.52
		to	.53			3.53
		Program	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			3,038,243		6,838
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment		.01			5.01
	after desk review. Also show date of each payment.		.02			5.02
	If none, write 'NONE' or enter a zero. (1)	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)		.01			267
	based on the cost report (1)		.02	-8,410		6.02
7	Total Medicare program liability (see instructions)			3,029,833		7,105
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
COMPONENT CCN: 14-5573
**WORKSHEET E-1
PART I**

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

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				1,601,326		5,511	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)				1,601,326		5,511	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)			.01	7,063			6.01
	based on the cost report (1)			.02			-4,522	6.02
7	Total Medicare program liability (see instructions)				1,608,389		989	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

**WORKSHEET E-3
PART II**

Check ☐ Hospital
Applicable ☒ Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,886,812	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)	19.569863	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)	1,886,812	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)	1,886,812	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,886,812	18
19	Deductibles	153,260	19
20	Subtotal (line 18 minus line 19)	1,733,552	20
21	Coinurance	54,999	21
22	Subtotal (line 20 minus line 21)	1,678,553	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,678,553	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)	2,714	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)	1,681,267	31
31.01	Sequestration adjustment (see instructions)	33,625	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,644,976	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)	2,666	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T114****WORKSHEET E-3
PART III**

Check ☐ Hospital
Applicable ☒ Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,859,925		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.093000		2
3	Inpatient Rehabilitation LIP payments (see instructions)	241,950		3
4	Outlier payments	204		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 excludnig 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)	11.016438		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,102,079		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,102,079		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,102,079		19
20	Deductibles	6,628		20
21	Subtotal (line 19 minus line 20)	3,095,451		21
22	Coinsurance	9,039		22
23	Subtotal (line 21 minus line 22)	3,086,412		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	3,086,412		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)	5,254		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,091,666		32
32.01	Sequestration adjustment (see instructions)	61,833		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	3,038,243		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)	-8,410		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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI****PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES**

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	1,686,289	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs	7,207	3
4	Subtotal (sum of lines 1-3)	1,693,496	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	52,283	7
8	Allowable bad debts (see instructions)		8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		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)	1,641,213	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)	1,641,213	15
15.01	Sequestration adjustment (see instructions)	32,824	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	1,601,326	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)	7,063	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0114

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	6,584,150		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	6,584,150		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	6,584,150		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	6,584,150		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	6,584,150		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S114

WORKSHEET E-3
PART VII

Check ☐ Title V ☐ Hospital ☐ NF ☐ PPS
 Applicable ☒ Title XIX ☒ Subprovider IPF ☐ ICF/IID ☐ TEFRA
 Boxes: ☐ SNF ☒ Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	189,945		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	189,945		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	189,945		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	189,945		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	189,945		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T114

WORKSHEET E-3
PART VII

Check ☐ Title V ☐ Hospital ☐ NF ☐ PPS
 Applicable ☒ Title XIX ☒ Subprovider IRF ☐ ICF/IID ☐ TEFRA
 Boxes: ☐ SNF ☒ Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	215,843		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	215,843		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	215,843		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	215,843		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	215,843		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				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)			66.83	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	42.33	16.99	59.32	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	25.77	10.34	36.11	9
10	Weighted dental and podiatric resident FTE count for the current year		6.13		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	25.77	16.47		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	30.52	12.57		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.79	17.80		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	27.69	15.61		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	27.69	15.61		17
18	Per resident amount	157,984.68	149,612.41		18
19	Approved amount for resident costs	4,374,596	2,335,450	6,710,046	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)			26.15	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)			6,710,046	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	19,693	6,418		26
27	Total inpatient days (see instructions)	57,961	57,961		27
28	Ratio of inpatient days to total inpatient days	0.339763	0.110730		28
29	Program direct GME amount	2,279,825	743,003		29
30	Reduction for direct GME payments for Medicare Advantage		104,986		30
31	Net Program direct GME amount			2,917,842	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			9,628,698	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)			43,988,434	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)			29,003	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			43,959,431	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			22,839,187	42
43	Primary payer payments (see instructions)			1,411	43
44	Total Part B reasonable cost (line 42 minus line 43)			22,837,776	44
45	Total reasonable cost (sum of lines 41 and 44)			66,797,207	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.658103	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.341897	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			2,917,842	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,920,241	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			997,601	50

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**WORKSHEET E-4**

Check ☐ Title V
Applicable ☐ Title XVIII
Box: ☒ Title XIX

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			25.70	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			25.70	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6
7	Enter the lesser of line 5 or line 6			25.70	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	26.83	8.28	35.11	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	19.41	5.99	25.40	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	19.41	5.99		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	19.81	9.38		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	19.81	9.38		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	6,992	12,230		26
27	Total inpatient days (see instructions)	57,961	57,961		27
28	Ratio of inpatient days to total inpatient days	0.120633	0.211004		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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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BALANCE SHEET**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	4,867,336				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	44,071,802				4
5	Other receivables	1,144,928				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	4,601,785				7
8	Prepaid expenses	1,240,232				8
9	Other current assets	16,639,317				9
10	Due from other funds	162,937				10
11	Total current assets (sum of lines 1-10)	72,728,337				11
	FIXED ASSETS					
12	Land	8,610,158				12
13	Land improvements	3,885,366				13
14	Accumulated depreciation					14
15	Buildings	301,935,730				15
16	Accumulated depreciation	-337,505,675				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	46,494,755				19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	177,180,771				23
24	Accumulated depreciation	-12,619,950				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)	187,981,155				30
	OTHER ASSETS					
31	Investments	132,751,093				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	87,564,016				34
35	Total other assets (sum of lines 31-34)	220,315,109				35
36	Total assets (sum of lines 11, 30 and 35)	481,024,601				36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	19,898,559				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	35,048,192				44
45	Total current liabilities (sum of lines 37 thru 44)	54,946,751				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	230,807,961				49
50	Total long term liabilities (sum of lines 46 thru 49)	230,807,961				50
51	Total liabilities (sum of lines 45 and 50)	285,754,712				51
	CAPITAL ACCOUNTS					
52	General fund balance	195,269,889				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)	195,269,889				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	481,024,601				60

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		175,808,493		1
2	Net income (loss) (from Worksheet G-3, line 29)		27,663,271		2
3	Total (sum of line 1 and line 2)		203,471,764		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)		203,471,764		11
12	Deductions (debit adjustments) (specify)	8,201,875			12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		8,201,875		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		195,269,889		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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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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	132,373,694		132,373,694	1
2	Subprovider IPF	18,631,949		18,631,949	2
3	Subprovider IRF	11,159,907		11,159,907	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	6,225,815		6,225,815	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	168,391,365		168,391,365	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	18,599,157		18,599,157	11
11.01	SPECIAL CARE NURSERY	4,986,521		4,986,521	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)	23,585,678		23,585,678	16
17	Total inpatient routine care services (sum of lines 10 and 16)	191,977,043		191,977,043	17
18	Ancillary services	448,739,797		448,739,797	18
19	Outpatient services		641,634,184	641,634,184	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)	640,716,840	641,634,184	1,282,351,024	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		265,480,456	29
30	Add (specify)			30
31	BAD DEBT	11,210,424		31
32				32
33				33
34				34
35	FHBT PREM			35
36	Total additions (sum of lines 30-35)		11,210,424	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)		276,690,880	43

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,282,351,024	1
2	Less contractual allowances and discounts on patients' accounts	1,008,879,997	2
3	Net patient revenues (line 1 minus line 2)	273,471,027	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	276,690,880	4
5	Net income from service to patients (line 3 minus line 4)	-3,219,853	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	25,300,699	24
24.01		5,582,425	24.01
25	Total other income (sum of lines 6-24)	30,883,124	25
26	Total (line 5 plus line 25)	27,663,271	26
27.01	Other expenses (MONTH END CLEARING)		27.01
29	Net income (or loss) for the period (line 26 minus line 28)	27,663,271	29

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 14-0114****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	2,449,777	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	32,407	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)	128.21	3
4	Number of interns & residents (see instructions)	45.76	4
5	Indirect medical education percentage (see instructions)	10.59	5
6	Indirect medical education adjustment (see instructions)	259,431	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1101	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3527	8
9	Sum of lines 7 and 8	0.4628	9
10	Allowable disproportionate share percentage (see instructions)	0.0982	10
11	Disproportionate share adjustment (see instructions)	240,568	11
12	Total prospective capital payments (see instructions)	2,982,183	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 HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	PATIENT ACCOUNTS & CASHIERS							5.05
5.06	ADMINISTRATION & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
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
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

KPMG LLP Compu-Max 2552-10

SWEDISH COVENANT HEALTH Provider CCN: 14-0114	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 09/30/2018	Run Date: 02/28/2019 Run Time: 08:34 Version: 2018.12 (02/24/2019)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	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
190.15	LIFE CENTER							190.15
191.01	OCC HEALTH							191.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202