KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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. [X] ELECTRONICALLY FILED COST REPORT DATE: 01/30/2015 TIME: 11:39 2. [ ] MANUALLY SUBMITTED COST REPORT 3. [ ] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT 4. [F] 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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 NORTHWESTERN LAKE FOREST HOSPITAL (14-0130) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 09/01/2013 AND ENDING 08/31/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

_____
TITLE

_____
DATE

PART III - SETTLEMENT SUMMARY

			TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		55,650	126,183			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		55,650	126,183			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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY **WORKSHEET S PARTS I, II & III**

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.

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 660 WESTMORELAND ROAD	P.O. Box:		1
2	City: LAKE FOREST	State: IL	ZIP Code: 60045	County: LAKE	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Prov-ider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	NORTHWESTERN LAKE FOREST HOSPITAL	14-0130	29404	1	07/01/1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	NORTHWESTERN LAKE FOREST HOSPITAL	14-5216	29404		07/01/1970	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	NORTHWESTERN LAKE FOREST HOME HEALTH	14-7045	29404		07/01/1966	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2013	To: 08 / 31 / 2014	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information		1	2	
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.	N	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	N	22.01
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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	987	658			351		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.							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 in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		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	N	N	45
46	Is this facility eligible for additional paymetn exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services ad defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.)(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1	2	3	4	
	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital reseived 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 Non-Provider Settings						
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N				63

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in oolumn 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 non-provider 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)						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							67
Inpatient Psychiatric Facilty PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						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
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

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.			N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the appilcable column.				N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.					95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.			N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.					97
Rural Providers				1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106
107	Column 1: 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. If yes, the GME elinination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.					107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.					109
Miscellaneous Cost Reporting Information						
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If 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'	N				115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.			N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.			Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118
		Premiums		Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	492,271		521,645	700,660	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
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.			N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					129
130	If this is a Medicare cetfified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					131
132	If this is a Medicare cetfified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.					133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.					134

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	HB0640	140

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

141	Name: NORTHWESTERN MEMORIAL HEALTHCA	Contractor's Name: NGS	Contractor's Number: 06101	141
142	Street: 251 E HURON ST	P.O. Box:		142
143	City: CHICAGO	State: IL	ZIP Code: 60611	143

144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y		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, section 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	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	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.		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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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)	Y			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	12/02/2014	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
			Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES			1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.		N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?		N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.		N		9
10	WAS AN INTERN-RESIDENT 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
BAD DEBTS				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		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	11/15/2012	Y	11/15/2012	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

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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 COSTS			
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 CAPITALIZED 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	
HOME OFFICE COSTS		1	2	
36	WERE 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 REORT PREPARER INFORMATION				
41	FIRST NAME: JOHN	LAST NAME: VANDER LAAN	TITLE: MANAGER	41
42	EMPLOYER: NORTHWESTERN MEMORIAL HEALTHCARE			42
43	PHONE NUMBER: (312) 926-6618	E-MAIL ADDRESS: JVANDERL@NMH.ORG		43

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

						INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
	COMPONENT	WKSTA 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	107	39,055			8,154	1,093	19,575	1
2	HMO AND OTHER (see instructions)						488	351		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		107	39,055			8,154	1,093	19,575	7
8	INTENSIVE CARE UNIT	31	10	3,650			1,021	279	2,297	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						273	3,979	13
14	TOTAL (see instructions)		117	42,705			9,175	1,645	25,851	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	30	10,950			7,065		9,521	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101							11,553	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		147							27
28	OBSERVATION BED DAYS								4,013	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								381	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)		10						740	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

		FULL TIME EQUIVALENTS			DISCHARGES				
	COMPONENT	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)					2,340	538	7,069	1
2	HMO AND OTHER (see instructions)					119			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)	1.00	1,290.54			2,340	538	7,069	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		42.10						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		33.78						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)	1.00	1,366.42						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	79,730,817		79,730,817	2,464,665.46	32.35	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21		54,197	54,197	2,080.00	26.06	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	2,715,388		2,715,388	87,569.00	31.01	9
10	EXCLUDED AREA SALARIES (see instructions)		4,976,403	-29,332	4,947,071	164,316.00	30.11	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (see instructions)							11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (core)(see instructions)		17,311,587		17,311,587			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		1,901,143		1,901,143			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		86,446	1,732	88,178	4,302.25	20.50	26
27	ADMINISTRATIVE & GENERAL		14,080,287	4,951	14,085,238	387,460.44	36.35	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)							28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,541,461		2,541,461	96,801.48	26.25	30
31	LAUNDRY & LINEN SERVICE		266,687		266,687	17,904.50	14.89	31
32	HOUSEKEEPING		1,401,777	-19,987	1,381,790	94,035.00	14.69	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		2,480		2,480	44.50	55.73	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL		22,076	6,508	28,584	936.50	30.52	37
38	NURSING ADMINISTRATION		2,426,979		2,426,979	47,641.79	50.94	38
39	CENTRAL SERVICES AND SUPPLY		595,501		595,501	32,134.48	18.53	39
40	PHARMACY		1,700,597		1,700,597	39,607.98	42.94	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		629,842		629,842	25,095.07	25.10	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		79,730,817	-54,197	79,676,620	2,462,585.46	32.35	1
2	EXCLUDED AREA SALARIES (see instructions)		7,691,791	-29,332	7,662,459	251,885.00	30.42	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		72,039,026	-24,865	72,014,161	2,210,700.46	32.58	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)							4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		17,311,587		17,311,587		24.04%	5

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		89,350,613	-24,865	89,325,748	2,210,700.46	40.41	6
7	TOTAL OVERHEAD COST (see instructions)		23,754,133	-6,796	23,747,337	745,963.99	31.83	7

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	4,515,373	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	4,183,343	8
9	PRESCRIPTION DRUG PLAN	2,243,039	9
10	DENTAL, HEARING AND VISION PLAN	216,917	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	92,962	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	997,761	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	873,902	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	5,625,461	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	102,161	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	361,812	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		23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	19,212,731	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	Supporting Exhibit for Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4) **EXHIBIT 3**

	STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
	STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

	STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	**DEPOSIT DATE(S)**	**CONTRIB-UTION(S)**	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
	STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL CONTRACT LABOR AND BENEFIT COST **WORKSHEET S-3 PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPIAL-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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA **HHA CCN: 14-7045** **WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA COUNTY: LAKE

		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
	DESCRIPTION	1	2	3	4	5	
1	HOME HEALTH AIDE HOURS						1
2	UNDUPLICATED CENSUS COUNT (see instructions)						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF	CONTRACT	TOTAL	
		1	2	3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	4.97		4.97	5
6	DIRECT NURSING SERVICE	20.74		20.74	6
7	NURSING SUPERVISOR	4.67		4.67	7
8	PHYSICAL THERAPY SERVICE	7.37		7.37	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	0.87		0.87	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE	0.60		0.60	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	1.80		1.80	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	2	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).	16974	20
20.01		29404	20.01

PPS ACTIVITY

		FULL EPISODES					
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES	TOTAL (columns 1 through 4)	
		1	2	3	4	5	
21	SKILLED NURSING VISITS	5,618	500	200	139	6,457	21
22	SKILLED NURSING VISIT CHARGES	1,713,480	158,157	51,363	42,164	1,965,164	22
23	PHYSICAL THERAPY VISITS	3,695	118	23	83	3,919	23
24	PHYSICAL THERAPY VISIT CHARGES	1,234,105	39,632	8,009	27,945	1,309,691	24
25	OCCUPATIONAL THERAPY VISITS	345		1	9	355	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	121,361		380	3,154	124,895	26
27	SPEECH PATHOLOGY VISITS	69				69	27
28	SPEECH PATHOLOGY VISIT CHARGES	23,628				23,628	28
29	MEDICAL SOCIAL SERVICE VISITS	153	49	1	5	208	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	72,545	23,360	478	1,912	98,295	30
31	HOME HEALTH AIDE VISITS	432	87	3	23	545	31
32	HOME HEALTH AIDE VISIT CHARGES	85,825	17,462	408	4,640	108,335	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	10,312	754	228	259	11,553	33
34	OTHER CHARGES	45,125	21,303	1,462	257	68,147	34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,296,069	259,914	62,100	80,072	3,698,155	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)						36
37	TOTAL NUMBER OF OUTLIER EPISODES						37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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 IN COLUMN 1 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				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	772		772	12
13	RUB	2,084		2,084	13
14	RUA	416		416	14
15	RVC	627		627	15
16	RVB	1,520		1,520	16
17	RVA	464		464	17
18	RHC	204		204	18
19	RHB	222		222	19
20	RHA	145		145	20
21	RMC	90		90	21
22	RMB	50		50	22
23	RMA	17		17	23
24	RLB	4		4	24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2	65		65	29
30	HE1	37		37	30
31	HD2	30		30	31
32	HD1	74		74	32
33	HC2	4		4	33
34	HC1	32		32	34
35	HB2	24		24	35
36	HB1	29		29	36
37	LE2				37
38	LE1				38
39	LD2	48		48	39
40	LD1				40
41	LC2				41
42	LC1	20		20	42
43	LB2				43
44	LB1	10		10	44
45	CE2	4		4	45
46	CE1	2		2	46
47	CD2	1		1	47
48	CD1	3		3	48
49	CC2				49
50	CC1	7		7	50
51	CB2				51
52	CB1	12		12	52
53	CA2				53
54	CA1	41		41	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

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1	1		1	74
75	PB2				75
76	PB1				76
77	PA2				77
78	PA1	6		6	78
199	AAA				199
200	TOTAL	7,065		7,065	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).			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			Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING			Y	205
206	OTHER (OTHER (STAFF MEETINGS))			Y	206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	9,318,900			207

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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)	0.231812	1

MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	-710,096	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	59,077,237	6
7	MEDICAID COST (line 1 times line 6)	13,694,812	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.	14,404,908	8

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(see instructions for each line)

9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (line 1 times line 10)		11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (line 11 minus line 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.		12

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (see instructions for each line)

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.		16

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING 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)	14,404,908	19

		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	20,877,129	1,693,625	22,570,754	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	4,839,569	392,603	5,232,172	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	49,730	91,588	141,318	22
23	COST OF CHARITY CARE (line 21 minus line 22)	4,789,839	301,015	5,090,854	23

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?	N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)		25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	9,516,862	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	206,402	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	9,310,460	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	2,158,276	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	7,249,130	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	21,654,038	31

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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		13,375,185	13,375,185	2,207,625	15,582,810	-3,844,626	11,738,184	1
2	00200	CAP REL COSTS-MVBLE EQUIP		4,989,274	4,989,274	1,002,687	5,991,961	-774,307	5,217,654	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	86,446	14,825,928	14,912,374	44,194	14,956,568	-1,273,392	13,683,176	4
5	00500	ADMINISTRATIVE & GENERAL	14,080,287	47,720,674	61,800,961	-3,280,417	58,520,544	-7,374,010	51,146,534	5
7	00700	OPERATION OF PLANT	2,541,461	8,054,890	10,596,351		10,596,351	2,713	10,599,064	7
8	00800	LAUNDRY & LINEN SERVICE	266,687	179,073	445,760		445,760		445,760	8
9	00900	HOUSEKEEPING	1,401,777	1,417,601	2,819,378	-19,987	2,799,391		2,799,391	9
10	01000	DIETARY	2,480	4,192,814	4,195,294	-1,835,721	2,359,573	-959,788	1,399,785	10
11	01100	CAFETERIA		510,145	510,145	1,158,723	1,668,868	-254,694	1,414,174	11
12	01200	MAINTENANCE OF PERSONNEL	22,076	24,398	46,474	14,096	60,570	-31,986	28,584	12
13	01300	NURSING ADMINISTRATION	2,426,979	766,077	3,193,056		3,193,056		3,193,056	13
14	01400	CENTRAL SERVICES & SUPPLY	595,501	176,550	772,051	-176,520	595,531		595,531	14
15	01500	PHARMACY	1,700,597	10,135,072	11,835,669	-9,245,394	2,590,275		2,590,275	15
16	01600	MEDICAL RECORDS & LIBRARY	629,842	15,341	645,183		645,183		645,183	16
17	01700	SOCIAL SERVICE								17
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				66,589	66,589		66,589	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				14,000	14,000		14,000	22
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	11,069,673	937,757	12,007,430	-1,488,034	10,519,396	-1,935	10,517,461	30
31	03100	INTENSIVE CARE UNIT	1,825,324	304,305	2,129,629	-12,822	2,116,807		2,116,807	31
43	04300	NURSERY	700,308	50,313	750,621	1,047,943	1,798,564		1,798,564	43
44	04400	SKILLED NURSING FACILITY	2,715,388	299,988	3,015,376		3,015,376		3,015,376	44
45	04500	NURSING FACILITY	1,420,021	858,116	2,278,137	696,985	2,975,122	-161,746	2,813,376	45
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	8,012,443	14,947,627	22,960,070	-12,867,997	10,092,073	-12,587	10,079,486	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,368,216	448,458	2,816,674	-330,406	2,486,268	-64,472	2,421,796	52
54	05400	RADIOLOGY-DIAGNOSTIC	5,894,047	3,238,286	9,132,333	-766,493	8,365,840	-185,703	8,180,137	54
55	05500	RADIOLOGY-THERAPEUTIC	762,269	398,142	1,160,411		1,160,411	-3,081	1,157,330	55
57	05700	CT SCAN	654,418	296,794	951,212	-100,077	851,135		851,135	57
58	05800	MRI	1,595,316	317,914	1,913,230	-158,293	1,754,937	-2,702	1,752,235	58
59	05900	CARDIAC CATHETERIZATION	602,534	1,221,188	1,823,722	-1,114,981	708,741		708,741	59
60	06000	LABORATORY	2,882,005	4,159,319	7,041,324	42,400	7,083,724	-49,263	7,034,461	60
65	06500	RESPIRATORY THERAPY	900,961	164,697	1,065,658	-164,697	900,961		900,961	65
66	06600	PHYSICAL THERAPY	3,082,414	57,585	3,139,999	98,451	3,238,450	-19,687	3,218,763	66
68	06800	SPEECH PATHOLOGY	1,010,222	329,243	1,339,465	7,372	1,346,837	-18,702	1,328,135	68
69	06900	ELECTROCARDIOLOGY	632,689	37,246	669,935		669,935	-37,246	632,689	69
70	07000	ELECTROENCEPHALOGRAPHY	86,420	1,781	88,201		88,201		88,201	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				7,629,858	7,629,858		7,629,858	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				8,278,900	8,278,900		8,278,900	72
73	07300	DRUGS CHARGED TO PATIENTS				10,422,348	10,422,348		10,422,348	73
76.97	07697	CARDIAC REHABILITATION	486,500	38,130	524,630		524,630	-3,520	521,110	76.97
		OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OP PEDS ONC CLINIC	464,543	51,596	516,139	-37,003	479,136		479,136	90.01
90.02	09002	WOUND CLINIC	337,210	604,922	942,132	-56,275	885,857		885,857	90.02
91	09100	EMERGENCY	4,917,381	858,330	5,775,711	-575,868	5,199,843		5,199,843	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
92.01	09201	OBSERVATION BEDS-DISTINCT		1,420	1,420		1,420	756	2,176	92.01
		OTHER REIMBURSABLE COST CENTERS								
101	10100	HOME HEALTH AGENCY	2,655,025	795,268	3,450,293	26,268	3,476,561	-820,877	2,655,684	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	78,829,460	136,801,447	215,630,907	527,454	216,158,361	-15,890,855	200,267,506	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	411,863	441,326	853,189		853,189	-853,186	3	190
192	19200	PHYSICIANS' PRIVATE OFFICES	162,517	3,008,757	3,171,274	-579,954	2,591,320	-2,591,320		192
194	07950	HEALTH & FITNESS CENTER	326,977	865,898	1,192,875	52,500	1,245,375	-1,245,375		194
194.01	07951	OCCUPATIONAL HEALTH		9,066	9,066		9,066		9,066	194.01
200		TOTAL (sum of lines 118-199)	79,730,817	141,126,494	220,857,311		220,857,311	-20,580,736	200,276,575	200

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES			
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	IMPLANT RECLASS	A	IMPL. DEV. CHARGED TO PATIENT	72		8,278,900	1
2	IMPLANT RECLASS	A					2
3	IMPLANT RECLASS	A					3
4							4
500	TOTAL RECLASSIFICATIONS					8,278,900	500
	CODE LETTER - A						
1	MED SUPPLY	B	MEDICAL SUPPLIES CHARGED TO P	71		7,629,858	1
2	MED SUPPLY	B					2
3	MED SUPPLY	B					3
4	MED SUPPLY	B					4
5	MED SUPPLY	B					5
6	MED SUPPLY	B					6
7	MED SUPPLY	B					7
8	MED SUPPLY	B					8
9	MED SUPPLY	B					9
10	MED SUPPLY	B					10
11	MED SUPPLY	B					11
12	MED SUPPLY	B					12
13	MED SUPPLY	B					13
14	MED SUPPLY	B					14
15	MED SUPPLY	B					15
500	TOTAL RECLASSIFICATIONS					7,629,858	500
	CODE LETTER - B						
1	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		10,342,496	1
2	DRUG RECLASS	C					2
3	DRUG RECLASS	C					3
4	DRUG RECLASS	C					4
5	DRUG RECLASS	C					5
6	DRUG RECLASS	C					6
7	DRUG RECLASS	C					7
8	DRUG RECLASS	C					8
9	DRUG RECLASS	C					9
10							10
500	TOTAL RECLASSIFICATIONS					10,342,496	500
	CODE LETTER - C						
1	HOUSEKEEPING	D	NURSING FACILITY	45	19,987		1
500	TOTAL RECLASSIFICATIONS				19,987		500
	CODE LETTER - D						
1	CAPITAL RELATED RECLASS	E	OPERATING ROOM	50		413	1
2			RADIOLOGY-DIAGNOSTIC	54		28,991	2
3			CARDIAC CATHETERIZATION	59		3,388	3
4			RESPIRATORY THERAPY	65		33,713	4
5			DRUGS CHARGED TO PATIENTS	73		79,852	5
6			HEALTH & FITNESS CENTER	194		52,500	6
500	TOTAL RECLASSIFICATIONS					198,857	500
	CODE LETTER - E						
1	HOME OFFICE DEPRECIATION RECLASS	F	CAP REL COSTS-MVBLE EQUIP	2		1,002,687	1
500	TOTAL RECLASSIFICATIONS					1,002,687	500
	CODE LETTER - F						
1	MOB	G	ADMINISTRATIVE & GENERAL	5	4,951	123,801	1
2	MOB	G	MAINTENANCE OF PERSONNEL	12	6,508	7,588	2
3	MOB	G	RADIOLOGY-DIAGNOSTIC	54	1,393	48,786	3
4	MOB	G	LABORATORY	60	2,548	48,982	4
5	MOB	G	PHYSICAL THERAPY	66	22,491	77,776	5
6	MOB	G	SPEECH PATHOLOGY	68	5,412	110,029	6
7	MOB	G	ADULTS & PEDIATRICS	30	130	2,799	7
8	MOB	G	WOUND CLINIC	90.02	2,995	17,230	8
9	MOB	G	CARDIAC CATHETERIZATION	59	1,159	24,914	9
10	MOB	G	HOME HEALTH AGENCY	101	659	25,609	10
11	MOB	G	EMPLOYEE BENEFITS DEPARTMENT	4	1,732	42,462	11
500	TOTAL RECLASSIFICATIONS				49,978	529,976	500
	CODE LETTER - G						
1	NURSERY RECLASS	H	NURSERY	43	961,136	113,672	1

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
500	TOTAL RECLASSIFICATIONS				961,136	113,672	500
	CODE LETTER - H						
1	MED ED RECLASS	I	I&R SERVICES-SALARY & FRINGES	21	54,197	12,392	1
2			I&R SERVICES-OTHER PRGM COSTS	22		7,500	2
3			I&R SERVICES-OTHER PRGM COSTS	22		6,500	3
500	TOTAL RECLASSIFICATIONS				54,197	26,392	500
	CODE LETTER - I						
1	DIETARY RECLASS	J	CAFETERIA	11		1,158,723	1
2			NURSING FACILITY	45		676,998	2
500	TOTAL RECLASSIFICATIONS					1,835,721	500
	CODE LETTER - J						
1	INTEREST RECLASS	L	CAP REL COSTS-BLDG & FIXT	1		2,207,625	1
500	TOTAL RECLASSIFICATIONS					2,207,625	500
	CODE LETTER - L						
	GRAND TOTAL (INCREASES)				1,085,298	32,166,184	

(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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	IMPLANT RECLASS	A	OPERATING ROOM	50		7,561,794		1
2	IMPLANT RECLASS	A	RADIOLOGY-DIAGNOSTIC	54		138,319		2
3	IMPLANT RECLASS	A	CARDIAC CATHETERIZATION	59		568,336		3
4			WOUND CLINIC	90.02		10,451		4
500	TOTAL RECLASSIFICATIONS					8,278,900		500
	CODE LETTER - A							
1	MED SUPPLY	B	CENTRAL SERVICES & SUPPLY	14		176,520		1
2	MED SUPPLY	B	ADULTS & PEDIATRICS	30		416,155		2
3	MED SUPPLY	B	INTENSIVE CARE UNIT	31		12,822		3
4	MED SUPPLY	B	NURSERY	43		26,865		4
5	MED SUPPLY	B	OPERATING ROOM	50		5,061,475		5
6	MED SUPPLY	B	DELIVERY ROOM & LABOR ROOM	52		330,406		6
7	MED SUPPLY	B	RADIOLOGY-DIAGNOSTIC	54		539,877		7
8	MED SUPPLY	B	CT SCAN	57		5,783		8
9	MED SUPPLY	B	MRI	58		2,368		9
10	MED SUPPLY	B	CARDIAC CATHETERIZATION	59		566,399		10
11	MED SUPPLY	B	RESPIRATORY THERAPY	65		198,410		11
12	MED SUPPLY	B	PHYSICAL THERAPY	66		1,816		12
13	MED SUPPLY	B	SPEECH PATHOLOGY	68		108,069		13
14	MED SUPPLY	B	OP PEDS ONC CLINIC	90.01		5,051		14
15	MED SUPPLY	B	EMERGENCY	91		177,842		15
500	TOTAL RECLASSIFICATIONS					7,629,858		500
	CODE LETTER - B							
1	DRUG RECLASS	C	PHARMACY	15		9,245,394		1
2	DRUG RECLASS	C	OPERATING ROOM	50		245,141		2
3	DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		167,467		3
4	DRUG RECLASS	C	CT SCAN	57		94,294		4
5	DRUG RECLASS	C	MRI	58		155,925		5
6	DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		9,707		6
7	DRUG RECLASS	C	LABORATORY	60		9,130		7
8	DRUG RECLASS	C	WOUND CLINIC	90.02		66,049		8
9	DRUG RECLASS	C	EMERGENCY	91		317,437		9
10			OP PEDS ONC CLINIC	90.01		31,952		10
500	TOTAL RECLASSIFICATIONS					10,342,496		500
	CODE LETTER - C							
1	HOUSEKEEPING	D	HOUSEKEEPING	9	19,987			1
500	TOTAL RECLASSIFICATIONS				19,987			500
	CODE LETTER - D							
1	CAPITAL RELATED RECLASS	E	ADMINISTRATIVE & GENERAL	5		198,857	14	1
2								2
3								3
4								4
5								5
6								6
500	TOTAL RECLASSIFICATIONS					198,857		500
	CODE LETTER - E							
1	HOME OFFICE DEPRECIATION RECLASS	F	ADMINISTRATIVE & GENERAL	5		1,002,687	14	1
500	TOTAL RECLASSIFICATIONS					1,002,687		500
	CODE LETTER - F							
1	MOB	G	PHYSICIANS' PRIVATE OFFICES	192	49,978	529,976		1
2	MOB	G						2
3	MOB	G						3
4	MOB	G						4
5	MOB	G						5
6	MOB	G						6
7	MOB	G						7
8	MOB	G						8
9	MOB	G						9
10	MOB	G						10
11	MOB	G						11
500	TOTAL RECLASSIFICATIONS				49,978	529,976		500
	CODE LETTER - G							

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

RECLASSIFICATIONS **WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	NURSERY RECLASS	H	ADULTS & PEDIATRICS	30	961,136	113,672		1
500	TOTAL RECLASSIFICATIONS				961,136	113,672		500
	CODE LETTER - H							
1	MED ED RECLASS	I	EMERGENCY	91	54,197	12,392		1
2			EMERGENCY	91		7,500		2
3			EMERGENCY	91		6,500		3
500	TOTAL RECLASSIFICATIONS				54,197	26,392		500
	CODE LETTER - I							
1	DIETARY RECLASS	J	DIETARY	10		1,835,721		1
2								2
500	TOTAL RECLASSIFICATIONS					1,835,721		500
	CODE LETTER - J							
1	INTEREST RECLASS	L	ADMINISTRATIVE & GENERAL	5		2,207,625	11	1
500	TOTAL RECLASSIFICATIONS					2,207,625		500
	CODE LETTER - L							
	GRAND TOTAL (DECREASES)				1,085,298	32,166,184		

(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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

			ACQUISITIONS						
	DESCRIPTION	BEGINNING BALANCES	PURCHASES	DONATION	TOTAL	DISPOSALS AND RETIRE-MENTS	ENDING BALANCE	FULLY DEPREC-IATED ASSETS	
		1	2	3	4	5	6	7	
1	LAND	54,533,262	165,336		165,336		54,698,598		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	147,884,344	22,416,903	104,598	22,521,501	971,131	169,434,714		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	32,826,834	4,643,659	202,039	4,845,698	1,023,170	36,649,362		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	235,244,440	27,225,898	306,637	27,532,535	1,994,301	260,782,674		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	235,244,440	27,225,898	306,637	27,532,535	1,994,301	260,782,674		10

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

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	13,375,185						13,375,185	1
2	CAP REL COSTS-MVBLE EQUIP	4,989,274						4,989,274	2
3	TOTAL (sum of lines 1-2)	18,364,459						18,364,459	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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	DESCRIPTION	GROSS ASSETS	CAPITAL-IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of (cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	169,434,714		169,434,714	0.822163					1
2	CAP REL COSTS-MVBLE EQU	36,649,362		36,649,362	0.177837					2
3	TOTAL (sum of lines 1-2)	206,084,076		206,084,076	1.000000					3

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	13,375,185		2,207,625			-3,844,626	11,738,184	1
2	CAP REL COSTS-MVBLE EQUIP	4,989,274					228,380	5,217,654	2
3	TOTAL (sum of lines 1-2)	18,364,459		2,207,625			-3,616,246	16,955,838	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ADJUSTMENTS TO EXPENSES **WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.	
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)						7
8	TELEVISION AND RADIO SERVICE (chapter 21)						8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-48,014				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	3,650,453				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS						14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES	A	-3,844,626	CAP REL COSTS-BLDG & FIXT	1	14	26
27	DEPRECIATION--MOVABLE EQUIPMENT	A	-774,307	CAP REL COSTS-MVBLE EQUIP	2	14	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 AND						32
33	FOOD INCOME & MISC ADJ	B	-93,348	ADMINISTRATIVE & GENERAL	5		33
33.03	FOOD INCOME & MISC ADJ	B	3,458	OPERATION OF PLANT	7		33.03
33.04	FOOD INCOME & MISC ADJ	B	-639,458	DIETARY	10		33.04
33.05	FOOD INCOME & MISC ADJ	B	-254,694	CAFETERIA	11		33.05
33.06	FOOD INCOME & MISC ADJ	B	9,103	MAINTENANCE OF PERSONNEL	12		33.06
33.07	FOOD INCOME & MISC ADJ	B	-38,858	RADIOLOGY-DIAGNOSTIC	54		33.07
33.08	FOOD INCOME & MISC ADJ	B	-2,478	SPEECH PATHOLOGY	68		33.08
33.09	FOOD INCOME & MISC ADJ	B	15,095	PHYSICIANS' PRIVATE OFFICES	192		33.09
34	OTHER INCOME	B	-1,235,731	EMPLOYEE BENEFITS DEPARTMENT	4		34
34.01	OTHER INCOME	B	-319,230	DIETARY	10		34.01
34.02	OTHER INCOME	B	-161,746	NURSING FACILITY	45		34.02
34.03	OTHER INCOME	B	-86,226	RADIOLOGY-DIAGNOSTIC	54		34.03
34.04	OTHER INCOME	B	-48,417	LABORATORY	60		34.04
34.05	OTHER INCOME	B	-10,560	PHYSICAL THERAPY	66		34.05
34.06	OTHER INCOME	B	-6,814	SPEECH PATHOLOGY	68		34.06
34.07	OTHER INCOME	B	-37,246	ELECTROCARDIOLOGY	69		34.07
34.08	OTHER INCOME	B	-745,023	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190		34.08
34.09	OTHER INCOME	B	-16,613	PHYSICIANS' PRIVATE OFFICES	192		34.09
34.10	OTHER INCOME	B	-990,084	HEALTH & FITNESS CENTER	194		34.10
35	OOR	B	-110,738	ADMINISTRATIVE & GENERAL	5		35
35.01	OOR	B	-745	OPERATION OF PLANT	7		35.01
35.02	OOR	B	-548	DIETARY	10		35.02
35.03	OOR	B	-1,517	MAINTENANCE OF PERSONNEL	12		35.03
35.04	OOR	B	-1,935	ADULTS & PEDIATRICS	30		35.04

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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	
35.05	OOR	B	-12,587	OPERATING ROOM	50		35.05
35.06	OOR	B	-57,070	DELIVERY ROOM & LABOR ROOM	52		35.06
35.07	OOR	B	-60,619	RADIOLOGY-DIAGNOSTIC	54		35.07
35.08	OOR	B	-2,702	MRI	58		35.08
35.09	OOR	B	-846	LABORATORY	60		35.09
35.10	OOR	B	-9,127	PHYSICAL THERAPY	66		35.10
35.11	OOR	B	-4,120	SPEECH PATHOLOGY	68		35.11
35.12	OOR	B	-3,520	CARDIAC REHABILITATION	76.97		35.12
35.13	OOR	B	-820,877	HOME HEALTH AGENCY	101		35.13
35.14	OOR	B	-139,739	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190		35.14
35.15	OOR	B	-6,550	PHYSICIANS' PRIVATE OFFICES	192		35.15
36	RENTAL INCOME	B	-20,440	ADMINISTRATIVE & GENERAL	5		36
36.01	RENTAL INCOME	B	-552	DIETARY	10		36.01
36.02	RENTAL INCOME	B	-104,617	MAINTENANCE OF PERSONNEL	12		36.02
36.03	RENTAL INCOME	B	-5,338,562	PHYSICIANS' PRIVATE OFFICES	192		36.03
37							37
38	HAP EXCLUDED	B	-5,437,252	ADMINISTRATIVE & GENERAL	5		38
39	REAL ESTATE TAX	A	-37,661	EMPLOYEE BENEFITS DEPARTMENT	4		39
39.01	REAL ESTATE TAX	A	-11,767	MAINTENANCE OF PERSONNEL	12		39.01
39.02	REAL ESTATE TAX	A	-1,222,156	PHYSICIANS' PRIVATE OFFICES	192		39.02
40	ADVERTISING	A	-1,714,456	ADMINISTRATIVE & GENERAL	5		40
41	PHYSICIAN NO HOURS	A	-3,603,296	ADMINISTRATIVE & GENERAL	5		41
41.01	PHYSICIAN NO HOURS	A	-7,402	DELIVERY ROOM & LABOR ROOM	52		41.01
41.02	PHYSICIAN NO HOURS	A	-5,290	SPEECH PATHOLOGY	68		41.02
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49	ADJ TO ELIM IMPROPER BALANCES	A	76,812	MAINTENANCE OF PERSONNEL	12		49
49.01	ADJ TO ELIM IMPROPER BALANCES	A	31,576	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190		49.01
49.02	ADJ TO ELIM IMPROPER BALANCES	A	756	OBSERVATION BEDS-DISTINCT	92.01		49.02
49.03	ADJ TO ELIM IMPROPER BALANCES	A	3,977,456	PHYSICIANS' PRIVATE OFFICES	192		49.03
49.04	ADJ TO ELIM IMPROPER BALANCES	A	-255,291	HEALTH & FITNESS CENTER	194		49.04
49.05	ADJ TO ELIM IMPROPER BALANCES	A	10	PHYSICIANS' PRIVATE OFFICES	192		49.05
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-20,580,736				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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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 ADJUST-MENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS DEPARTMENT	VARIOUS NMG	92,445	92,445			1
2	4	EMPLOYEE BENEFITS DEPARTMENT	VARIOUS HFI	105,603	105,603			2
3	5	ADMINISTRATIVE & GENERAL	VARIOUS NMHC	17,012,508	13,362,055	3,650,453		3
3.01	5	ADMINISTRATIVE & GENERAL	VARIOUS NMHC	2,719,079	2,719,079			3.01
3.02	5	ADMINISTRATIVE & GENERAL	VARIOUS NMG	6,050,138	6,050,138			3.02
3.03	5	ADMINISTRATIVE & GENERAL	VARIOUS HFI	235,135	235,135			3.03
3.04	14	CENTRAL SERVICES & SUPPLY	VARIOUS NMHC	61,263	61,263			3.04
3.05	15	PHARMACY	VARIOUS NMH	100,765	100,765			3.05
3.06	54	RADIOLOGY-DIAGNOSTIC	VARIOUS NMH	179,983	179,983			3.06
3.07	54	RADIOLOGY-DIAGNOSTIC	VARIOUS NMG	65,488	65,488			3.07
3.08	55	RADIOLOGY-THERAPEUTIC	VARIOUS NMH	180,000	180,000			3.08
3.09	58	MRI	VARIOUS NMH	13,551	13,551			3.09
3.10	60	LABORATORY	VARIOUS NMH	702,918	702,918			3.10
4								4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			27,518,876	23,868,423	3,650,453		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.

				RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	B			NM HEALTHCARE		HEALTHCARE	6
7	B			NM HOSPITAL		HEALTHCARE	7
8	B			NM FOUNDATION		HEALTHCARE	8
9	B			NM MEDICAL GROUP		HEALTHCARE	9
9.01	B			LF HEALTH AND FITNESS INSTITUT	100.00	HEALTHCARE	9.01
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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFESS-IONAL COMPON-ENT	PROVIDER COMPON-ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON-ENT HOURS	UNADJ-USTED RCE LIMIT	5 PERCENT OF UNADJ-USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GEN AGGREGATE	44,933	44,933						1
2	55	RADIOLOGY-THERAPEUTI AGGREGATE	3,081	3,081						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
200		TOTAL	48,014	48,014						200

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

PROVIDER-BASED PHYSICIANS ADJUSTMENTS **WORKSHEET A-8-2**

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER-SHIPS & CONTIN-UING EDUCATIO N	PROVIDER COMPON-ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	PROVIDER COMPON-ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW-ANCE	ADJUST-MENT	
	10	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GEN AGGREGATE							44,933	1
2	55	RADIOLOGY-THERAPEUTI AGGREGATE							3,081	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
200		TOTAL							48,014	200

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	11,738,184	11,738,184					1
2	CAP REL COSTS-MVBLE EQUIP	5,217,654		5,217,654				2
4	EMPLOYEE BENEFITS DEPARTMENT	13,683,176	105,352		13,788,528			4
5	ADMINISTRATIVE & GENERAL	51,146,534	797,504	141,496	2,440,227	54,525,761	54,525,761	5
7	OPERATION OF PLANT	10,599,064	2,270,910	79,359	440,303	13,389,636	5,009,103	7
8	LAUNDRY & LINEN SERVICE	445,760	29,975	8,625	46,203	530,563	198,485	8
9	HOUSEKEEPING	2,799,391	111,499	7,314	239,392	3,157,596	1,181,266	9
10	DIETARY	1,399,785	81,502		430	1,481,717	554,315	10
11	CAFETERIA	1,414,174	22,233			1,436,407	537,364	11
12	MAINTENANCE OF PERSONNEL	28,584	110,146		4,952	143,682	53,752	12
13	NURSING ADMINISTRATION	3,193,056	20,413		420,469	3,633,938	1,359,467	13
14	CENTRAL SERVICES & SUPPLY	595,531	178,422	141,537	103,169	1,018,659	381,083	14
15	PHARMACY	2,590,275	37,817	52,014	294,625	2,974,731	1,112,856	15
16	MEDICAL RECORDS & LIBRARY	645,183	44,891	11,511	109,119	810,704	303,287	16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD	66,589				66,589	24,911	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,000				14,000	5,237	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,517,461	289,909	18,479	1,751,306	12,577,155	4,705,151	30
31	INTENSIVE CARE UNIT	2,116,807	52,118	8,348	316,234	2,493,507	932,828	31
43	NURSERY	1,798,564	6,170	2,468	287,842	2,095,044	783,762	43
44	SKILLED NURSING FACILITY	3,015,376	173,700	1,004	470,436	3,660,516	1,369,410	44
45	NURSING FACILITY	2,813,376	257,236	2,728	249,479	3,322,819	1,243,077	45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,079,486	842,740	1,281,136	1,388,140	13,591,502	5,084,570	50
52	DELIVERY ROOM & LABOR ROOM	2,421,796	96,263	47,269	410,289	2,975,617	1,113,187	52
54	RADIOLOGY-DIAGNOSTIC	8,180,137	336,212	1,266,929	1,021,373	10,804,651	4,042,052	54
55	RADIOLOGY-THERAPEUTIC	1,157,330	161,619	935,110	132,062	2,386,121	892,655	55
57	CT SCAN	851,135	12,395	22,570	113,377	999,477	373,907	57
58	MRI	1,752,235	232,272	678,916	276,385	2,939,808	1,099,791	58
59	CARDIAC CATHETERIZATION	708,741	36,487	80,291	104,589	930,108	347,956	59
60	LABORATORY	7,034,461	160,676	181,339	499,743	7,876,219	2,946,517	60
65	RESPIRATORY THERAPY	900,961	2,353	17,068	156,090	1,076,472	402,711	65
66	PHYSICAL THERAPY	3,218,763	215,013		537,919	3,971,695	1,485,823	66
68	SPEECH PATHOLOGY	1,328,135	201,810	21,957	175,957	1,727,859	646,397	68
69	ELECTROCARDIOLOGY	632,689	70,948	147,105	109,612	960,354	359,271	69
70	ELECTROENCEPHALOGRAPHY	88,201	38,760		14,972	141,933	53,098	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,629,858				7,629,858	2,854,353	71
72	IMPL. DEV. CHARGED TO PATIENTS	8,278,900				8,278,900	3,097,161	72
73	DRUGS CHARGED TO PATIENTS	10,422,348				10,422,348	3,899,032	73
76.97	CARDIAC REHABILITATION	521,110	10,545	4,496	84,285	620,436	232,107	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	479,136	106,159		80,481	665,776	249,069	90.01
90.02	WOUND CLINIC	885,857	15,258	9,480	58,940	969,535	362,706	90.02
91	EMERGENCY	5,199,843	256,012	36,751	842,537	6,335,143	2,369,996	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	2,176	87,367	11,902		101,445	37,951	92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	2,655,684	65,878		460,092	3,181,654	1,190,266	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	200,267,506	7,538,564	5,217,202	13,641,029	195,919,935	52,895,930	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	10,172	452	71,354	81,981	30,669	190
192	PHYSICIANS' PRIVATE OFFICES		4,167,263		19,497	4,186,760	1,566,279	192
194	HEALTH & FITNESS CENTER				56,648	56,648	21,192	194
194.01	OCCUPATIONAL HEALTH	9,066	22,185			31,251	11,691	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	200,276,575	11,738,184	5,217,654	13,788,528	200,276,575	54,525,761	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
7	OPERATION OF PLANT	18,398,739						7
8	LAUNDRY & LINEN SERVICE	315,525	1,044,573					8
9	HOUSEKEEPING	155,163	522,287	5,016,312				9
10	DIETARY	548,908		76,469	2,661,409			10
11	CAFETERIA	65,358		20,392		2,059,521		11
12	MAINTENANCE OF PERSONNEL	741,789		10,195		1,157	950,575	12
13	NURSING ADMINISTRATION	137,466				54,033		13
14	CENTRAL SERVICES & SUPPLY	489,342		50,978		36,377		14
15	PHARMACY	141,434		30,587		44,406		15
16	MEDICAL RECORDS & LIBRARY	302,344		112,153		28,810		16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD					2,314		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,952,442	285,655	2,865,009	1,691,277	406,369	475,287	30
31	INTENSIVE CARE UNIT	351,009	31,623	229,405	189,814	57,111		31
43	NURSERY	41,550	72,491	71,370		18,281		43
44	SKILLED NURSING FACILITY	1,169,832	7,692	163,132	780,318	98,532		44
45	NURSING FACILITY	1,957,778	46,616			74,049		45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,816,376	17,845	530,179		282,707		50
52	DELIVERY ROOM & LABOR ROOM	648,290	21,541			74,327		52
54	RADIOLOGY-DIAGNOSTIC	1,072,867		122,349		182,601		54
55	RADIOLOGY-THERAPEUTIC	443,870				22,145		55
57	CT SCAN	83,465				22,840		57
58	MRI	366,060				47,646		58
59	CARDIAC CATHETERIZATION	245,743				15,435		59
60	LABORATORY	694,675		152,936		126,925	118,822	60
65	RESPIRATORY THERAPY	15,872		45,881		28,069		65
66	PHYSICAL THERAPY	979,733	4,427	56,077		94,529	118,822	66
68	SPEECH PATHOLOGY	425,489				32,721		68
69	ELECTROCARDIOLOGY	129,804				19,808		69
70	ELECTROENCEPHALOGRAPHY	261,022				3,355		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION	71,014	2,151			14,625		76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	295,274		239,600		14,740		90.01
90.02	WOUND CLINIC	102,758	32,245			12,010		90.02
91	EMERGENCY	1,042,491		198,817		165,361	237,644	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	112,244						92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	3,831				78,238		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	18,180,818	1,044,573	4,975,529	2,661,409	2,059,521	950,575	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,505		40,783				190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH	149,416						194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	18,398,739	1,044,573	5,016,312	2,661,409	2,059,521	950,575	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		13	14	15	16	21	22	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	5,184,904						13
14	CENTRAL SERVICES & SUPPLY		1,976,439					14
15	PHARMACY			4,304,014				15
16	MEDICAL RECORDS & LIBRARY				1,557,298			16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD					93,814		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						19,237	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,915,426	62,986	402,350	104,107			30
31	INTENSIVE CARE UNIT	274,601	11,528	118,481	18,558			31
43	NURSERY	87,075	4,302	7,590	11,483			43
44	SKILLED NURSING FACILITY	245,705	9,900	31,822	17,352			44
45	NURSING FACILITY	44,791	8,834	150	6,635			45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,154,021	1,266,370	1,562,044	225,957			50
52	DELIVERY ROOM & LABOR ROOM	332,731	31,925	268,293	24,325			52
54	RADIOLOGY-DIAGNOSTIC	61,302	125,847	402,023	190,077			54
55	RADIOLOGY-THERAPEUTIC	17,748	2,038	68	46,089			55
57	CT SCAN	4,329	13,795	3,263	78,171			57
58	MRI	3,354	19,879	268,047	119,411			58
59	CARDIAC CATHETERIZATION	42,059	106,846	35,794	19,469			59
60	LABORATORY		196,673	207,475	188,015			60
65	RESPIRATORY THERAPY		11,342	19,221	16,400			65
66	PHYSICAL THERAPY		1,836	724	32,976			66
68	SPEECH PATHOLOGY		24,879		8,411			68
69	ELECTROCARDIOLOGY	525	1,252	5,734	47,057			69
70	ELECTROENCEPHALOGRAPHY		102		905			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71,627			71
72	IMPL. DEV. CHARGED TO PATIENTS				31,072			72
73	DRUGS CHARGED TO PATIENTS				103,785			73
76.97	CARDIAC REHABILITATION	42,161	878	2,471	3,172			76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	48,852	3,183	59,985	6,836			90.01
90.02	WOUND CLINIC	41,277	14,426	110,372	6,733			90.02
91	EMERGENCY	717,780	53,388	794,831	165,052	93,814	19,237	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT				289			92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	151,167	4,230	3,276	13,334			101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,184,904	1,976,439	4,304,014	1,557,298	93,814	19,237	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	5,184,904	1,976,439	4,304,014	1,557,298	93,814	19,237	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		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	ADMINISTRATIVE & GENERAL							5
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
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	27,443,214		27,443,214				30
31	INTENSIVE CARE UNIT	4,708,465		4,708,465				31
43	NURSERY	3,192,948		3,192,948				43
44	SKILLED NURSING FACILITY	7,554,211		7,554,211				44
45	NURSING FACILITY	6,704,749		6,704,749				45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	26,531,571		26,531,571				50
52	DELIVERY ROOM & LABOR ROOM	5,490,236		5,490,236				52
54	RADIOLOGY-DIAGNOSTIC	17,003,769		17,003,769				54
55	RADIOLOGY-THERAPEUTIC	3,810,734		3,810,734				55
57	CT SCAN	1,579,247		1,579,247				57
58	MRI	4,863,996		4,863,996				58
59	CARDIAC CATHETERIZATION	1,743,410		1,743,410				59
60	LABORATORY	12,508,257		12,508,257				60
65	RESPIRATORY THERAPY	1,615,968		1,615,968				65
66	PHYSICAL THERAPY	6,746,642		6,746,642				66
68	SPEECH PATHOLOGY	2,865,756		2,865,756				68
69	ELECTROCARDIOLOGY	1,523,805		1,523,805				69
70	ELECTROENCEPHALOGRAPHY	460,415		460,415				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,555,838		10,555,838				71
72	IMPL. DEV. CHARGED TO PATIENTS	11,407,133		11,407,133				72
73	DRUGS CHARGED TO PATIENTS	14,425,165		14,425,165				73
76.97	CARDIAC REHABILITATION	989,015		989,015				76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	1,583,315		1,583,315				90.01
90.02	WOUND CLINIC	1,652,062		1,652,062				90.02
91	EMERGENCY	12,193,554	-113,051	12,080,503				91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	251,929		251,929				92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	4,625,996		4,625,996				101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	194,031,400	-113,051	193,918,349				118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221,938		221,938				190
192	PHYSICIANS' PRIVATE OFFICES	5,753,039		5,753,039				192
194	HEALTH & FITNESS CENTER	77,840		77,840				194
194.01	OCCUPATIONAL HEALTH	192,358		192,358				194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	200,276,575	-113,051	200,163,524				202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS-TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		105,352		105,352	105,352		4
5	ADMINISTRATIVE & GENERAL		797,504	141,496	939,000	18,627	957,627	5
7	OPERATION OF PLANT		2,270,910	79,359	2,350,269	3,365	87,970	7
8	LAUNDRY & LINEN SERVICE		29,975	8,625	38,600	353	3,486	8
9	HOUSEKEEPING		111,499	7,314	118,813	1,829	20,745	9
10	DIETARY		81,502		81,502	3	9,735	10
11	CAFETERIA		22,233		22,233		9,437	11
12	MAINTENANCE OF PERSONNEL		110,146		110,146	38	944	12
13	NURSING ADMINISTRATION		20,413		20,413	3,213	23,875	13
14	CENTRAL SERVICES & SUPPLY		178,422	141,537	319,959	788	6,693	14
15	PHARMACY		37,817	52,014	89,831	2,252	19,544	15
16	MEDICAL RECORDS & LIBRARY		44,891	11,511	56,402	834	5,326	16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD						437	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						92	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		289,909	18,479	308,388	13,384	82,632	30
31	INTENSIVE CARE UNIT		52,118	8,348	60,466	2,417	16,382	31
43	NURSERY		6,170	2,468	8,638	2,200	13,764	43
44	SKILLED NURSING FACILITY		173,700	1,004	174,704	3,595	24,050	44
45	NURSING FACILITY		257,236	2,728	259,964	1,907	21,831	45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		842,740	1,281,136	2,123,876	10,608	89,341	50
52	DELIVERY ROOM & LABOR ROOM		96,263	47,269	143,532	3,136	19,550	52
54	RADIOLOGY-DIAGNOSTIC		336,212	1,266,929	1,603,141	7,806	70,987	54
55	RADIOLOGY-THERAPEUTIC		161,619	935,110	1,096,729	1,009	15,677	55
57	CT SCAN		12,395	22,570	34,965	866	6,567	57
58	MRI		232,272	678,916	911,188	2,112	19,315	58
59	CARDIAC CATHETERIZATION		36,487	80,291	116,778	799	6,111	59
60	LABORATORY		160,676	181,339	342,015	3,819	51,747	60
65	RESPIRATORY THERAPY		2,353	17,068	19,421	1,193	7,072	65
66	PHYSICAL THERAPY		215,013		215,013	4,111	26,094	66
68	SPEECH PATHOLOGY		201,810	21,957	223,767	1,345	11,352	68
69	ELECTROCARDIOLOGY		70,948	147,105	218,053	838	6,310	69
70	ELECTROENCEPHALOGRAPHY		38,760		38,760	114	932	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						50,128	71
72	IMPL. DEV. CHARGED TO PATIENTS						54,392	72
73	DRUGS CHARGED TO PATIENTS						68,475	73
76.97	CARDIAC REHABILITATION		10,545	4,496	15,041	644	4,076	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC		106,159		106,159	615	4,374	90.01
90.02	WOUND CLINIC		15,258	9,480	24,738	450	6,370	90.02
91	EMERGENCY		256,012	36,751	292,763	6,439	41,622	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT		87,367	11,902	99,269		666	92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		65,878		65,878	3,516	20,903	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		7,538,564	5,217,202	12,755,766	104,225	929,004	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,172	452	10,624	545	539	190
192	PHYSICIANS' PRIVATE OFFICES		4,167,263		4,167,263	149	27,507	192
194	HEALTH & FITNESS CENTER					433	372	194
194.01	OCCUPATIONAL HEALTH		22,185		22,185		205	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		11,738,184	5,217,654	16,955,838	105,352	957,627	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
7	OPERATION OF PLANT	2,441,604						7
8	LAUNDRY & LINEN SERVICE	41,872	84,311					8
9	HOUSEKEEPING	20,591	42,155	204,133				9
10	DIETARY	72,843		3,112	167,195			10
11	CAFETERIA	8,673		830		41,173		11
12	MAINTENANCE OF PERSONNEL	98,439		415		23	210,005	12
13	NURSING ADMINISTRATION	18,242				1,080		13
14	CENTRAL SERVICES & SUPPLY	64,938		2,075		727		14
15	PHARMACY	18,769		1,245		888		15
16	MEDICAL RECORDS & LIBRARY	40,123		4,564		576		16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD					46		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	259,099	23,056	116,587	106,250	8,124	105,002	30
31	INTENSIVE CARE UNIT	46,581	2,552	9,335	11,924	1,142		31
43	NURSERY	5,514	5,851	2,904		365		43
44	SKILLED NURSING FACILITY	155,243	621	6,638	49,021	1,970		44
45	NURSING FACILITY	259,807	3,763			1,480		45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	373,747	1,440	21,575		5,652		50
52	DELIVERY ROOM & LABOR ROOM	86,031	1,739			1,486		52
54	RADIOLOGY-DIAGNOSTIC	142,375		4,979		3,650		54
55	RADIOLOGY-THERAPEUTIC	58,904				443		55
57	CT SCAN	11,076				457		57
58	MRI	48,578				953		58
59	CARDIAC CATHETERIZATION	32,611				309		59
60	LABORATORY	92,187		6,224		2,537	26,251	60
65	RESPIRATORY THERAPY	2,106		1,867		561		65
66	PHYSICAL THERAPY	130,015	357	2,282		1,890	26,251	66
68	SPEECH PATHOLOGY	56,465				654		68
69	ELECTROCARDIOLOGY	17,226				396		69
70	ELECTROENCEPHALOGRAPHY	34,639				67		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION	9,424	174			292		76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	39,184		9,750		295		90.01
90.02	WOUND CLINIC	13,636	2,603			240		90.02
91	EMERGENCY	138,344		8,091		3,306	52,501	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	14,895						92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	508				1,564		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,412,685	84,311	202,473	167,195	41,173	210,005	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,091		1,660				190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH	19,828						194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,441,604	84,311	204,133	167,195	41,173	210,005	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		13	14	15	16	21	22	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	66,823						13
14	CENTRAL SERVICES & SUPPLY		395,180					14
15	PHARMACY			132,529				15
16	MEDICAL RECORDS & LIBRARY				107,825			16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD					483		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						92	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	24,686	12,594	12,389	7,213			30
31	INTENSIVE CARE UNIT	3,539	2,305	3,648	1,286			31
43	NURSERY	1,122	860	234	796			43
44	SKILLED NURSING FACILITY	3,167	1,980	980	1,202			44
45	NURSING FACILITY	577	1,766	5	460			45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	14,873	253,206	48,098	15,586			50
52	DELIVERY ROOM & LABOR ROOM	4,288	6,383	8,261	1,685			52
54	RADIOLOGY-DIAGNOSTIC	790	25,163	12,379	13,169			54
55	RADIOLOGY-THERAPEUTIC	229	408	2	3,193			55
57	CT SCAN	56	2,758	100	5,416			57
58	MRI	43	3,975	8,254	8,273			58
59	CARDIAC CATHETERIZATION	542	21,363	1,102	1,349			59
60	LABORATORY		39,324	6,389	13,026			60
65	RESPIRATORY THERAPY		2,268	592	1,136			65
66	PHYSICAL THERAPY		367	22	2,285			66
68	SPEECH PATHOLOGY		4,974		583			68
69	ELECTROCARDIOLOGY	7	250	177	3,260			69
70	ELECTROENCEPHALOGRAPHY		20		63			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,962			71
72	IMPL. DEV. CHARGED TO PATIENTS				2,153			72
73	DRUGS CHARGED TO PATIENTS				7,190			73
76.97	CARDIAC REHABILITATION	543	175	76	220			76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	630	636	1,847	474			90.01
90.02	WOUND CLINIC	532	2,884	3,399	466			90.02
91	EMERGENCY	9,251	10,675	24,474	11,435			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT				20			92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	1,948	846	101	924			101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	66,823	395,180	132,529	107,825			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH							194.01
200	CROSS FOOT ADJUSTMENTS					483	92	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	66,823	395,180	132,529	107,825	483	92	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		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	ADMINISTRATIVE & GENERAL							5
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
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,079,404		1,079,404				30
31	INTENSIVE CARE UNIT	161,577		161,577				31
43	NURSERY	42,248		42,248				43
44	SKILLED NURSING FACILITY	423,171		423,171				44
45	NURSING FACILITY	551,560		551,560				45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,958,002		2,958,002				50
52	DELIVERY ROOM & LABOR ROOM	276,091		276,091				52
54	RADIOLOGY-DIAGNOSTIC	1,884,439		1,884,439				54
55	RADIOLOGY-THERAPEUTIC	1,176,594		1,176,594				55
57	CT SCAN	62,261		62,261				57
58	MRI	1,002,691		1,002,691				58
59	CARDIAC CATHETERIZATION	180,964		180,964				59
60	LABORATORY	583,519		583,519				60
65	RESPIRATORY THERAPY	36,216		36,216				65
66	PHYSICAL THERAPY	408,687		408,687				66
68	SPEECH PATHOLOGY	299,140		299,140				68
69	ELECTROCARDIOLOGY	246,517		246,517				69
70	ELECTROENCEPHALOGRAPHY	74,595		74,595				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,090		55,090				71
72	IMPL. DEV. CHARGED TO PATIENTS	56,545		56,545				72
73	DRUGS CHARGED TO PATIENTS	75,665		75,665				73
76.97	CARDIAC REHABILITATION	30,665		30,665				76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	163,964		163,964				90.01
90.02	WOUND CLINIC	55,318		55,318				90.02
91	EMERGENCY	598,901		598,901				91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	114,850		114,850				92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	96,188		96,188				101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	12,694,862		12,694,862				118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,459		22,459				190
192	PHYSICIANS' PRIVATE OFFICES	4,194,919		4,194,919				192
194	HEALTH & FITNESS CENTER	805		805				194
194.01	OCCUPATIONAL HEALTH	42,218		42,218				194.01
200	CROSS FOOT ADJUSTMENTS	575		575				200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	16,955,838		16,955,838				202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	9,162,612						1
2	CAP REL COSTS-MVBLE EQUIP		4,211,513					2
4	EMPLOYEE BENEFITS DEPARTMENT	82,236		79,588,442				4
5	ADMINISTRATIVE & GENERAL	622,517	114,211	14,085,238	-54,525,761	145,750,814		5
7	OPERATION OF PLANT	1,772,631	64,056	2,541,461		13,389,636	403,399	7
8	LAUNDRY & LINEN SERVICE	23,398	6,962	266,687		530,563	6,918	8
9	HOUSEKEEPING	87,034	5,904	1,381,790		3,157,596	3,402	9
10	DIETARY	63,619		2,480		1,481,717	12,035	10
11	CAFETERIA	17,355				1,436,407	1,433	11
12	MAINTENANCE OF PERSONNEL	85,978		28,584		143,682	16,264	12
13	NURSING ADMINISTRATION	15,934		2,426,979		3,633,938	3,014	13
14	CENTRAL SERVICES & SUPPLY	139,273	114,244	595,501		1,018,659	10,729	14
15	PHARMACY	29,519	41,984	1,700,597		2,974,731	3,101	15
16	MEDICAL RECORDS & LIBRARY	35,041	9,291	629,842		810,704	6,629	16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD					66,589		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					14,000		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	226,298	14,916	10,108,667		12,577,155	42,808	30
31	INTENSIVE CARE UNIT	40,682	6,738	1,825,324		2,493,507	7,696	31
43	NURSERY	4,816	1,992	1,661,444		2,095,044	911	43
44	SKILLED NURSING FACILITY	135,587	810	2,715,388		3,660,516	25,649	44
45	NURSING FACILITY	200,794	2,202	1,440,008		3,322,819	42,925	45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	657,827	1,034,088	8,012,443		13,591,502	61,750	50
52	DELIVERY ROOM & LABOR ROOM	75,141	38,154	2,368,216		2,975,617	14,214	52
54	RADIOLOGY-DIAGNOSTIC	262,441	1,022,622	5,895,440		10,804,651	23,523	54
55	RADIOLOGY-THERAPEUTIC	126,157	754,789	762,269		2,386,121	9,732	55
57	CT SCAN	9,675	18,218	654,418		999,477	1,830	57
58	MRI	181,307	547,998	1,595,316		2,939,808	8,026	58
59	CARDIAC CATHETERIZATION	28,481	64,808	603,693		930,108	5,388	59
60	LABORATORY	125,421	146,371	2,884,553		7,876,219	15,231	60
65	RESPIRATORY THERAPY	1,837	13,777	900,961		1,076,472	348	65
66	PHYSICAL THERAPY	167,835		3,104,905		3,971,695	21,481	66
68	SPEECH PATHOLOGY	157,529	17,723	1,015,634		1,727,859	9,329	68
69	ELECTROCARDIOLOGY	55,381	118,738	632,689		960,354	2,846	69
70	ELECTROENCEPHALOGRAPHY	30,255		86,420		141,933	5,723	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					7,629,858		71
72	IMPL. DEV. CHARGED TO PATIENTS					8,278,900		72
73	DRUGS CHARGED TO PATIENTS					10,422,348		73
76.97	CARDIAC REHABILITATION	8,231	3,629	486,500		620,436	1,557	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	82,866		464,543		665,776	6,474	90.01
90.02	WOUND CLINIC	11,910	7,652	340,205		969,535	2,253	90.02
91	EMERGENCY	199,838	29,664	4,863,184		6,335,143	22,857	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT	68,197	9,607			101,445	2,461	92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	51,423		2,655,684		3,181,654	84	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,884,464	4,211,148	78,737,063	-54,525,761	141,394,174	398,621	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,940	365	411,863		81,981	1,502	190
192	PHYSICIANS' PRIVATE OFFICES	3,252,891		112,539		4,186,760		192
194	HEALTH & FITNESS CENTER			326,977		56,648		194
194.01	OCCUPATIONAL HEALTH	17,317				31,251	3,276	194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	11,738,184	5,217,654	13,788,528		54,525,761	18,398,739	202
203	UNIT COST MULT-WS B PT I	1.281096	1.238903	0.173248		0.374103	45.609283	203
204	COST TO BE ALLOC PER B PT II			105,352		957,627	2,441,604	204
205	UNIT COST MULT-WS B PT II			0.001324		0.006570	6.052578	205

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION DIRECT NRSING HRS	
		8	9	10	11	12	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,228,810						8
9	HOUSEKEEPING	614,405	4,498,489					9
10	DIETARY		68,575	97,419				10
11	CAFETERIA		18,287		89,001			11
12	MAINTENANCE OF PERSONNEL		9,143		50	2,024,160		12
13	NURSING ADMINISTRATION				2,335		967,852	13
14	CENTRAL SERVICES & SUPPLY		45,716		1,572			14
15	PHARMACY		27,430		1,919			15
16	MEDICAL RECORDS & LIBRARY		100,576		1,245			16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD				100			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	336,037	2,569,258	61,908	17,561	1,012,080	357,548	30
31	INTENSIVE CARE UNIT	37,201	205,724	6,948	2,468		51,259	31
43	NURSERY	85,277	64,003		790		16,254	43
44	SKILLED NURSING FACILITY	9,049	146,292	28,563	4,258		45,865	44
45	NURSING FACILITY	54,838			3,200		8,361	45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	20,993	475,450		12,217		215,418	50
52	DELIVERY ROOM & LABOR ROOM	25,340			3,212		62,110	52
54	RADIOLOGY-DIAGNOSTIC		109,719		7,891		11,443	54
55	RADIOLOGY-THERAPEUTIC				957		3,313	55
57	CT SCAN				987		808	57
58	MRI				2,059		626	58
59	CARDIAC CATHETERIZATION				667		7,851	59
60	LABORATORY		137,149		5,485	253,020		60
65	RESPIRATORY THERAPY		41,145		1,213			65
66	PHYSICAL THERAPY	5,208	50,288		4,085	253,020		66
68	SPEECH PATHOLOGY				1,414			68
69	ELECTROCARDIOLOGY				856		98	69
70	ELECTROENCEPHALOGRAPHY				145			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION	2,530			632		7,870	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC		214,867		637		9,119	90.01
90.02	WOUND CLINIC	37,932			519		7,705	90.02
91	EMERGENCY		178,294		7,146	506,040	133,986	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY				3,381		28,218	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,228,810	4,461,916	97,419	89,001	2,024,160	967,852	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		36,573					190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,044,573	5,016,312	2,661,409	2,059,521	950,575	5,184,904	202
203	UNIT COST MULT-WS B PT I	0.850069	1.115110	27.319199	23.140425	0.469615	5.357125	203
204	COST TO BE ALLOC PER B PT II	84,311	204,133	167,195	41,173	210,005	66,823	204
205	UNIT COST MULT-WS B PT II	0.068612	0.045378	1.716246	0.462613	0.103749	0.069043	205

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - STATISTICAL BASIS **WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
		14	15	16	21	22		
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	2,179,798						14
15	PHARMACY		315,278					15
16	MEDICAL RECORDS & LIBRARY			836,531,986				16
17	SOCIAL SERVICE							17
21	I&R SERVICES-SALARY & FRINGES APPRVD				100			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					100		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	69,467	29,473	55,911,546				30
31	INTENSIVE CARE UNIT	12,714	8,679	9,966,568				31
43	NURSERY	4,745	556	6,166,798				43
44	SKILLED NURSING FACILITY	10,919	2,331	9,318,900				44
45	NURSING FACILITY	9,743	11	3,563,381				45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,396,669	114,423	121,527,291				50
52	DELIVERY ROOM & LABOR ROOM	35,210	19,653	13,063,965				52
54	RADIOLOGY-DIAGNOSTIC	138,796	29,449	102,082,358				54
55	RADIOLOGY-THERAPEUTIC	2,248	5	24,752,301				55
57	CT SCAN	15,214	239	41,982,091				57
58	MRI	21,924	19,635	64,130,318				58
59	CARDIAC CATHETERIZATION	117,840	2,622	10,455,941				59
60	LABORATORY	216,909	15,198	100,974,628				60
65	RESPIRATORY THERAPY	12,509	1,408	8,807,492				65
66	PHYSICAL THERAPY	2,025	53	17,710,184				66
68	SPEECH PATHOLOGY	27,439		4,517,089				68
69	ELECTROCARDIOLOGY	1,381	420	25,272,262				69
70	ELECTROENCEPHALOGRAPHY	112		485,810				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			38,467,537				71
72	IMPL. DEV. CHARGED TO PATIENTS			16,687,196				72
73	DRUGS CHARGED TO PATIENTS			55,738,335				73
76.97	CARDIAC REHABILITATION	968	181	1,703,580				76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	3,510	4,394	3,671,129				90.01
90.02	WOUND CLINIC	15,910	8,085	3,616,258				90.02
91	EMERGENCY	58,881	58,223	88,642,551	100	100		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT			155,192				92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	4,665	240	7,161,285				101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,179,798	315,278	836,531,986	100	100		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,976,439	4,304,014	1,557,298	93,814	19,237		202
203	UNIT COST MULT-WS B PT I	0.906707	13.651489	0.001862	938.140000	192.370000		203
204	COST TO BE ALLOC PER B PT II	395,180	132,529	107,825	483	92		204
205	UNIT COST MULT-WS B PT II	0.181292	0.420356	0.000129	4.830000	0.920000		205

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

POST STEPDOWN ADJUSTMENTS **WORKSHEET B-2**

		WORKSHEET			
	DESCRIPTION	PART	LINE NO.	AMOUNT	
	1	2	3	4	

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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 DISALLOW-ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	27,443,214		27,443,214		27,443,214	30
31	INTENSIVE CARE UNIT	4,708,465		4,708,465		4,708,465	31
43	NURSERY	3,192,948		3,192,948		3,192,948	43
44	SKILLED NURSING FACILITY	7,554,211		7,554,211		7,554,211	44
45	NURSING FACILITY	6,704,749		6,704,749		6,704,749	45
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	26,531,571		26,531,571		26,531,571	50
52	DELIVERY ROOM & LABOR ROOM	5,490,236		5,490,236		5,490,236	52
54	RADIOLOGY-DIAGNOSTIC	17,003,769		17,003,769		17,003,769	54
55	RADIOLOGY-THERAPEUTIC	3,810,734		3,810,734		3,810,734	55
57	CT SCAN	1,579,247		1,579,247		1,579,247	57
58	MRI	4,863,996		4,863,996		4,863,996	58
59	CARDIAC CATHETERIZATION	1,743,410		1,743,410		1,743,410	59
60	LABORATORY	12,508,257		12,508,257		12,508,257	60
65	RESPIRATORY THERAPY	1,615,968		1,615,968		1,615,968	65
66	PHYSICAL THERAPY	6,746,642		6,746,642		6,746,642	66
68	SPEECH PATHOLOGY	2,865,756		2,865,756		2,865,756	68
69	ELECTROCARDIOLOGY	1,523,805		1,523,805		1,523,805	69
70	ELECTROENCEPHALOGRAPHY	460,415		460,415		460,415	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,555,838		10,555,838		10,555,838	71
72	IMPL. DEV. CHARGED TO PATIENTS	11,407,133		11,407,133		11,407,133	72
73	DRUGS CHARGED TO PATIENTS	14,425,165		14,425,165		14,425,165	73
76.97	CARDIAC REHABILITATION	989,015		989,015		989,015	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	1,583,315		1,583,315		1,583,315	90.01
90.02	WOUND CLINIC	1,652,062		1,652,062		1,652,062	90.02
91	EMERGENCY	12,080,503		12,080,503		12,080,503	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	4,668,885		4,668,885		4,668,885	92
92.01	OBSERVATION BEDS-DISTINCT	251,929		251,929		251,929	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	4,625,996		4,625,996		4,625,996	101
200	SUBTOTAL (SEE INSTRUCTIONS)	198,587,234		198,587,234		198,587,234	200
201	LESS OBSERVATION BEDS	4,668,885		4,668,885		4,668,885	201
202	TOTAL (SEE INSTRUCTIONS)	193,918,349		193,918,349		193,918,349	202

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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 SERV COST CENTERS							
30	ADULTS & PEDIATRICS	47,314,034		47,314,034				30
31	INTENSIVE CARE UNIT	9,966,568		9,966,568				31
43	NURSERY	6,166,798		6,166,798				43
44	SKILLED NURSING FACILITY	9,318,900		9,318,900				44
45	NURSING FACILITY	3,563,381		3,563,381				45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	30,213,130	91,314,161	121,527,291	0.218318	0.218318	0.218318	50
52	DELIVERY ROOM & LABOR ROOM	12,075,640	988,325	13,063,965	0.420258	0.420258	0.420258	52
54	RADIOLOGY-DIAGNOSTIC	11,341,768	90,740,590	102,082,358	0.166569	0.166569	0.166569	54
55	RADIOLOGY-THERAPEUTIC	719,264	24,033,037	24,752,301	0.153955	0.153955	0.153955	55
57	CT SCAN	11,288,209	30,693,882	41,982,091	0.037617	0.037617	0.037617	57
58	MRI	6,762,632	57,367,686	64,130,318	0.075845	0.075845	0.075845	58
59	CARDIAC CATHETERIZATION	5,894,748	4,561,193	10,455,941	0.166739	0.166739	0.166739	59
60	LABORATORY	35,034,149	65,940,479	100,974,628	0.123875	0.123875	0.123875	60
65	RESPIRATORY THERAPY	7,297,477	1,510,015	8,807,492	0.183477	0.183477	0.183477	65
66	PHYSICAL THERAPY	9,532,015	8,178,169	17,710,184	0.380947	0.380947	0.380947	66
68	SPEECH PATHOLOGY	874,130	3,642,959	4,517,089	0.634425	0.634425	0.634425	68
69	ELECTROCARDIOLOGY	6,820,974	18,451,288	25,272,262	0.060296	0.060296	0.060296	69
70	ELECTROENCEPHALOGRAPHY	155,844	329,966	485,810	0.947726	0.947726	0.947726	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,330,643	20,136,894	38,467,537	0.274409	0.274409	0.274409	71
72	IMPL. DEV. CHARGED TO PATIENTS	12,033,580	4,653,616	16,687,196	0.683586	0.683586	0.683586	72
73	DRUGS CHARGED TO PATIENTS	20,214,158	35,524,177	55,738,335	0.258802	0.258802	0.258802	73
76.97	CARDIAC REHABILITATION	724	1,702,856	1,703,580	0.580551	0.580551	0.580551	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	73,934	3,597,195	3,671,129	0.431288	0.431288	0.431288	90.01
90.02	WOUND CLINIC	109,522	3,506,736	3,616,258	0.456843	0.456843	0.456843	90.02
91	EMERGENCY	13,572,052	75,070,499	88,642,551	0.136283	0.136283	0.136283	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,226,298	7,371,214	8,597,512	0.543051	0.543051	0.543051	92
92.01	OBSERVATION BEDS-DISTINCT		155,192	155,192	1.623338	1.623338	1.623338	92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		7,161,285	7,161,285				101
200	SUBTOTAL (SEE INSTRUCTIONS)	279,900,572	556,631,414	836,531,986				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	279,900,572	556,631,414	836,531,986				202

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK APPLICABLE BOXES: **[ ] TITLE V** **[XX] TITLE XVIII, PART A** **[ ] TITLE XIX** **[XX] PPS** **[ ] TEFRA**

		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 SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	1,079,404		1,079,404	23,588	45.76	8,154	373,127	30
31	INTENSIVE CARE UNIT	161,577		161,577	2,297	70.34	1,021	71,817	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	42,248		42,248	3,979	10.62			43
44	SKILLED NURSING FACILITY	423,171		423,171	9,521	44.45	7,065	314,039	44
45	NURSING FACILITY	551,560		551,560					45
200	TOTAL (lines 30-199)	2,257,960		2,257,960	39,385		16,240	758,983	200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0130** **WORKSHEET D PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) | [XX] PPS [ ] TEFRA

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,958,002	121,527,291	0.024340	12,225,238	297,562	50
52	DELIVERY ROOM & LABOR ROOM	276,091	13,063,965	0.021134	13,043	276	52
54	RADIOLOGY-DIAGNOSTIC	1,884,439	102,082,358	0.018460	5,582,974	103,062	54
55	RADIOLOGY-THERAPEUTIC	1,176,594	24,752,301	0.047535	223,173	10,609	55
57	CT SCAN	62,261	41,982,091	0.001483	5,230,319	7,757	57
58	MRI	1,002,691	64,130,318	0.015635	2,843,620	44,460	58
59	CARDIAC CATHETERIZATION	180,964	10,455,941	0.017307	2,801,084	48,478	59
60	LABORATORY	583,519	100,974,628	0.005779	14,715,053	85,038	60
65	RESPIRATORY THERAPY	36,216	8,807,492	0.004112	4,092,433	16,828	65
66	PHYSICAL THERAPY	408,687	17,710,184	0.023076	1,906,453	43,993	66
68	SPEECH PATHOLOGY	299,140	4,517,089	0.066224	222,918	14,763	68
69	ELECTROCARDIOLOGY	246,517	25,272,262	0.009754	3,643,853	35,542	69
70	ELECTROENCEPHALOGRAPHY	74,595	485,810	0.153548	76,960	11,817	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,090	38,467,537	0.001432	6,999,113	10,023	71
72	IMPL. DEV. CHARGED TO PATIENTS	56,545	16,687,196	0.003389	5,701,923	19,324	72
73	DRUGS CHARGED TO PATIENTS	75,665	55,738,335	0.001358	7,519,821	10,212	73
76.97	CARDIAC REHABILITATION	30,665	1,703,580	0.018000	410	7	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	163,964	3,671,129	0.044663	16,990	759	90.01
90.02	WOUND CLINIC	55,318	3,616,258	0.015297	42,933	657	90.02
91	EMERGENCY	598,901	88,642,551	0.006756	5,937,665	40,115	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	183,637	8,597,512	0.021359	574,220	12,265	92
92.01	OBSERVATION BEDS-DISTINCT	114,850	155,192	0.740051			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,524,351	753,041,020		80,370,196	813,547	200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES: **[ ] TITLE V** **[XX] TITLE XVIII, PART A** **[ ] TITLE XIX** **[XX] PPS** **[ ] TEFRA**

		NURSING SCHOOL	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	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES: **[ ] TITLE V** **[XX] TITLE XVIII, PART A** **[ ] TITLE XIX** **[XX] PPS** **[ ] TEFRA**

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	23,588		8,154		30
31	INTENSIVE CARE UNIT	2,297		1,021		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	3,979				43
44	SKILLED NURSING FACILITY	9,521		7,065		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	39,385		16,240		200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | **COMPONENT CCN: 14-0130** | **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | **COMPONENT CCN: 14-0130** | **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES:
[ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX
[XX] HOSPITAL [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF [ ] NF
[ ] ICF/MR
[XX] PPS [ ] TEFRA

		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	121,527,291			12,225,238		20,176,177		50
52	DELIVERY ROOM & LABOR ROOM	13,063,965			13,043				52
54	RADIOLOGY-DIAGNOSTIC	102,082,358			5,582,974		21,280,065		54
55	RADIOLOGY-THERAPEUTIC	24,752,301			223,173		11,769,965		55
57	CT SCAN	41,982,091			5,230,319		9,179,488		57
58	MRI	64,130,318			2,843,620		14,743,761		58
59	CARDIAC CATHETERIZATION	10,455,941			2,801,084		1,989,261		59
60	LABORATORY	100,974,628			14,715,053		8,177,272		60
65	RESPIRATORY THERAPY	8,807,492			4,092,433		426,795		65
66	PHYSICAL THERAPY	17,710,184			1,906,453		31,454		66
68	SPEECH PATHOLOGY	4,517,089			222,918		454,675		68
69	ELECTROCARDIOLOGY	25,272,262			3,643,853		5,816,603		69
70	ELECTROENCEPHALOGRAPHY	485,810			76,960		93,314		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,467,537			6,999,113		4,500,825		71
72	IMPL. DEV. CHARGED TO PATIENTS	16,687,196			5,701,923		1,269,758		72
73	DRUGS CHARGED TO PATIENTS	55,738,335			7,519,821		11,152,558		73
76.97	CARDIAC REHABILITATION	1,703,580			410		1,090,483		76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	3,671,129			16,990		1,425,257		90.01
90.02	WOUND CLINIC	3,616,258			42,933		2,143,036		90.02
91	EMERGENCY	88,642,551			5,937,665		9,756,804		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,597,512			574,220		2,492,442		92
92.01	OBSERVATION BEDS-DISTINCT	155,192					10,629		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	753,041,020			80,370,196		127,980,622		200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0130** **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/MR

			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	0.218318	20,176,177			4,404,823			50
52	DELIVERY ROOM & LABOR ROOM	0.420258							52
54	RADIOLOGY-DIAGNOSTIC	0.166569	21,280,065			3,544,599			54
55	RADIOLOGY-THERAPEUTIC	0.153955	11,769,965			1,812,045			55
57	CT SCAN	0.037617	9,179,488			345,305			57
58	MRI	0.075845	14,743,761			1,118,241			58
59	CARDIAC CATHETERIZATION	0.166739	1,989,261			331,687			59
60	LABORATORY	0.123875	8,177,272	19,340		1,012,960	2,396		60
65	RESPIRATORY THERAPY	0.183477	426,795			78,307			65
66	PHYSICAL THERAPY	0.380947	31,454			11,982			66
68	SPEECH PATHOLOGY	0.634425	454,675			288,457			68
69	ELECTROCARDIOLOGY	0.060296	5,816,603			350,718			69
70	ELECTROENCEPHALOGRAPHY	0.947726	93,314			88,436			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409	4,500,825			1,235,067			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586	1,269,758			867,989			72
73	DRUGS CHARGED TO PATIENTS	0.258802	11,152,558	14,330		2,886,304	3,709		73
76.97	CARDIAC REHABILITATION	0.580551	1,090,483			633,081			76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.431288	1,425,257			614,696			90.01
90.02	WOUND CLINIC	0.456843	2,143,036			979,031			90.02
91	EMERGENCY	0.136283	9,756,804			1,329,687			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051	2,492,442			1,353,523			92
92.01	OBSERVATION BEDS-DISTINCT	1.623338	10,629			17,254			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		127,980,622	33,670		23,304,192	6,105		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		127,980,622	33,670		23,304,192	6,105		202

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-5216** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES:	**[ ] TITLE V**	**[ ] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[XX] PPS**
	[XX] TITLE XVIII, PART A	**[ ] IPF**	**[XX] SNF**		**[ ] TEFRA**
	[ ] TITLE XIX	**[ ] IRF**	**[ ] NF**		

		NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-5216** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

		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	121,527,291							50
52	DELIVERY ROOM & LABOR ROOM	13,063,965							52
54	RADIOLOGY-DIAGNOSTIC	102,082,358							54
55	RADIOLOGY-THERAPEUTIC	24,752,301							55
57	CT SCAN	41,982,091							57
58	MRI	64,130,318							58
59	CARDIAC CATHETERIZATION	10,455,941							59
60	LABORATORY	100,974,628							60
65	RESPIRATORY THERAPY	8,807,492							65
66	PHYSICAL THERAPY	17,710,184							66
68	SPEECH PATHOLOGY	4,517,089							68
69	ELECTROCARDIOLOGY	25,272,262							69
70	ELECTROENCEPHALOGRAPHY	485,810							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,467,537							71
72	IMPL. DEV. CHARGED TO PATIENTS	16,687,196							72
73	DRUGS CHARGED TO PATIENTS	55,738,335							73
76.97	CARDIAC REHABILITATION	1,703,580							76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	3,671,129							90.01
90.02	WOUND CLINIC	3,616,258							90.02
91	EMERGENCY	88,642,551							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,597,512							92
92.01	OBSERVATION BEDS-DISTINCT	155,192							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	753,041,020							200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-5216** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES: [ ] TITLE V - O/P [XX] TITLE XVIII, PART B [ ] TITLE XIX - O/P | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] SWING BED SNF [ ] SWING BED NF [ ] ICF/MR

			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	0.218318							50
52	DELIVERY ROOM & LABOR ROOM	0.420258							52
54	RADIOLOGY-DIAGNOSTIC	0.166569							54
55	RADIOLOGY-THERAPEUTIC	0.153955							55
57	CT SCAN	0.037617							57
58	MRI	0.075845							58
59	CARDIAC CATHETERIZATION	0.166739							59
60	LABORATORY	0.123875							60
65	RESPIRATORY THERAPY	0.183477							65
66	PHYSICAL THERAPY	0.380947							66
68	SPEECH PATHOLOGY	0.634425							68
69	ELECTROCARDIOLOGY	0.060296							69
70	ELECTROENCEPHALOGRAPHY	0.947726							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586							72
73	DRUGS CHARGED TO PATIENTS	0.258802							73
76.97	CARDIAC REHABILITATION	0.580551							76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.431288							90.01
90.02	WOUND CLINIC	0.456843							90.02
91	EMERGENCY	0.136283							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051							92
92.01	OBSERVATION BEDS-DISTINCT	1.623338							92.01
	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK APPLICABLE BOXES:
[ ] TITLE V
[ ] TITLE XVIII, PART A
[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 SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	1,079,404		1,079,404	23,588	45.76	1,093	50,016	30
31	INTENSIVE CARE UNIT	161,577		161,577	2,297	70.34	279	19,625	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	42,248		42,248	3,979	10.62	273	2,899	43
44	SKILLED NURSING FACILITY	423,171		423,171	9,521	44.45			44
45	NURSING FACILITY	551,560		551,560					45
200	TOTAL (lines 30-199)	2,257,960		2,257,960	39,385		1,645	72,540	200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS **COMPONENT CCN: 14-0130** **WORKSHEET D PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] TITLE XVIII, PART A [ ] IPF [XX] 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	2,958,002	121,527,291	0.024340			50
52	DELIVERY ROOM & LABOR ROOM	276,091	13,063,965	0.021134			52
54	RADIOLOGY-DIAGNOSTIC	1,884,439	102,082,358	0.018460			54
55	RADIOLOGY-THERAPEUTIC	1,176,594	24,752,301	0.047535			55
57	CT SCAN	62,261	41,982,091	0.001483			57
58	MRI	1,002,691	64,130,318	0.015635			58
59	CARDIAC CATHETERIZATION	180,964	10,455,941	0.017307			59
60	LABORATORY	583,519	100,974,628	0.005779			60
65	RESPIRATORY THERAPY	36,216	8,807,492	0.004112			65
66	PHYSICAL THERAPY	408,687	17,710,184	0.023076			66
68	SPEECH PATHOLOGY	299,140	4,517,089	0.066224			68
69	ELECTROCARDIOLOGY	246,517	25,272,262	0.009754			69
70	ELECTROENCEPHALOGRAPHY	74,595	485,810	0.153548			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,090	38,467,537	0.001432			71
72	IMPL. DEV. CHARGED TO PATIENTS	56,545	16,687,196	0.003389			72
73	DRUGS CHARGED TO PATIENTS	75,665	55,738,335	0.001358			73
76.97	CARDIAC REHABILITATION	30,665	1,703,580	0.018000			76.97
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	163,964	3,671,129	0.044663			90.01
90.02	WOUND CLINIC	55,318	3,616,258	0.015297			90.02
91	EMERGENCY	598,901	88,642,551	0.006756			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	183,637	8,597,512	0.021359			92
92.01	OBSERVATION BEDS-DISTINCT	114,850	155,192	0.740051			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	10,524,351	753,041,020				200

(A) Worksheet A line numbers

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS **WORKSHEET D PART III**

CHECK APPLICABLE BOXES: **[ ] TITLE V** **[ ] TITLE XVIII, PART A** **[XX] TITLE XIX**

		NURSING SCHOOL	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	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES:
[ ] TITLE V
[ ] TITLE XVIII, PART A
[XX] TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	23,588		1,093		30
31	INTENSIVE CARE UNIT	2,297		279		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	3,979		273		43
44	SKILLED NURSING FACILITY	9,521				44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	39,385		1,645		200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS **COMPONENT CCN: 14-0130** **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR
[ ] TITLE XVIII, PART A [ ] IPF [ ] SNF
[XX] TITLE XIX [ ] IRF [ ] NF

		NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | **COMPONENT CCN: 14-0130** | **WORKSHEET D PART IV**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR
[ ] TITLE XVIII, PART A [ ] IPF [ ] SNF
[XX] TITLE XIX [ ] IRF [ ] NF

		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	121,527,291							50
52	DELIVERY ROOM & LABOR ROOM	13,063,965							52
54	RADIOLOGY-DIAGNOSTIC	102,082,358							54
55	RADIOLOGY-THERAPEUTIC	24,752,301							55
57	CT SCAN	41,982,091							57
58	MRI	64,130,318							58
59	CARDIAC CATHETERIZATION	10,455,941							59
60	LABORATORY	100,974,628							60
65	RESPIRATORY THERAPY	8,807,492							65
66	PHYSICAL THERAPY	17,710,184							66
68	SPEECH PATHOLOGY	4,517,089							68
69	ELECTROCARDIOLOGY	25,272,262							69
70	ELECTROENCEPHALOGRAPHY	485,810							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,467,537							71
72	IMPL. DEV. CHARGED TO PATIENTS	16,687,196							72
73	DRUGS CHARGED TO PATIENTS	55,738,335							73
76.97	CARDIAC REHABILITATION	1,703,580							76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	3,671,129							90.01
90.02	WOUND CLINIC	3,616,258							90.02
91	EMERGENCY	88,642,551							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,597,512							92
92.01	OBSERVATION BEDS-DISTINCT	155,192							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	753,041,020							200

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS **COMPONENT CCN: 14-0130** **WORKSHEET D PART V**

CHECK APPLICABLE BOXES: [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF
[ ] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF
[XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

			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	0.218318							50
52	DELIVERY ROOM & LABOR ROOM	0.420258							52
54	RADIOLOGY-DIAGNOSTIC	0.166569							54
55	RADIOLOGY-THERAPEUTIC	0.153955							55
57	CT SCAN	0.037617							57
58	MRI	0.075845							58
59	CARDIAC CATHETERIZATION	0.166739							59
60	LABORATORY	0.123875							60
65	RESPIRATORY THERAPY	0.183477							65
66	PHYSICAL THERAPY	0.380947							66
68	SPEECH PATHOLOGY	0.634425							68
69	ELECTROCARDIOLOGY	0.060296							69
70	ELECTROENCEPHALOGRAPHY	0.947726							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586							72
73	DRUGS CHARGED TO PATIENTS	0.258802							73
76.97	CARDIAC REHABILITATION	0.580551							76.97
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.431288							90.01
90.02	WOUND CLINIC	0.456843							90.02
91	EMERGENCY	0.136283							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051							92
92.01	OBSERVATION BEDS-DISTINCT	1.623338							92.01
	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES:	**[ ] TITLE V - I/P**	**[XX] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[XX] PPS**	
	[XX] TITLE XVIII, PART A	**[ ] IPF**	**[ ] SNF**		**[ ] TEFRA**	
	[ ] 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)	23,588	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	23,588	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)	19,575	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	8,154	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 Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title 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)	27,443,214	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	27,443,214	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 - line 36)	27,443,214	37

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P | [XX] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) | [XX] PPS [ ] TEFRA [ ] 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)					1,163.44	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					9,486,690	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					9,486,690	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,708,465	2,297	2,049.83	1,021	2,092,876	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
						1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					17,165,011	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					28,744,577	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	444,944	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	813,547	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	1,258,491	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	27,486,086	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PARTS III & IV**

CHECK	**[ ] TITLE V - I/P**	**[XX] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[XX] PPS**
APPLICABLE	**[XX] TITLE XVIII, PART A**	**[ ] IPF**	**[ ] SNF**		**[ ] TEFRA**
BOXES:	**[ ] TITLE XIX - I/P**	**[ ] IRF**	**[ ] NF**		**[ ] OTHER**

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)	4,013	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)	1,163.44	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)	4,668,885	89

		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERV-ATION BED COST (from line89)	OBSERV-ATION BED PASS-THROUGH COST col. 3 x col. 4) (see instr-uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	1,079,404	27,443,214	0.039332	4,668,885	183,637	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-5216** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XVIII, PART A [ ] TITLE XIX - I/P | [ ] HOSPITAL [ ] IPF [ ] IRF | [ ] SUB (OTHER) [XX] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	9,521	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	9,521	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	9,521	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	7,065	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 Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title 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)	7,554,211	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	7,554,211	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 - line 36)	7,554,211	37

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-5216** **WORKSHEET D-1 PARTS III & IV**

CHECK APPLICABLE BOXES:	**[ ] TITLE V - I/P**	**[ ] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[XX] PPS**	
	[XX] TITLE XVIII, PART A	**[ ] IPF**	**[XX] SNF**		**[ ] TEFRA**	
	[ ] TITLE XIX - I/P	**[ ] IRF**	**[ ] NF**		**[ ] OTHER**	

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	7,554,211	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	793.43	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	5,605,583	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)	5,605,583	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		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)	5,605,583	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	5,605,583	86

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PART I**

CHECK APPLICABLE BOXES:	**[ ] TITLE V - I/P**	**[XX] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[ ] PPS**	
	[ ] TITLE XVIII, PART A	**[ ] IPF**	**[ ] SNF**		**[ ] TEFRA**	
	[XX] TITLE XIX - I/P	**[ ] IRF**	**[ ] NF**		**[XX] OTHER**	

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	23,588	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	23,588	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)	19,575	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,093	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 Title XIX only)	3,979	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	273	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)	27,443,214	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	27,443,214	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 - line 36)	27,443,214	37

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PART II**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] PPS
[ ] TITLE XVIII, PART A [ ] IPF [ ] TEFRA
[XX] TITLE XIX - I/P [ ] IRF [XX] 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)					1,163.44	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					1,271,640	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)					1,271,640	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)	3,192,948	3,979	802.45	273	219,069	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,708,465	2,297	2,049.83	279	571,903	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
						1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					2,062,612	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	72,540	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	72,540	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COMPUTATION OF INPATIENT OPERATING COST **COMPONENT CCN: 14-0130** **WORKSHEET D-1 PARTS III & IV**

CHECK APPLICABLE BOXES: [ ] TITLE V - I/P [XX] TITLE XIX - I/P [XX] HOSPITAL [ ] TITLE XVIII, PART A [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] NF [ ] ICF/MR [ ] PPS [ ] TEFRA [XX] OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					4,013	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERV-ATION BED COST (from line89)	OBSERV-ATION BED PASS-THROUGH COST col. 3 x col. 4) (see instr-uctions	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0130** **WORKSHEET D-3**

CHECK APPLICABLE BOXES:	**[ ] TITLE V**	**[XX] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] SWING BED SNF**	**[XX] PPS**
	[XX] TITLE XVIII, PART A	**[ ] IPF**	**[ ] SNF**	**[ ] SWING BED NF**	**[ ] TEFRA**
	[ ] TITLE XIX	**[ ] IRF**	**[ ] NF**	**[ ] ICF/MR**	**[ ] OTHER**

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (col. 1 x col. 2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		14,621,308		30
31	INTENSIVE CARE UNIT		6,421,100		31
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.218318	12,225,238	2,668,990	50
52	DELIVERY ROOM & LABOR ROOM	0.420258	13,043	5,481	52
54	RADIOLOGY-DIAGNOSTIC	0.166569	5,582,974	929,950	54
55	RADIOLOGY-THERAPEUTIC	0.153955	223,173	34,359	55
57	CT SCAN	0.037617	5,230,319	196,749	57
58	MRI	0.075845	2,843,620	215,674	58
59	CARDIAC CATHETERIZATION	0.166739	2,801,084	467,050	59
60	LABORATORY	0.123875	14,715,053	1,822,827	60
65	RESPIRATORY THERAPY	0.183477	4,092,433	750,867	65
66	PHYSICAL THERAPY	0.380947	1,906,453	726,258	66
68	SPEECH PATHOLOGY	0.634425	222,918	141,425	68
69	ELECTROCARDIOLOGY	0.060296	3,643,853	219,710	69
70	ELECTROENCEPHALOGRAPHY	0.947726	76,960	72,937	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409	6,999,113	1,920,620	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586	5,701,923	3,897,755	72
73	DRUGS CHARGED TO PATIENTS	0.258802	7,519,821	1,946,145	73
76.97	CARDIAC REHABILITATION	0.580551	410	238	76.97
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.431288	16,990	7,328	90.01
90.02	WOUND CLINIC	0.456843	42,933	19,614	90.02
91	EMERGENCY	0.136283	5,937,665	809,203	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051	574,220	311,831	92
92.01	OBSERVATION BEDS-DISTINCT	1.623338			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		80,370,196	17,165,011	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		80,370,196		202

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-5216** **WORKSHEET D-3**

CHECK APPLICABLE BOXES:	**[ ] TITLE V**	**[ ] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] SWING BED SNF**	**[XX] PPS**
	[XX] TITLE XVIII, PART A	**[ ] IPF**	**[XX] SNF**	**[ ] SWING BED NF**	**[ ] TEFRA**
	[ ] TITLE XIX	**[ ] IRF**	**[ ] NF**	**[ ] ICF/MR**	**[ ] 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
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.218318			50
52	DELIVERY ROOM & LABOR ROOM	0.420258			52
54	RADIOLOGY-DIAGNOSTIC	0.166569			54
55	RADIOLOGY-THERAPEUTIC	0.153955			55
57	CT SCAN	0.037617			57
58	MRI	0.075845			58
59	CARDIAC CATHETERIZATION	0.166739			59
60	LABORATORY	0.123875			60
65	RESPIRATORY THERAPY	0.183477			65
66	PHYSICAL THERAPY	0.380947			66
68	SPEECH PATHOLOGY	0.634425			68
69	ELECTROCARDIOLOGY	0.060296			69
70	ELECTROENCEPHALOGRAPHY	0.947726			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586			72
73	DRUGS CHARGED TO PATIENTS	0.258802			73
76.97	CARDIAC REHABILITATION	0.580551			76.97
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.431288			90.01
90.02	WOUND CLINIC	0.456843			90.02
91	EMERGENCY	0.136283			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051			92
92.01	OBSERVATION BEDS-DISTINCT	1.623338			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT **COMPONENT CCN: 14-0130** **WORKSHEET D-3**

CHECK APPLICABLE BOXES:	**[ ] TITLE V**	**[XX] HOSPITAL**	**[ ] SUB (OTHER)**	**[ ] SWING BED SNF**	**[ ] PPS**
	[ ] TITLE XVIII, PART A	**[ ] IPF**	**[ ] SNF**	**[ ] SWING BED NF**	**[ ] TEFRA**
	[XX] TITLE XIX	**[ ] IRF**	**[ ] NF**	**[ ] ICF/MR**	**[XX] 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
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.218318			50
52	DELIVERY ROOM & LABOR ROOM	0.420258			52
54	RADIOLOGY-DIAGNOSTIC	0.166569			54
55	RADIOLOGY-THERAPEUTIC	0.153955			55
57	CT SCAN	0.037617			57
58	MRI	0.075845			58
59	CARDIAC CATHETERIZATION	0.166739			59
60	LABORATORY	0.123875			60
65	RESPIRATORY THERAPY	0.183477			65
66	PHYSICAL THERAPY	0.380947			66
68	SPEECH PATHOLOGY	0.634425			68
69	ELECTROCARDIOLOGY	0.060296			69
70	ELECTROENCEPHALOGRAPHY	0.947726			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.274409			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.683586			72
73	DRUGS CHARGED TO PATIENTS	0.258802			73
76.97	CARDIAC REHABILITATION	0.580551			76.97
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.431288			90.01
90.02	WOUND CLINIC	0.456843			90.02
91	EMERGENCY	0.136283			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.543051			92
92.01	OBSERVATION BEDS-DISTINCT	1.623338			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

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, 2013 (see instructions)	1,586,111			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	17,447,221			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	1,415,832			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	78,509			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	106.01			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)				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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				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				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
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)				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 (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0215			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)				31
32	SUM OF LINES 30 AND 31				32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)				33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)				34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)				35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)				36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	20,449,164			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 SCH AND MDH ONLY (see instructions)	20,449,164			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	1,586,541			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	22,035,705			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	22,035,705			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	45,648			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	2,109,088			63
64	ALLOWABLE BAD DEBTS (see instructions)	127,809			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	83,076			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	104,871			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	19,964,045			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	-15,964			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-44,581			70.94
71	AMOUNT DUE PROVIDER (see instructions)	19,903,500			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	398,070			71.01
72	INTERIM PAYMENTS	19,449,780			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	55,650			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2				75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART 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

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0130** **WORKSHEET E PART B**

CHECK APPLICABLE BOX: [XX] 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)	6,105			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	23,304,192			2
3	PPS PAYMENTS	18,649,458			3
4	OUTLIER PAYMENT (see instructions)	74,091			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	6,105			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	33,670			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	33,670			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)	33,670			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions)	27,565			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions)				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	6,105			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	18,723,549			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	4,182,938			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	14,546,716			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)	14,546,716			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	14,546,716			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)	189,733			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	123,326			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	166,170			36
37	SUBTOTAL (see instructions)	14,670,042			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	14,670,042			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	293,401			40.01
41	INTERIM PAYMENTS	14,250,458			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	126,183			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (sse 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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-5216** **WORKSHEET E PART B**

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [XX] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions)				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions)				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (sse 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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **COMPONENT CCN: 14-0130** **WORKSHEET E-1 PART I**

CHECK APPLICABLE BOXES: **[XX] HOSPITAL [ ] SUB (OTHER) [ ] IPF [ ] SNF [ ] 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				19,449,780		14,250,458	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)				19,449,780		14,250,458	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		453,720		419,584	6.01
	BASED ON THE COST REPORT (1)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				19,903,500		14,670,042	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK APPLICABLE BOX: **[XX] HOSPITAL [ ] CAH**

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,069	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,175	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	488	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	21,872	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	836,531,986	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	22,570,754	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	722,768	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	14,455	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	708,313	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	708,313	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (sum of lines 1-3)		4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE		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 6 & 7 plus 10 and 11) (see instructions)		12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)		15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)		15.01
16	INTERIM PAYMENTS		16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)		18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF REIMBURSEMENT SETTLEMENT **COMPONENT CCN: 14-0130** **WORKSHEET E-3 PART VII**

CHECK APPLICABLE BOXES:	**[ ] TITLE V**	**[XX] HOSPITAL**	**[ ] NF**	**[ ] PPS**
	[XX] TITLE XIX	**[ ] SUB (OTHER)**	**[ ] ICF/MR**	**[ ] TEFRA**
		[ ] SNF		**[XX] 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	2,062,612		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	2,062,612		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	2,062,612		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 CHARGE 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	1	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)	2,062,612		18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			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	SUM OF LINES 27 AND 21			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)	2,062,612		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 Worksheet 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 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

CHECK APPLICABLE BOX: **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 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 SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	9,175	488		26
27	TOTAL INPATIENT DAYS (see instructions)	21,872	21,872		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.419486	0.022312		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 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)			34,350,160	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			34,350,160	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			23,310,297	42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			23,310,297	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			57,660,457	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.595732	46

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

CHECK APPLICABLE BOX: **[ ] TITLE V** **[XX] TITLE XVIII** **[ ] TITLE XIX**

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.404268	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

CHECK APPLICABLE BOX:
[ ] TITLE V
[ ] TITLE XVIII
[XX] TITLE XIX

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 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 SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	1,372	351		26
27	TOTAL INPATIENT DAYS (see instructions)	21,872	21,872		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.062729	0.016048		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 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 (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 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

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS **WORKSHEET E-4**

CHECK APPLICABLE BOX:
[ ] TITLE V
[ ] TITLE XVIII
[XX] TITLE XIX

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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

BALANCE SHEET **WORKSHEET G**

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	19,806,564				1
2	TEMPORARY INVESTMENTS	1,577,181				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	85,031,985				4
5	OTHER RECEIVABLES	3,458,494				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-60,749,042				6
7	INVENTORY	4,867,554				7
8	PREPAID EXPENSES	168,636				8
9	OTHER CURRENT ASSETS	1,526,142				9
10	DUE FROM OTHER FUNDS	-2,558,090				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	53,129,424				11
	FIXED ASSETS					
12	LAND	54,698,598				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	169,434,713				15
16	ACCUMULATED DEPRECIATION	-59,805,271				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	36,649,363				19
20	ACCUMULATED DEPRECIATION	-22,603,036				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT					23
24	ACCUMULATED DEPRECIATION					24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	178,374,367				30
	OTHER ASSETS					
31	INVESTMENTS	117,231,496	16,095,277	25,251,130		31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS	13,901,069				33
34	OTHER ASSETS	48,942,505				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	180,075,070	16,095,277	25,251,130		35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	411,578,861	16,095,277	25,251,130		36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	10,858,570				37
38	SALARIES, WAGES & FEES PAYABLE	9,928,616				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	3,296,476				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	31,593,604				43
44	OTHER CURRENT LIABILITIES	3,546,196				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	59,223,462				45
	LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE	747,794				46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	79,005,837				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	79,753,631				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	138,977,093				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	272,601,768				52
53	SPECIFIC PURPOSE FUND BALANCE		16,095,277			53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED			25,251,130		54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

BALANCE SHEET **WORKSHEET G**

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	(Omit Cents)	1	2	3	4	
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	272,601,768	16,095,277	25,251,130		59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	411,578,861	16,095,277	25,251,130		60

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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		271,687,799		4,034,191	1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		16,101,914			2
3	TOTAL (sun of line 1 and line 2)		287,789,713		4,034,191	3
4	ADDITIONS (credit adjustments)					4
5	ASSETS RELEASED FROM RESTRICTIONS					5
6	GIFTS, GRANTS & OTHER REVENUE			13,911,793		6
7	INVESTMENT INCOME - REALIZED GAINS			342,331		7
8	RECLASSIFICATION			4,296		8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)				14,258,420	10
11	SUBTOTAL (line 3 plus line 10)		287,789,713		18,292,611	11
12	DEDUCTIONS (debit adjustments)					12
13	OPERATING EXPENSES			918,851		13
14	PROPERTY ADDITIONS			1,278,483		14
15	CHNG IN VALUE OF SPLIT INT AGREEMNT					15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)				2,197,334	18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		287,789,713		16,095,277	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD		25,176,543			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sun of line 1 and line 2)		25,176,543			3
4	ADDITIONS (credit adjustments)					4
5	ASSETS RELEASED FROM RESTRICTIONS					5
6	GIFTS, GRANTS & OTHER REVENUE	74,587				6
7	INVESTMENT INCOME - REALIZED GAINS					7
8	RECLASSIFICATION					8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		74,587			10
11	SUBTOTAL (line 3 plus line 10)		25,251,130			11
12	DEDUCTIONS (debit adjustments)					12
13	OPERATING EXPENSES					13
14	PROPERTY ADDITIONS					14
15	CHNG IN VALUE OF SPLIT INT AGREEMNT					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)		25,251,130			19

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

		INPATIENT	OUTPATIENT	TOTAL	
	REVENUE CENTER	1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	46,533,783		46,533,783	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	9,318,900		9,318,900	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	55,852,683		55,852,683	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	9,966,568		9,966,568	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	9,966,568		9,966,568	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	65,819,251		65,819,251	17
18	ANCILLARY SERVICES	213,070,522		213,070,522	18
19	OUTPATIENT SERVICES		566,709,838	566,709,838	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES	59,226	333,198	392,424	27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	278,948,999	567,043,036	845,992,035	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		220,857,311	29
30	ADD (SPECIFY)			30
31	BAD DEBT			31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		220,857,311	43

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	845,992,035	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	639,910,277	2
3	NET PATIENT REVENUES (line 1 minus line 2)	206,081,758	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	220,857,311	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-14,775,553	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7,408,062	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	894,152	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	45,519	15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	5,418,622	22
23	GOVERNMENTAL APPROPRIATIONS	1,145,670	23
24	OTHER (HAP REVENUE)	4,924,019	24
24.01	OTHER (OTHER INCOME)	11,041,423	24.01
25	TOTAL OTHER INCOME (sum of lines 6-24)	30,877,467	25
26	TOTAL (line 5 plus line 25)	16,101,914	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	16,101,914	29

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7045** **WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR-TATION (see ins-tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	619,967	58,300				5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,123,695	105,669				6
7	PHYSICAL THERAPY	525,810	49,445				7
8	OCCUPATIONAL THERAPY	58,433	5,495				8
9	SPEECH PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES	42,035	3,953				10
11	HOME HEALTH AIDE	57,477	5,405				11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	2,427,417	228,267				24

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7045** **WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	678,267		678,267		678,267	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,229,364		1,229,364		1,229,364	6
7	PHYSICAL THERAPY	575,255		575,255		575,255	7
8	OCCUPATIONAL THERAPY	63,928		63,928		63,928	8
9	SPEECH PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES	45,988		45,988		45,988	10
11	HOME HEALTH AIDE	62,882		62,882		62,882	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	2,655,684		2,655,684		2,655,684	24

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

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7045** **WORKSHEET H-1 PART I**

			CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL	678,267				5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE	1,229,364				6
7	PHYSICAL THERAPY	575,255				7
8	OCCUPATIONAL THERAPY	63,928				8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES	45,988				10
11	HOME HEALTH AIDE	62,882				11
12	SUPPLIES (see instructions)					12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)	2,655,684				24

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS **HHA CCN: 14-7045** **WORKSHEET H-1 PART I**

		TRANSPORT-ATION	SUBTOTAL (cols. 0-4)	ADMINI-STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		678,267	678,267		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		1,229,364	421,680	1,651,044	6
7	PHYSICAL THERAPY		575,255	197,316	772,571	7
8	OCCUPATIONAL THERAPY		63,928	21,928	85,856	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		45,988	15,774	61,762	10
11	HOME HEALTH AIDE		62,882	21,569	84,451	11
12	SUPPLIES (see instructions)					12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		2,655,684		2,655,684	24

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

COST ALLOCATION - HHA STATISTICAL BASIS **HHA CCN: 14-7045** **WORKSHEET H-1 PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORT-ATION (Mileage)	RECONCIL-IATION	ADMINI-STRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (see instructions)							4
5	ADMINISTRATIVE AND GENERAL					-678,267	1,977,417	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						1,229,364	6
7	PHYSICAL THERAPY						575,255	7
8	OCCUPATIONAL THERAPY						63,928	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						45,988	10
11	HOME HEALTH AIDE						62,882	11
12	SUPPLIES (see instructions)							12
13	DRUGS							13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)					-678,267	1,977,417	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						678,267	25
26	UNIT COST MULTIPLIER						0.343007	26

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7045** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	ADMINISTRATIVE AND GENERAL		16,825		117,508	134,333	50,254	1
2	SKILLED NURSING CARE	1,651,044	30,497		212,986	1,894,527	708,749	2
3	PHYSICAL THERAPY	772,571	14,270		99,662	886,503	331,643	3
4	OCCUPATIONAL THERAPY	85,856	1,586		11,075	98,517	36,856	4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES	61,762	1,140		7,967	70,869	26,512	6
7	HOME HEALTH AIDE	84,451	1,560		10,894	96,905	36,252	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	2,655,684	65,878		460,092	3,181,654	1,190,266	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7045** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL					19,993		1
2	SKILLED NURSING CARE	3,831				36,216		2
3	PHYSICAL THERAPY					16,939		3
4	OCCUPATIONAL THERAPY					1,874		4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES					1,365		6
7	HOME HEALTH AIDE					1,851		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	3,831				78,238		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7045** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		13	14	15	16	17	21	
1	ADMINISTRATIVE AND GENERAL	38,609	1,080		3,406			1
2	SKILLED NURSING CARE	69,979	1,958	3,276	6,172			2
3	PHYSICAL THERAPY	32,743	917		2,888			3
4	OCCUPATIONAL THERAPY	3,637	102		321			4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES	2,620	73		231			6
7	HOME HEALTH AIDE	3,579	100		316			7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	151,167	4,230	3,276	13,334			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS **HHA CCN: 14-7045** **WORKSHEET H-2 PART I**

	HHA COST CENTER (omit cents)	I&R PROGRAM COSTS	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS	
		22	24	25	26	27	28	
1	ADMINISTRATIVE AND GENERAL		247,675		247,675			1
2	SKILLED NURSING CARE		2,724,708		2,724,708	154,134	2,878,842	2
3	PHYSICAL THERAPY		1,271,633		1,271,633	71,934	1,343,567	3
4	OCCUPATIONAL THERAPY		141,307		141,307	7,993	149,300	4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES		101,670		101,670	5,751	107,421	6
7	HOME HEALTH AIDE		139,003		139,003	7,863	146,866	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		4,625,996		4,625,996	247,675	4,625,996	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.056568		21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7045 **WORKSHEET H-2 PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	4A	5	7	
1	ADMINISTRATIVE AND GENERAL	13,133		678,267		134,333		1
2	SKILLED NURSING CARE	23,805		1,229,364		1,894,527	84	2
3	PHYSICAL THERAPY	11,139		575,255		886,503		3
4	OCCUPATIONAL THERAPY	1,238		63,928		98,517		4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES	890		45,988		70,869		6
7	HOME HEALTH AIDE	1,218		62,882		96,905		7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	51,423		2,655,684		3,181,654	84	20
21	TOTAL COST TO BE ALLOCATED	65,878		460,092		1,190,266	3,831	21
22	UNIT COST MULTIPLIER	1.281100		0.173248		0.374103		22
22	UNIT COST MULTIPLIER						45.607143	22

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7045 **WORKSHEET H-2 PART II**

	HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION DIRECT NRSING HRS	
		8	9	10	11	12	13	
1	ADMINISTRATIVE AND GENERAL				864		7,207	1
2	SKILLED NURSING CARE				1,565		13,063	2
3	PHYSICAL THERAPY				732		6,112	3
4	OCCUPATIONAL THERAPY				81		679	4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES				59		489	6
7	HOME HEALTH AIDE				80		668	7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)				3,381		28,218	20
21	TOTAL COST TO BE ALLOCATED				78,238		151,167	21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER				23.140491		5.357112	22

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7045 **WORKSHEET H-2 PART II**

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		14	15	16	17	21	22	
1	ADMINISTRATIVE AND GENERAL	1,191		1,829,007				1
2	SKILLED NURSING CARE	2,160	240	3,315,087				2
3	PHYSICAL THERAPY	1,011		1,551,226				3
4	OCCUPATIONAL THERAPY	112		172,387				4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES	81		124,011				6
7	HOME HEALTH AIDE	110		169,567				7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	4,665	240	7,161,285				20
21	TOTAL COST TO BE ALLOCATED	4,230	3,276	13,334				21
22	UNIT COST MULTIPLIER	0.906752		0.001862				22
22	UNIT COST MULTIPLIER		13.650000					22

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7045 **WORKSHEET H-2 PART II**

	HHA COST CENTER							
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 14-7045** **WORKSHEET H-3 PARTS I & II**

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION								
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PEr VISIT (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	2,878,842		2,878,842	6,457	445.85	1
2	PHYSICAL THERAPY	3	1,343,567		1,343,567	3,919	342.83	2
3	OCCUPATIONAL THERAPY	4	149,300		149,300	355	420.56	3
4	SPEECH PATHOLOGY	5				69		4
5	MEDICAL SOCIAL SERVICES	6	107,421		107,421	208	516.45	5
6	HOME HEALTH AIDE	7	146,866		146,866	545	269.48	6
7	TOTAL (sum of lines 1-6)		4,625,996		4,625,996	11,553		7

LIMITATION COST COMPUTATION			PROGRAM VISITS			
				PART B		
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
		1	2	3	4	
8	SKILLED NURSING CARE	16974	12	24		8
8.01	SKILLED NURSING CARE	29404	867	5,554		8.01
9	PHYSICAL THERAPY	16974				9
9.01	PHYSICAL THERAPY	29404	493	3,426		9.01
10	OCCUPATIONAL THERAPY	16974				10
10.01	OCCUPATIONAL THERAPY	29404	31	324		10.01
11	SPEECH PATHOLOGY	16974				11
11.01	SPEECH PATHOLOGY	29404	14	55		11.01
12	MEDICAL SOCIAL SERVICES	16974		1		12
12.01	MEDICAL SOCIAL SERVICES	29404	18	189		12.01
13	HOME HEALTH AIDE	16974				13
13.01	HOME HEALTH AIDE	29404	47	498		13.01
14	TOTAL (sum of lines 8-13)		1,482	10,071		14

SUPPLIES AND DRUGS COSTS COMPUTATIONS								
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.380947			col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67				col. 2, line 3	2
3	SPEECH PATHOLOGY	68	0.634425			col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.274409			col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.258802			col. 2, line 16	5

KPMG LLP COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

APPORTIONMENT OF PATIENT SERVICE COSTS **HHA CCN: 14-7045** **WORKSHEET H-3 PARTS I & II**

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
			PART B			PART B			
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	879	5,578		391,902	2,486,951		2,878,853	1
2	PHYSICAL THERAPY	493	3,426		169,015	1,174,536		1,343,551	2
3	OCCUPATIONAL THERAPY	31	324		13,037	136,261		149,298	3
4	SPEECH PATHOLOGY	14	55						4
5	MEDICAL SOCIAL SERVICES	18	190		9,296	98,126		107,422	5
6	HOME HEALTH AIDE	47	498		12,666	134,201		146,867	6
7	TOTAL (sum of lines 1-6)	1,482	10,071		595,916	4,030,075		4,625,991	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			
			PART B			PART B		
	OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINS-URANCE	SUBJECT TO DEDUCTIBLES & COINS-URANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINS-URANCE	SUBJECT TO DEDUCTIBLES & COINS-URANCE	
		6	7	8	9	10	11	
15	COST OF MEDICAL SUPPLIES							15
16	COST OF DRUGS							16

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF HHA REIMBURSEMRNT SETTLEMENT **HHA CCN: 14-7045** **WORKSHEET H-4**
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

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

			PART B		
		PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	DESCRIPTION	1	2	3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE I ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to excced 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES	PART B SERVICES	
	DESCRIPTION	1	2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	229,870	1,612,322	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8,161	44,227	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1,974	23,712	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	2,176	18,101	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	603	11,277	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		96	16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	242,784	1,709,735	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	242,784	1,709,735	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	242,784	1,709,735	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	242,784	1,709,735	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)	-4,855	-34,195	30
31	SUBTOTAL (line 29 plus/minus line 30)	237,929	1,675,540	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)			31.01
32	INTERIM PAYMENTS (see instructions)	237,929	1,675,540	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35

KPMG LLP

COMPU-MAX

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES **HHA CCN: 14-7045** **WORKSHEET H-5**

				PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				237,929		1,675,540	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. H-4, Part II, column as appropriate, line 32)				237,929		1,675,540	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					6.01
	BASED ON THE COST REPORT (1)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				237,929		1,675,540	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

CALCULATION OF CAPITAL PAYMENT **COMPONENT CCN: 14-0130** **WORKSHEET L**

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII, PART A [ ] TITLE XIX | [XX] HOSPITAL [ ] SUB (OTHER) | [XX] PPS [ ] COST METHOD

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,519,618	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	66,923	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)	60.97	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,586,541	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

NORTHWESTERN LAKE FOREST HOSPITAL Provider CCN: 14-0130	In Lieu of Form **CMS-2552-10**	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 11:39 Version: 2014.10

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		
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
194	HEALTH & FITNESS CENTER							194
194.01	OCCUPATIONAL HEALTH							194.01
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202