

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 01/30/2019 Time: 12:22	
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CENTRAL DUPAGE HOSPITAL (14-0242) {(Provider Name(s) and Number(s))} for the cost reporting period beginning 09/01/2017 and ending 08/31/2018, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		363,485	327,322		1
2	SUBPROVIDER - IPF		88,599			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		452,084	327,322		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 0 NORTH 025 WINFIELD ROAD	P.O. Box: 11092012			1
2	City: WINFIELD	State: IL	ZIP Code: 60190	County: DUPAGE	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	CENTRAL DUPAGE HOSPITAL	14-0242	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	CENTRAL DUPAGE HOSPITAL PSYCH.	14-S242	16974	4	07 / 01 / 1985	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2017	To: 08 / 31 / 2018		20
21	Type of control (see instructions)	2			21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,390	1,743		8	8,473	210	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N
	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.	N		
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N		
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N		
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N		
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N		
		Y/N 1	IME 4	Direct GME 5
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N		
61.01	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)			
61.02	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)			
61.03	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)			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)			
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)			
61.06	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)			

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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 Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N			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 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.	N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.			86
87	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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

Rural Providers		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
		Physical	Occupational	
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.	Speech	Respiratory	109

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1,042,732	13,327,381		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N		120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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

All Providers

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

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

141	Name: CENTRAL DUPAGE HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 00131				141	
142	Street: 27 WEST 353 JEWELL ROAD	P.O. Box:				142	
143	City: WINFIELD	State: IL	ZIP Code: 60190			143	
144	Are provider based physicians' costs included in Worksheet A?				Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1.				Y	N	145
	If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.						
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.				N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.				N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.				N		149

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

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

Multicampus

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

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

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

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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		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/07/2019	Y	01/07/2019	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)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: JOHN	Last name: VANDER LAAN	Title: PROGRAM MANAGER
42	Employer: NORTHWESTERN MEMORIAL HEALTHCARE		
43	Phone number: 312-926-6618	E-mail Address: JVANDERL@NM.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	272	99,280			21,762	2,540	59,535	1
2	HMO and other (see instructions)						6,898	10,434		2
3	HMO IPF Subprovider							1,387		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)		272	99,280			21,762	2,540	59,535	7
8	Intensive Care Unit	31	36	13,140			2,950	428	7,330	8
9	Coronary Care Unit	32	16	5,840				96	3,312	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE UNIT	35	23	8,395				622	7,868	12
13	Nursery	43						704	5,871	13
14	Total (see instructions)		347	126,655			24,712	4,390	83,916	14
15	CAH Visits									15
16	Subprovider - IPF	40	48	17,520			1,776	2,129	10,863	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30							687	24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		395							27
28	Observation Bed Days								20,141	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							160	2,429	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					6,031	1,407	18,517	1
2	HMO and other (see instructions)					1,524	2,286		2
3	HMO IPF Subprovider						230		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	NEONATAL INTENSIVE CARE UNIT								12
13	Nursery								13
14	Total (see instructions)		3,225.81			6,031	1,407	18,517	14
15	CAH Visits								15
16	Subprovider - IPF		71.69			44	353	1,760	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		3,297.50						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1 Total salaries (see instructions)	200	242,482,201		242,482,201	6,858,853.00	35.35	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetest Part B							3
4 Physician-Part A - Administrative							4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B							5
6 Non-physician-Part B							6
7 Interns & residents (in an approved program)	21						7
7.01 Contracted interns & residents (in an approved program)							7.01
8 Home office and/or related organization personnel							8
9 SNF	44						9
10 Excluded area salaries (see instructions)		5,276,071	-204,413	5,071,658	146,848.00	34.54	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)		649,384		649,384	9,973.00	65.11	11
12 Contract management and administrative services							12
13 Contract labor: Physician-Part A - Administrative		511,047		511,047	3,009.00	169.84	13
14 Home office salaries & wage-related costs							14
14.01 Home office salaries		70,037,926		70,037,926	1,417,549.00	49.41	14.01
14.02 Related organization salaries							14.02
15 Home office: Physician Part A - Administrative							15
16 Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS							
17 Wage-related costs (core)(see instructions)		63,924,530		63,924,530			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		1,448,156		1,448,156			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
25.50 Home office wage-related		29,557,428		29,557,428			25.50
25.51 Related organization wage-related							25.51
25.52 Home office: Physician Part A - Administrative - wage-related							25.52
25.53 Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26 Employee Benefits Department							26
27 Administrative & General		22,733,009	4,019,430	26,752,439	298,419.00	89.65	27
28 Administrative & General under contract (see instructions)		325,969		325,969	10,576.67	30.82	28
29 Maintenance & Repairs							29
30 Operation of Plant		2,487,401		2,487,401	80,800.00	30.78	30
31 Laundry & Linen Service		197,358		197,358	14,947.00	13.20	31
32 Housekeeping		4,310,070		4,310,070	269,185.00	16.01	32
33 Housekeeping under contract (see instructions)							33
34 Dietary		2,815,029	-1,131,881	1,683,148	180,379.00	9.33	34
35 Dietary under contract (see instructions)							35
36 Cafeteria			1,131,881	1,131,881			36
37 Maintenance of Personnel							37
38 Nursing Administration		2,881,894		2,881,894	62,349.00	46.22	38
39 Central Services and Supply		2,654,565		2,654,565	128,993.00	20.58	39
40 Pharmacy		6,002,321		6,002,321	127,279.00	47.16	40
41 Medical Records & Medical Records Library		512,188		512,188	17,193.00	29.79	41
42 Social Service		3,836,356		3,836,356	95,328.00	40.24	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	242,808,170		242,808,170	6,869,429.67	35.35	1
2	Excluded area salaries (see instructions)	5,276,071	-204,413	5,071,658	146,848.00	34.54	2
3	Subtotal salaries (line 1 minus line 2)	237,532,099	204,413	237,736,512	6,722,581.67	35.36	3
4	Subtotal other wages & related costs (see instructions)	71,198,357		71,198,357	1,430,531.00	49.77	4
5	Subtotal wage-related costs (see instructions)	93,481,958		93,481,958		39.32%	5
6	Total (sum of lines 3 through 5)	402,212,414	204,413	402,416,827	8,153,112.67	49.36	6
7	Total overhead cost (see instructions)	48,756,160	4,019,430	52,775,590	1,285,448.67	41.06	7

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HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3
PART IV****Part IV - Wage Related Cost****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	16,022,464	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,767,912	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	7,764,576	9
10	Dental, Hearing and Vision Plan	989,945	10
11	Life Insurance (If employee is owner or beneficiary)	282,589	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,984,844	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,309,939	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	16,849,226	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	665,980	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	735,211	23
24	Total Wage Related cost (Sum of lines 1-23)	65,372,686	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.176518	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	51,197,645	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 and/or supplemental payments from Medicaid?		4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	523,929,981	6
7	Medicaid cost (line 1 times line 6)	92,483,072	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.	41,285,427	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	41,285,427	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	61,004,147	19,567,332	80,571,479	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,768,330	19,567,332	30,335,662	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	10,768,330	19,567,332	30,335,662	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	34,117,948	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,416,855	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,179,776	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	31,938,172	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	6,400,583	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	36,736,245	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	78,021,672	31

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		16,714,524	16,714,524	17,429,064	34,143,588	1,590,875	35,734,463	1
2	00200	Cap Rel Costs-Mvble Equip		19,153,460	19,153,460		19,153,460		19,153,460	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department								4
5.10	00540	NON PATIENT TELEPHONES		2	2		2		2	5.10
5.30	00560	PURCHASING AND STORES								5.30
5.40	00570	ADMITTING	278	12,985	13,263		13,263		13,263	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS								5.50
5.60	00590	ADMINISTRATION & GENERAL	22,732,731	301,768,583	324,501,314	-9,243,401	315,257,913	-64,112,069	251,145,844	5.60
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,487,401	22,953,564	25,440,965	-45	25,440,920	-488,535	24,952,385	7
8	00800	Laundry & Linen Service	197,358	190,645	388,003		388,003	-60	387,943	8
9	00900	Housekeeping	4,310,070	3,368,394	7,678,464		7,678,464	-18,910	7,659,554	9
10	01000	Dietary	2,815,029	5,013,743	7,828,772	-3,510,273	4,318,499	-69,224	4,249,275	10
11	01100	Cafeteria				3,510,077	3,510,077	-2,552,086	957,991	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,881,894	1,193,045	4,074,939	-236,806	3,838,133	-35,237	3,802,896	13
14	01400	Central Services & Supply	2,654,565	6,685,382	9,339,947	-688,363	8,651,584	-7,510	8,644,074	14
15	01500	Pharmacy	6,002,321	67,334,403	73,336,724	-66,726,363	6,610,361	-3,707	6,606,654	15
16	01600	Medical Records & Library	512,188	157,514	669,702		669,702	-1,150	668,552	16
17	01700	Social Service	3,836,356	1,508,486	5,344,842		5,344,842		5,344,842	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	40,761,089	35,040,215	75,801,304	-6,850,640	68,950,664	-16,571,235	52,379,429	30
31	03100	Intensive Care Unit	8,504,771	4,100,541	12,605,312	-1,259,133	11,346,179	-95,304	11,250,875	31
32	03200	Coronary Care Unit	2,700,204	1,189,069	3,889,273	-327,455	3,561,818		3,561,818	32
35	02060	NEONATAL INTENSIVE CARE UNIT	5,064,540	1,697,351	6,761,891	-315,438	6,446,453	-17,981	6,428,472	35
40	04000	Subprovider - IPF	5,115,545	2,404,992	7,520,537	-298,012	7,222,525	-827,243	6,395,282	40
43	04300	Nursery				1,948,907	1,948,907		1,948,907	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	13,959,208	51,496,734	65,455,942	-41,127,575	24,328,367	-49,221	24,279,146	50
51	05100	Recovery Room	5,094,109	1,920,625	7,014,734	-388,965	6,625,769		6,625,769	51
52	05200	Delivery Room & Labor Room	6,945,430	3,268,071	10,213,501	-505,432	9,708,069	-824,814	8,883,255	52
53	05300	Anesthesiology	564,334	2,639,638	3,203,972	-1,848,056	1,355,916	-106,050	1,249,866	53
54	05400	Radiology-Diagnostic	5,438,317	2,117,795	7,556,112	-67,648	7,488,464	-22,851	7,465,613	54
55	05500	Radiology-Therapeutic	6,295,853	3,781,730	10,077,583	-755,425	9,322,158	-384,126	8,938,032	55
56	05600	Radioisotope	521,651	1,194,568	1,716,219	-334,261	1,381,958	-44,382	1,337,576	56
57	05700	CT Scan	1,367,242	908,753	2,275,995	-156,739	2,119,256	-3,035	2,116,221	57
58	05800	MRI	1,812,874	1,044,755	2,857,629	-141,983	2,715,646		2,715,646	58
60	06000	Laboratory	33,165,420	52,471,149	85,636,569	-14,147,300	71,489,269	-2,899,369	68,589,900	60
62	06200	Whole Blood & Packed Red Blood Cells	1,191,203	3,301,028	4,492,231	-541,725	3,950,506	-6,900	3,943,606	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy	767,478	494,851	1,262,329	-316,783	945,546		945,546	64
65	06500	Respiratory Therapy	2,954,805	1,974,706	4,929,511	-1,066,261	3,863,250		3,863,250	65
66	06600	Physical Therapy	9,122,774	2,783,619	11,906,393	-1,438,338	10,468,055	-100	10,467,955	66
67	06700	Occupational Therapy	1,409,857	434,804	1,844,661	-56,261	1,788,400		1,788,400	67
68	06800	Speech Pathology	841,397	205,111	1,046,508	-1,609	1,044,899		1,044,899	68
69	06900	Electrocardiology	8,727,968	17,623,962	26,351,930	-14,226,672	12,125,258	-421,053	11,704,205	69
70	07000	Electroencephalography	1,385,991	884,792	2,270,783	-45,751	2,225,032	-46,710	2,178,322	70
71	07100	Medical Supplies Charged to Patients				47,457,402	47,457,402		47,457,402	71
72	07200	Impl. Dev. Charged to Patients				27,382,648	27,382,648		27,382,648	72
73	07300	Drugs Charged to Patients				66,466,950	66,466,950		66,466,950	73
74	07400	Renal Dialysis				893,327	893,327		893,327	74
75.01	07501	CARDIAC REHAB	426,954	128,431	555,385	-4,937	550,448		550,448	75.01
75.02	07502	SLEEP LAB								75.02
75.03	07503	INPATIENT DIALYSIS								75.03
75.04	07504	PAIN MANAGEMENT								75.04
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	18,615,050	3,782,508	22,397,558	1,227,014	23,624,572	-2,913,733	20,710,839	90
90.01	09001	PATIENT TREATMENT CENTER	1,944,379	821,997	2,766,376	-230,729	2,535,647	-235,277	2,300,370	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	09003	CANTERA								90.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.04	09004	MENTAL HEALTH O/P	1,419,647	481,415	1,901,062	2,068,202	3,969,264	-262,460	3,706,804	90.04
90.05	09005	WOMEN'S CLINIC								90.05
90.06	09006	WOUND CARE	224,422	162,793	387,215	-138,949	248,266	-348	247,918	90.06
91	09100	Emergency	7,548,972	4,521,009	12,069,981	-1,386,263	10,683,718	-752,310	9,931,408	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	242,321,675	648,931,742	891,253,417		891,253,417	-92,182,115	799,071,302	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	160,526	714,073	874,599		874,599		874,599	190
190.0	19001	KOFEE KORNER								190.0
1										1
191	19100	Research								191
192.0	19201	WSKF								192.0
1										1
193.0	19301	DEVELOPMENT								193.0
1										1
193.0	19302	MARKETING								193.0
2										2
193.0	19303	PHYSICIAN ANSWERING SERVICE								193.0
4										4
193.0	19304	CAR SEAT SAFETY PROGRAM								193.0
5										5
193.0	19305	JOINT VENTURE								193.0
7										7
193.0	19306	PARKINSONS CENTER								193.0
8										8
200		TOTAL (sum of lines 118-199)	242,482,201	649,645,815	892,128,016		892,128,016	-92,182,115	799,945,901	200

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	IMPLANTS	A	Impl. Dev. Charged to Patient	72		27,382,648
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
500	Total reclassifications					27,382,648
	Code Letter - A					
1	CHARGEABLE MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		47,457,402
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
500	Total reclassifications					47,457,402
	Code Letter - B					
1	CAFETERIA	C	Cafeteria	11	1,131,881	2,378,196
500	Total reclassifications				1,131,881	2,378,196
	Code Letter - C					
1	DRUGS	D	Drugs Charged to Patients	73		66,466,950
500	Total reclassifications					66,466,950
	Code Letter - D					

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1	INSURANCE	1	2	3	4	5	
500	Total reclassifications	E	Cap Rel Costs-Bldg & Fixt	1		766,407	1
	Code Letter - E					766,407	500
1	PSYCH ANCILLARY	F	MENTAL HEALTH O/P	90.04	1,374,728	704,214	1
500	Total reclassifications				1,374,728	704,214	500
	Code Letter - F						
1	BILLING AND REGISTRATION	G	ADMINISTRATION & GENERAL	5.60	5,228,357	1,712,929	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
500	Total reclassifications				5,228,357	1,712,929	500
	Code Letter - G						
1	PEDIATRIC BUILDING RENT	H	Clinic	90		1,505,354	1
500	Total reclassifications					1,505,354	500
	Code Letter - H						
1	NURSERY	I	Nursery	43	1,418,246	530,661	1
500	Total reclassifications				1,418,246	530,661	500
	Code Letter - I						
1	RENAL DIALYSIS	J	Renal Dialysis	74		893,070	1
2							2
3							3
4							4
5							5
500	Total reclassifications					893,070	500
	Code Letter - J						
1	INTEREST	K	Cap Rel Costs-Bldg & Fixt	1		16,662,657	1
500	Total reclassifications					16,662,657	500
	Code Letter - K						
1	PATIENT TRANSPORTATION	L	Adults & Pediatrics	30	785,605	422,751	1
2			Intensive Care Unit	31	34,004	18,298	2
3			Coronary Care Unit	32	12,319	6,629	3
4			NEONATAL INTENSIVE CARE UNIT	35	1,617	870	4
5			Operating Room	50	52,734	28,377	5
6			Recovery Room	51	1,338	720	6
7			Delivery Room & Labor Room	52	8,194	4,410	7
8			Anesthesiology	53	1,282	690	8
9			Radiology-Diagnostic	54	101,622	54,685	9
10			CT Scan	57	6,188	3,330	10
11			MRI	58	30,269	16,289	11
12			Laboratory	60	1,059	570	12
13			Physical Therapy	66	557	300	13
14			Electrocardiology	69	35,844	19,288	14
15			Electroencephalography	70	42,589	22,918	15
16			Renal Dialysis	74	167	90	16
17			Clinic	90	9,421	5,070	17
18			WOUND CARE	90.06	56	30	18
19			Emergency	91	84,062	45,236	19
500	Total reclassifications				1,208,927	650,551	500
	Code Letter - L						
1	INTERCOMPANY	M	ADMINISTRATION & GENERAL	5.60		1,472,068	1
2							2
3							3
4							4
5							5
500	Total reclassifications					1,472,068	500
	Code Letter - M						

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	NON PATIENT TRANSPORTATION	N	ADMINISTRATION & GENERAL	5.60		1,631,787	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
500	Total reclassifications					1,631,787	500
	Code Letter - N						
	GRAND TOTAL (Increases)				10,362,139	170,214,894	

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

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref. 10	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9		
1	IMPLANTS	A	Adults & Pediatrics	30		96,049		1
2			Intensive Care Unit	31		41,734		2
3			Coronary Care Unit	32		20,174		3
4			NEONATAL INTENSIVE CARE UNIT	35		15,888		4
5			Subprovider - IPF	40		42		5
6			Operating Room	50		23,137,976		6
7			Recovery Room	51		44,367		7
8			Delivery Room & Labor Room	52		10,199		8
9			Anesthesiology	53		33,407		9
10			Radiology-Diagnostic	54		15,376		10
11			Radiology-Therapeutic	55		337		11
12			Radioisotope	56		7		12
13			CT Scan	57		12,883		13
14			MRI	58		11,075		14
15			Laboratory	60		23,275		15
16			Whole Blood & Packed Red Bloo	62		286,269		16
17			Intravenous Therapy	64		116,992		17
18			Respiratory Therapy	65		815		18
19			Physical Therapy	66		444		19
20			Occupational Therapy	67		2,407		20
21			Electrocardiology	69		3,317,802		21
22			Electroencephalography	70		35,311		22
23			CARDIAC REHAB	75.01		52		23
24			Clinic	90		320		24
25			Clinic	90		23,373		25
26			WOUND CARE	90.06		5,043		26
27			Emergency	91		131,031		27
500	Total reclassifications					27,382,648		500
	Code letter - A							
1	CHARGEABLE MEDICAL SUPPLIES	B	Nursing Administration	13		236,458		1
2			Central Services & Supply	14		649,622		2
3			Pharmacy	15		257,825		3
4			Coronary Care Unit	32		286,254		4
5			Adults & Pediatrics	30		1,919,271		5
6			Intensive Care Unit	31		869,080		6
7			NEONATAL INTENSIVE CARE UNIT	35		302,037		7
8			Subprovider - IPF	40		30,262		8
9								9
10			Operating Room	50		17,711,514		10
11			Recovery Room	51		346,656		11
12			Delivery Room & Labor Room	52		467,077		12
13			Anesthesiology	53		1,816,621		13
14			Radiology-Diagnostic	54		206,392		14
15			Radiology-Therapeutic	55		511,496		15
16			Radioisotope	56		49,665		16
17			CT Scan	57		153,374		17
18			MRI	58		177,466		18
19			Laboratory	60		7,357,422		19
20			Whole Blood & Packed Red Bloo	62		255,280		20
21			Intravenous Therapy	64		199,791		21
22			Respiratory Therapy	65		1,065,446		22
23			Physical Therapy	66		66,987		23
24			Occupational Therapy	67		49,557		24
25			Speech Pathology	68		1,609		25
26			Electrocardiology	69		10,913,098		26
27			Electroencephalography	70		75,857		27
28			CARDIAC REHAB	75.01		4,885		28
29			Clinic	90		99,594		29
30			Clinic	90		1,770		30
31			PATIENT TREATMENT CENTER	90.01		194,178		31
32			MENTAL HEALTH O/P	90.04		10,740		32
33			WOUND CARE	90.06		79,244		33
34			Emergency	91		1,090,874		34
500	Total reclassifications					47,457,402		500
	Code letter - B							
1	CAFETERIA	C	Dietary	10	1,131,881	2,378,196		1
500	Total reclassifications				1,131,881	2,378,196		500
	Code letter - C							
1	DRUGS	D	Pharmacy	15		66,466,950		1
500	Total reclassifications					66,466,950		500
	Code letter - D							

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	INSURANCE	E	ADMINISTRATION & GENERAL	5.60		766,407	9	1
500	Total reclassifications					766,407		500
	Code letter - E							
1	PSYCH ANCILLARY	F	Adults & Pediatrics	30	1,374,728	704,214		1
500	Total reclassifications				1,374,728	704,214		500
	Code letter - F							
1	BILLING AND REGISTRATION	G	Adults & Pediatrics	30	1,000	268		1
2			Intensive Care Unit	31	4,329	1,065		2
3			Subprovider - IPF	40	204,413	55,437		3
4			Operating Room	50	283,563	74,719		4
5			Delivery Room & Labor Room	52	32,921	7,839		5
6			Radiology-Diagnostic	54	1,723	464		6
7			Radiology-Therapeutic	55	192,593	50,999		7
8			Laboratory	60	3,856,569	1,358,669		8
9			Physical Therapy	66	183,824	49,688		9
10			Occupational Therapy	67	3,412	885		10
11			Electrocardiology	69	43,570	7,067		11
12			Clinic	90	137,699	30,060		12
13			PATIENT TREATMENT CENTER	90.01	8,007	2,099		13
14			WOUND CARE	90.06	41,507	13,241		14
15			Emergency	91	233,227	60,429		15
500	Total reclassifications				5,228,357	1,712,929		500
	Code letter - G							
1	PEDIATRIC BUILDING RENT	H	Adults & Pediatrics	30		1,505,354		1
500	Total reclassifications					1,505,354		500
	Code letter - H							
1	NURSERY	I	Adults & Pediatrics	30	1,418,246	530,661		1
500	Total reclassifications				1,418,246	530,661		500
	Code letter - I							
1	RENAL DIALYSIS	J	Adults & Pediatrics	30		431,108		1
2			Intensive Care Unit	31		395,227		2
3			Coronary Care Unit	32		39,975		3
4			Subprovider - IPF	40		315		4
5			PATIENT TREATMENT CENTER	90.01		26,445		5
500	Total reclassifications					893,070		500
	Code letter - J							
1	INTEREST	K	ADMINISTRATION & GENERAL	5.60		16,662,657	9	1
500	Total reclassifications					16,662,657		500
	Code letter - K							
1	PATIENT TRANSPORTATION	L	ADMINISTRATION & GENERAL	5.60	1,208,927	650,551		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
500	Total reclassifications				1,208,927	650,551		500
	Code letter - L							
1	INTERCOMPANY	M						1
2			Adults & Pediatrics	30		78,002		2
3			Subprovider - IPF	40		7,543		3
4			Radioisotope	56		248,271		4
5			Physical Therapy	66		1,138,252		5

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
500	Total reclassifications					1,472,068		500
	Code letter - M							
1	NON PATIENT TRANSPORTATION	N	Operation of Plant	7		45		1
2			Dietary	10		196		2
3			Nursing Administration	13		348		3
4			Central Services & Supply	14		38,741		4
5			Pharmacy	15		1,588		5
6			Adults & Pediatrics	30		95		6
7			Operating Room	50		914		7
8			Radioisotope	56		36,318		8
9			Laboratory	60		1,552,994		9
10			Whole Blood & Packed Red Bloo	62		176		10
11			Electrocardiology	69		267		11
12			Electroencephalography	70		90		12
13			Clinic	90		15		13
500	Total reclassifications					1,631,787		500
	Code letter - N							
	GRAND TOTAL (Decreases)				10,362,139	170,214,894		

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

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	15,605,503	2,552,791		2,552,791		18,158,294		1
2	Land Improvements								2
3	Buildings and Fixtures	393,492,837	10,346,806		10,346,806		403,839,643		3
4	Building Improvements								4
5	Fixed Equipment	127,929,203	9,135,304		9,135,304		137,064,507		5
6	Movable Equipment								6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	537,027,543	22,034,901		22,034,901		559,062,444		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	537,027,543	22,034,901		22,034,901		559,062,444		10

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	16,714,524						16,714,524	1
2	Cap Rel Costs-Mvble Equip	19,153,460						19,153,460	2
3	Total (sum of lines 1-2)	35,867,984						35,867,984	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	35,734,463						35,734,463	1
2	Cap Rel Costs-Mvble Equip	19,153,460						19,153,460	2
3	Total (sum of lines 1-2)	54,887,923						54,887,923	3

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

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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)	A	-28,934	Operation of Plant	7		8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-21,925,329				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-36,803,143				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-2,552,086	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients	B	-8,401	Delivery Room & Labor Room	52		16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
34							34
34.02	NON PT MED SUPP	B	-138,972	PATIENT TREATMENT CENTER	90.01		34.02
35							35
35.04	MEALS REVENUE	B	-67,434	Dietary	10		35.04
36							36
36.01	OTHER INCOME	B	-2,198,795	ADMINISTRATION & GENERAL	5.60		36.01
36.02	OTHER INCOME	B	-60	Laundry & Linen Service	8		36.02
36.03	OTHER INCOME	B	-1,790	Dietary	10		36.03
36.04	OTHER INCOME	B	-300	Delivery Room & Labor Room	52		36.04
36.05	OTHER INCOME	B	-220,060	Radiology-Therapeutic	55		36.05
36.06	OTHER INCOME	B	2,250	Laboratory	60		36.06
36.07	OTHER INCOME	B	43	Subprovider - IPF	40		36.07
36.08	OTHER INCOME	B	-1,782	MENTAL HEALTH O/P	90.04		36.08
36.11	OTHER INCOME	B	-10,450	PATIENT TREATMENT CENTER	90.01		36.11
36.14	OTHER INCOME	B	948	Central Services & Supply	14		36.14
36.15	OTHER INCOME	B	-100	Physical Therapy	66		36.15
36.16	OTHER INCOME	B	-17,540	Electroencephalography	70		36.16
36.17	OTHER INCOME	B	259	Adults & Pediatrics	30		36.17
36.18	OTHER INCOME	B	-94,045	Delivery Room & Labor Room	52		36.18
37							37
38	TUITION INCOME	B	-34,356	Nursing Administration	13		38
38.01	TUITION INCOME	B	-516	Laboratory	60		38.01
38.02	TUITION INCOME	B	-44,590	Emergency	91		38.02
38.03	TUITION INCOME	B	-3,238	Subprovider - IPF	40		38.03
39	RENTAL INCOME	B	-2,502,647	Clinic	90		39
39.01	RENTAL INCOME	B	-21,579	Subprovider - IPF	40		39.01
39.04	INTERCOMPANY RENTAL INCOME	B	-459,601	Operation of Plant	7		39.04
39.05	INTERCOMPANY RENTAL INCOME	B	-940,728	ADMINISTRATION & GENERAL	5.60		39.05
40	OTHER SERVICE REVENUE	B	-45,416	PATIENT TREATMENT CENTER	90.01		40
40.01	OTHER SERVICE REVENUE	B	-181,317	Subprovider - IPF	40		40.01
40.02	OTHER SERVICE REVENUE	B	-52,222	Adults & Pediatrics	30		40.02

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
40.03	OTHER SERVICE REVENUE	B	-210,743	MENTAL HEALTH O/P	90.04		40.03
40.06	OTHER SERVICE REVENUE	B	-11,851	Radiology-Diagnostic	54		40.06
40.07	OTHER SERVICE INCOME	B	-179,405	Emergency	91		40.07
41	INSTYMED REV	B	-409,317	Clinic	90		41
41.01	INSTYMED REV	B	-3,707	Pharmacy	15		41.01
41.03	RECOVERY LIVING REV	B	-13,774	Adults & Pediatrics	30		41.03
42							42
42.04	LOBBYING DUES	A	-69,718	ADMINISTRATION & GENERAL	5.60		42.04
42.05	PHYSICIAN BILLING SVC	A	-452,500	Laboratory	60		42.05
42.06	PHYSICIAN BILLING SVC	A	-12,265	Electrocardiology	69		42.06
42.07	REAL ESTATE TAXES	A	-2,564	ADMINISTRATION & GENERAL	5.60		42.07
43							43
44	CHARITABLE CONTRIBUTIONS	A	-158,003	ADMINISTRATION & GENERAL	5.60		44
44.01	CHARITABLE CONTRIBUTIONS	A	-10	Housekeeping	9		44.01
44.02	CHARITABLE CONTRIBUTIONS	A	-339	Nursing Administration	13		44.02
44.03	CHARITABLE CONTRIBUTIONS	A	-955	Adults & Pediatrics	30		44.03
44.04	CHARITABLE CONTRIBUTIONS	A	-212	Intensive Care Unit	31		44.04
44.05	CHARITABLE CONTRIBUTIONS	A	-633	Subprovider - IPF	40		44.05
44.06	CHARITABLE CONTRIBUTIONS	A	-13	Operating Room	50		44.06
44.07	CHARITABLE CONTRIBUTIONS	A	-129	Delivery Room & Labor Room	52		44.07
44.08	CHARITABLE CONTRIBUTIONS	A	-187	Clinic	90		44.08
44.09	CHARITABLE CONTRIBUTIONS	A	-48	PATIENT TREATMENT CENTER	90.01		44.09
44.10	CHARITABLE CONTRIBUTIONS	A	-1,164	Emergency	91		44.10
45	EQPT DISPOSALS	A	166,912	Cap Rel Costs-Bldg & Fixt	1	9	45
45.01	EQPT DISPOSALS	A	-18,900	Housekeeping	9		45.01
45.02	EQPT DISPOSALS	A	-542	Nursing Administration	13		45.02
45.03	EQPT DISPOSALS	A	-8,458	Central Services & Supply	14		45.03
45.04	EQPT DISPOSALS	A	-1,150	Medical Records & Library	16		45.04
45.05	EQPT DISPOSALS	A	-24,074	Adults & Pediatrics	30		45.05
45.06	EQPT DISPOSALS	A	-29,183	Intensive Care Unit	31		45.06
45.07	EQPT DISPOSALS	A	-5,309	NEONATAL INTENSIVE CARE UNIT	35		45.07
45.08	EQPT DISPOSALS	A	-1,338	Subprovider - IPF	40		45.08
45.09	EQPT DISPOSALS	A	-2,708	Operating Room	50		45.09
45.10	EQPT DISPOSALS	A	-30,801	Delivery Room & Labor Room	52		45.10
45.11	EQPT DISPOSALS	A	-9,950	Radiology-Diagnostic	54		45.11
45.12	EQPT DISPOSALS	A	-32,688	Radiology-Therapeutic	55		45.12
45.13	EQPT DISPOSALS	A	-3,035	CT Scan	57		45.13
45.14	EQPT DISPOSALS	A	-304,529	Laboratory	60		45.14
45.15	EQPT DISPOSALS	A	-6,900	Whole Blood & Packed Red Blood Cells	62		45.15
45.16	EQPT DISPOSALS	A	-23,823	Electrocardiology	69		45.16
45.17	EQPT DISPOSALS	A	-1,582	Clinic	90		45.17
45.18	EQPT DISPOSALS	A	-1,909	PATIENT TREATMENT CENTER	90.01		45.18
45.19	EQPT DISPOSALS	A	-348	WOUND CARE	90.06		45.19
45.20	EQPT DISPOSALS	A	-58,231	Emergency	91		45.20
46							46
47							47
48	CAPITALIZED INTEREST	A	1,423,963	Cap Rel Costs-Bldg & Fixt	1	9	48
49	MEDICAID TAX OFFSET	A	-23,324,175	ADMINISTRATION & GENERAL	5.60		49
49.01	NON ALLOWABLE EXPENSE	A	-3,889	ADMINISTRATION & GENERAL	5.60		49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-92,182,115				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 subscripits thereof.

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

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	164,528,231	201,331,374	-36,803,143		1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			164,528,231	201,331,374	-36,803,143		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	CADENCE HEALTH	100.00				6
7							7
8							8
9							9
10							10

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

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

KPMG LLP Compu-Max 2552-10

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.60	ADMINISTRATION & GEN AGGREGATE	611,054	611,054		211,500				1
2	30	Adults & Pediatrics AGGREGATE	201,496	201,496						2
3	30	Adults & Pediatrics LURIES CHILDREN	7,361,332	7,361,332		179,000				3
4	30	Adults & Pediatrics LURIES PARTNERS	8,917,641	8,917,641						4
5	31	Intensive Care Unit AGGREGATE	65,909	65,909						5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE	12,672	12,672		246,400				7
8	40	Subprovider - IPF AGGREGATE	619,181	619,181		181,300				8
9	50	Operating Room AGGREGATE	46,500	46,500		246,400				9
10										10
11	52	Delivery Room & Labo AGGREGATE	691,138	691,138		237,100				11
12	53	Anesthesiology AGGREGATE	106,050	106,050						12
13	54	Radiology-Diagnostic AGGREGATE	1,050	1,050						13
14	55	Radiology-Therapeuti AGGREGATE	131,378	131,378		271,900				14
15	56	Radioisotope AGGREGATE	44,382	44,382						15
16										16
17										17
18	60	Laboratory AGGREGATE	2,144,074	2,144,074						18
19										19
20										20
21	69	Electrocardiology AGGREGATE	384,965	384,965						21
22	70	Electroencephalograph AGGREGATE	29,170	29,170						22
25	90.01	PATIENT TREATMENT CE AGGREGATE	38,482	38,482						25
26	90.04	MENTAL HEALTH O/P AGGREGATE	49,935	49,935		181,300				26
27	91	Emergency AGGREGATE	468,920	468,920		211,500				27
200		TOTAL	21,925,329	21,925,329						200

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.60	ADMINISTRATION & GEN AGGREGATE							611,054	1
2	30	Adults & Pediatrics AGGREGATE							201,496	2
3	30	Adults & Pediatrics LURIES CHILDREN							7,361,332	3
4	30	Adults & Pediatrics LURIES PARTNERS							8,917,641	4
5	31	Intensive Care Unit AGGREGATE							65,909	5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE							12,672	7
8	40	Subprovider - IPF AGGREGATE							619,181	8
9	50	Operating Room AGGREGATE							46,500	9
10										10
11	52	Delivery Room & Labo AGGREGATE							691,138	11
12	53	Anesthesiology AGGREGATE							106,050	12
13	54	Radiology-Diagnostic AGGREGATE							1,050	13
14	55	Radiology-Therapeuti AGGREGATE							131,378	14
15	56	Radioisotope AGGREGATE							44,382	15
16										16
17										17
18	60	Laboratory AGGREGATE							2,144,074	18
19										19
20										20
21	69	Electrocardiology AGGREGATE							384,965	21
22	70	Electroencephalograp AGGREGATE							29,170	22
25	90.01	PATIENT TREATMENT CE AGGREGATE							38,482	25
26	90.04	MENTAL HEALTH O/P AGGREGATE							49,935	26
27	91	Emergency AGGREGATE							468,920	27
200		TOTAL							21,925,329	200

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	NON PATIEN TELEPHONES	ADMITTING	SUBTOTAL (cols.0-4)	
		0	1	2	5.10	5.40	4A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	35,734,463	35,734,463					1
2	Cap Rel Costs-Mvble Equip	19,153,460		19,153,460				2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES	2	723,740	387,920	1,111,662			5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING	13,263	22,337	11,973	1,759	49,332		5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	251,145,844	1,231,945	660,315	55,114		253,093,218	5.60
6	Maintenance & Repairs							6
7	Operation of Plant	24,952,385	13,674,246	7,329,315	36,938		45,992,884	7
8	Laundry & Linen Service	387,943	125,169	67,090	879		581,081	8
9	Housekeeping	7,659,554	401,786	215,355	10,847		8,287,542	9
10	Dietary	4,249,275	494,747	265,181	8,502		5,017,705	10
11	Cafeteria	957,991	289,720	155,288	4,397		1,407,396	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,802,896	287,837	154,279	21,694		4,266,706	13
14	Central Services & Supply	8,644,074	453,889	243,282	14,951		9,356,196	14
15	Pharmacy	6,606,654	117,231	62,835	17,003		6,803,723	15
16	Medical Records & Library	668,552					668,552	16
17	Social Service	5,344,842	56,377	30,218			5,431,437	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	52,379,429	5,488,774	2,941,950	170,327	7,002	60,987,482	30
31	Intensive Care Unit	11,250,875	883,050	473,309	44,267	1,158	12,652,659	31
32	Coronary Care Unit	3,561,818	213,143	114,243		561	3,889,765	32
35	NEONATAL INTENSIVE CARE UNIT	6,428,472	283,588	152,002	9,674	1,252	6,874,988	35
40	Subprovider - IPF	6,395,282	1,035,949	555,262	24,625	1,241	8,012,359	40
43	Nursery	1,948,907	237,490	127,293	11,726	298	2,325,714	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,279,146	2,303,206	1,234,504	131,629	4,864	27,953,349	50
51	Recovery Room	6,625,769	304,399	163,156	3,225	626	7,097,175	51
52	Delivery Room & Labor Room	8,883,255	620,857	332,776	51,303	1,059	9,889,250	52
53	Anesthesiology	1,249,866	43,707	23,427	14,072	927	1,331,999	53
54	Radiology-Diagnostic	7,465,613	874,934	468,960	72,117	791	8,882,415	54
55	Radiology-Therapeutic	8,938,032	653,676	350,366	64,202	48	10,006,324	55
56	Radioisotope	1,337,576	83,497	44,754	293	125	1,466,245	56
57	CT Scan	2,116,221	130,053	69,708	1,173	1,429	2,318,584	57
58	MRI	2,715,646	105,808	56,713	2,052	472	2,880,691	58
60	Laboratory	68,589,900	1,037,374	556,026	44,853	3,134	70,231,287	60
62	Whole Blood & Packed Red Blood Cells	3,943,606	31,979	17,141	2,052	296	3,995,074	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	945,546	15,799	8,468	879	333	971,025	64
65	Respiratory Therapy	3,863,250	134,607	72,149	6,743	1,608	4,078,357	65
66	Physical Therapy	10,467,955	261,760	140,302	22,280	238	10,892,535	66
67	Occupational Therapy	1,788,400	8,039	4,309	1,466	135	1,802,349	67
68	Speech Pathology	1,044,899	11,677	6,259	879	136	1,063,850	68
69	Electrocardiology	11,704,205	870,151	466,396	39,577	2,320	13,082,649	69
70	Electroencephalography	2,178,322	111,838	59,944	4,984	305	2,355,393	70
71	Medical Supplies Charged to Patients	47,457,402				6,354	47,463,756	71
72	Impl. Dev. Charged to Patients	27,382,648				3,777	27,386,425	72
73	Drugs Charged to Patients	66,466,950				7,069	66,474,019	73
74	Renal Dialysis	893,327	13,840	7,418		242	914,827	74
75.01	CARDIAC REHAB	550,448				7	550,455	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,710,839	573,054	307,153	133,681	51	21,724,778	90
90.01	PATIENT TREATMENT CENTER	2,300,370	169,308	90,748	21,401	9	2,581,836	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	3,706,804	245,326	131,493	4,691	114	4,088,428	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	247,918	44,470	23,836	2,932		319,156	90.06

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	NON PATIEN TELEPHONES	ADMITTING	SUBTOTAL (cols.0-4)	
		0	1	2	5.10	5.40	4A	
91	Emergency	9,931,408	1,064,086	570,344	50,423	1,351	11,617,612	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORE							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	799,071,302	35,734,463	19,153,460	1,109,610	49,332	799,069,250	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	874,599					874,599	190
190.0 1	KOFEE KORNER							190.0 1
191	Research				2,052		2,052	191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER							193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	799,945,901	35,734,463	19,153,460	1,111,662	49,332	799,945,901	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	253,093,218						5.60
6	Maintenance & Repairs							6
7	Operation of Plant	21,286,335	67,279,219					7
8	Laundry & Linen Service	268,935	419,339	1,269,355				8
9	Housekeeping	3,835,624	1,346,062		13,469,228			9
10	Dietary	2,322,284	1,657,498		340,771	9,338,258		10
11	Cafeteria	651,368	970,617		199,553		3,228,934	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,974,708	964,310		198,256		34,619	13
14	Central Services & Supply	4,330,216	1,520,616		312,629		71,623	14
15	Pharmacy	3,148,885	392,747		80,746		70,671	15
16	Medical Records & Library	309,418					9,546	16
17	Social Service	2,513,767	188,873		38,831		52,931	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	28,226,104	18,388,448	450,987	3,780,549	7,501,819	692,435	30
31	Intensive Care Unit	5,855,878	2,958,387	64,245	608,226	1,121,044	119,900	31
32	Coronary Care Unit	1,800,253	714,070		146,808		39,569	32
35	NEONATAL INTENSIVE CARE UNIT	3,181,868	950,076		195,330		65,977	35
40	Subprovider - IPF	3,708,264	3,470,628		713,539	715,395	77,558	40
43	Nursery	1,076,382	795,636	16,313	163,578		19,729	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,937,313	7,716,182	136,858	1,586,398		208,510	50
51	Recovery Room	3,284,700	1,019,795	29,186	209,663		53,268	51
52	Delivery Room & Labor Room	4,576,923	2,079,990	74,943	427,633		92,535	52
53	Anesthesiology	616,473	146,428		30,105		12,374	53
54	Radiology-Diagnostic	4,110,942	2,931,198	86,291	602,636		83,435	54
55	Radiology-Therapeutic	4,631,107	2,189,939		450,238		92,163	55
56	Radioisotope	678,605	279,730		57,511		6,450	56
57	CT Scan	1,073,082	435,704	32,484	89,578		22,365	57
58	MRI	1,333,236	354,478		72,878		23,801	58
60	Laboratory	32,504,259	3,475,401	2,156	714,521		725,296	60
62	Whole Blood & Packed Red Blood Cells	1,848,992	107,136		22,026		19,675	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	449,408	52,929		10,882		9,295	64
65	Respiratory Therapy	1,887,537	450,960		92,715		49,478	65
66	Physical Therapy	5,041,261	876,947	9,038	180,295		142,916	66
67	Occupational Therapy	834,160	26,933		5,537		21,275	67
68	Speech Pathology	492,369	39,121		8,043		11,123	68
69	Electrocardiology	6,054,885	2,915,174	63,576	599,341		66,493	69
70	Electroencephalography	1,090,118	374,678		77,031		20,450	70
71	Medical Supplies Charged to Patients	21,967,081						71
72	Impl. Dev. Charged to Patients	12,674,930						72
73	Drugs Charged to Patients	30,765,373						73
74	Renal Dialysis	423,398	46,366		9,533			74
75.01	CARDIAC REHAB	254,760					6,634	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT						5,807	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	10,054,618	1,919,840	117,861	394,707		148,308	90
90.01	PATIENT TREATMENT CENTER	1,194,920	567,216		116,616		29,566	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	1,892,198	821,888		168,975		9,692	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	147,711	148,985		30,630		3,369	90.06
91	Emergency	5,376,840	3,564,894	185,417	732,920		106,106	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	252,687,488	67,279,219	1,269,355	13,469,228	9,338,258	3,224,942	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	404,780					3,979	190
190.0 1	KOFEE KORNER							190.0 1
191	Research	950						191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER						13	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	253,093,218	67,279,219	1,269,355	13,469,228	9,338,258	3,228,934	202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	7,438,599						13
14	Central Services & Supply		15,591,280					14
15	Pharmacy			10,496,772				15
16	Medical Records & Library			8	987,524			16
17	Social Service					8,225,839		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,433,392		13,915	61,407	5,167,025	128,703,563	30
31	Intensive Care Unit	596,618		859	8,705	636,168	24,622,689	31
32	Coronary Care Unit	196,892		80	4,220	287,447	7,079,104	32
35	NEONATAL INTENSIVE CARE UNIT	328,299		21	9,409	682,861	12,288,829	35
40	Subprovider - IPF				9,328	942,796	17,649,867	40
43	Nursery	98,171			2,237	509,542	5,007,302	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,037,540		3,167	78,147		51,657,464	50
51	Recovery Room	265,061		1	16,649		11,975,498	51
52	Delivery Room & Labor Room	460,451		3,017	10,277		17,615,019	52
53	Anesthesiology	61,571		15,002	14,898		2,228,850	53
54	Radiology-Diagnostic			1,401	21,261		16,719,579	54
55	Radiology-Therapeutic			115	22,877		17,392,763	55
56	Radioisotope			57	6,295		2,494,893	56
57	CT Scan			200	37,699		4,009,696	57
58	MRI			304	16,000		4,681,388	58
60	Laboratory			2,310	183,763		107,838,993	60
62	Whole Blood & Packed Red Blood Cells				3,989		5,996,892	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy			651	14,264		1,508,454	64
65	Respiratory Therapy			21	13,316		6,572,384	65
66	Physical Therapy			243	15,355		17,158,590	66
67	Occupational Therapy				2,795		2,693,049	67
68	Speech Pathology				1,882		1,616,388	68
69	Electrocardiology	330,865		511	48,323		23,161,817	69
70	Electroencephalography	101,760			5,963		4,025,393	70
71	Medical Supplies Charged to Patients		9,886,708		83,452		79,400,997	71
72	Impl. Dev. Charged to Patients		5,704,572		47,594		45,813,521	72
73	Drugs Charged to Patients			10,385,544	176,988		107,801,924	73
74	Renal Dialysis				1,960		1,396,084	74
75.01	CARDIAC REHAB			69	669		812,587	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT						5,807	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			66,785	18,599		34,445,496	90
90.01	PATIENT TREATMENT CENTER			29	1,814		4,491,997	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P				5,804		6,986,985	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE			242	16		650,109	90.06
91	Emergency	527,979		2,220	41,569		22,155,557	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	7,438,599	15,591,280	10,496,772	987,524	8,225,839	798,659,528	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						1,283,358	190
190.0 1	KOFEE KORNER							190.0 1
191	Research						3,002	191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER						13	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	7,438,599	15,591,280	10,496,772	987,524	8,225,839	799,945,901	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		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
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		128,703,563					30
31	Intensive Care Unit		24,622,689					31
32	Coronary Care Unit		7,079,104					32
35	NEONATAL INTENSIVE CARE UNIT		12,288,829					35
40	Subprovider - IPF		17,649,867					40
43	Nursery		5,007,302					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		51,657,464					50
51	Recovery Room		11,975,498					51
52	Delivery Room & Labor Room		17,615,019					52
53	Anesthesiology		2,228,850					53
54	Radiology-Diagnostic		16,719,579					54
55	Radiology-Therapeutic		17,392,763					55
56	Radioisotope		2,494,893					56
57	CT Scan		4,009,696					57
58	MRI		4,681,388					58
60	Laboratory		107,838,993					60
62	Whole Blood & Packed Red Blood Cells		5,996,892					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		1,508,454					64
65	Respiratory Therapy		6,572,384					65
66	Physical Therapy		17,158,590					66
67	Occupational Therapy		2,693,049					67
68	Speech Pathology		1,616,388					68
69	Electrocardiology		23,161,817					69
70	Electroencephalography		4,025,393					70
71	Medical Supplies Charged to Patients		79,400,997					71
72	Impl. Dev. Charged to Patients		45,813,521					72
73	Drugs Charged to Patients		107,801,924					73
74	Renal Dialysis		1,396,084					74
75.01	CARDIAC REHAB		812,587					75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		5,807					75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		34,445,496					90
90.01	PATIENT TREATMENT CENTER		4,491,997					90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		6,986,985					90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		650,109					90.06
91	Emergency		22,155,557					91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		798,659,528					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,283,358					190
190.0 1	KOFEE KORNER							190.0 1
191	Research		3,002					191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER		13					193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		799,945,901					202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	NON PATIEN TELEPHONES	ADMITTING	
		0	1	2	2A	5.10	5.40	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES		723,740	387,920	1,111,660	1,111,660		5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING		22,337	11,973	34,310	1,759	36,069	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	92,450	1,231,945	660,315	1,984,710	55,114		5.60
6	Maintenance & Repairs							6
7	Operation of Plant	15,716	13,674,246	7,329,315	21,019,277	36,938		7
8	Laundry & Linen Service		125,169	67,090	192,259	879		8
9	Housekeeping	49,429	401,786	215,355	666,570	10,847		9
10	Dietary	77,283	494,747	265,181	837,211	8,502		10
11	Cafeteria		289,720	155,288	445,008	4,397		11
12	Maintenance of Personnel							12
13	Nursing Administration	7,807	287,837	154,279	449,923	21,694		13
14	Central Services & Supply	2,695,092	453,889	243,282	3,392,263	14,951		14
15	Pharmacy	262	117,231	62,835	180,328	17,003		15
16	Medical Records & Library							16
17	Social Service		56,377	30,218	86,595			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,981,031	5,488,774	2,941,950	10,411,755	170,325	5,071	30
31	Intensive Care Unit	63,953	883,050	473,309	1,420,312	44,267	839	31
32	Coronary Care Unit	15,676	213,143	114,243	343,062		407	32
35	NEONATAL INTENSIVE CARE UNIT	18,332	283,588	152,002	453,922	9,674	906	35
40	Subprovider - IPF	13,112	1,035,949	555,262	1,604,323	24,625	899	40
43	Nursery		237,490	127,293	364,783	11,726	215	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	473,662	2,303,206	1,234,504	4,011,372	131,629	3,522	50
51	Recovery Room	35,254	304,399	163,156	502,809	3,225	453	51
52	Delivery Room & Labor Room	64,888	620,857	332,776	1,018,521	51,303	767	52
53	Anesthesiology	18,285	43,707	23,427	85,419	14,072	671	53
54	Radiology-Diagnostic	1,028	874,934	468,960	1,344,922	72,117	573	54
55	Radiology-Therapeutic	16,153	653,676	350,366	1,020,195	64,202	35	55
56	Radioisotope	3,579	83,497	44,754	131,830	293	90	56
57	CT Scan	6,033	130,053	69,708	205,794	1,173	1,035	57
58	MRI	6,704	105,808	56,713	169,225	2,052	342	58
60	Laboratory	567,043	1,037,374	556,026	2,160,443	44,853	2,269	60
62	Whole Blood & Packed Red Blood Cells	7,245	31,979	17,141	56,365	2,052	214	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	2,600	15,799	8,468	26,867	879	241	64
65	Respiratory Therapy	25,598	134,607	72,149	232,354	6,743	1,164	65
66	Physical Therapy	11,437	261,760	140,302	413,499	22,280	173	66
67	Occupational Therapy	1,556	8,039	4,309	13,904	1,466	98	67
68	Speech Pathology	148	11,677	6,259	18,084	879	99	68
69	Electrocardiology	38,893	870,151	466,396	1,375,440	39,577	1,680	69
70	Electroencephalography	971	111,838	59,944	172,753	4,984	221	70
71	Medical Supplies Charged to Patients						4,601	71
72	Impl. Dev. Charged to Patients						2,735	72
73	Drugs Charged to Patients						5,463	73
74	Renal Dialysis		13,840	7,418	21,258		175	74
75.01	CARDIAC REHAB	950			950		5	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	341			341			75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,111	573,054	307,153	883,318	133,681	37	90
90.01	PATIENT TREATMENT CENTER	6,151	169,308	90,748	266,207	21,401	7	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		245,326	131,493	376,819	4,691	83	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		44,470	23,836	68,306	2,932		90.06
91	Emergency	19,247	1,064,086	570,344	1,653,677	50,423	979	91
92	Observation Beds (Non-Distinct Part)							92

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	NON PATIEN TELEPHONES	ADMITTING	
		0	1	2	2A	5.10	5.40	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,341,020	35,734,463	19,153,460	61,228,943	1,109,608	36,069	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0 1	KOFEE KORNER							190.0 1
191	Research					2,052		191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER							193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,341,020	35,734,463	19,153,460	61,228,943	1,111,660	36,069	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	2,039,824						5.60
6	Maintenance & Repairs							6
7	Operation of Plant	171,553	21,227,768					7
8	Laundry & Linen Service	2,167	132,309	327,614				8
9	Housekeeping	30,913	424,706		1,133,036			9
10	Dietary	18,716	522,969		28,666	1,416,064		10
11	Cafeteria	5,250	306,247		16,786		777,688	11
12	Maintenance of Personnel							12
13	Nursing Administration	15,915	304,257		16,677		8,338	13
14	Central Services & Supply	34,899	479,781		26,298		17,250	14
15	Pharmacy	25,378	123,919		6,792		17,021	15
16	Medical Records & Library	2,494					2,299	16
17	Social Service	20,259	59,593		3,266		12,748	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	227,483	5,801,876	116,399	318,023	1,137,585	166,772	30
31	Intensive Care Unit	47,194	933,423	16,581	51,164	169,996	28,878	31
32	Coronary Care Unit	14,509	225,301		12,350		9,530	32
35	NEONATAL INTENSIVE CARE UNIT	25,644	299,766		16,431		15,890	35
40	Subprovider - IPF	29,886	1,095,044		60,023	108,483	18,680	40
43	Nursery	8,675	251,037	4,210	13,760		4,752	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	104,266	2,434,590	35,322	133,448		50,219	50
51	Recovery Room	26,472	321,763	7,533	17,637		12,830	51
52	Delivery Room & Labor Room	36,887	656,273	19,342	35,973		22,287	52
53	Anesthesiology	4,968	46,201		2,532		2,980	53
54	Radiology-Diagnostic	33,131	924,844	22,271	50,694		20,095	54
55	Radiology-Therapeutic	37,324	690,964		37,874		22,197	55
56	Radioisotope	5,469	88,260		4,838		1,554	56
57	CT Scan	8,648	137,472	8,384	7,535		5,387	57
58	MRI	10,745	111,844		6,131		5,733	58
60	Laboratory	262,028	1,096,550	556	60,106		174,690	60
62	Whole Blood & Packed Red Blood Cells	14,902	33,803		1,853		4,739	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	3,622	16,700		915		2,239	64
65	Respiratory Therapy	15,212	142,286		7,799		11,917	65
66	Physical Therapy	40,629	276,692	2,333	15,166		34,421	66
67	Occupational Therapy	6,723	8,498		466		5,124	67
68	Speech Pathology	3,968	12,343		677		2,679	68
69	Electrocardiology	48,798	919,788	16,409	50,417		16,015	69
70	Electroencephalography	8,786	118,217		6,480		4,925	70
71	Medical Supplies Charged to Patients	177,040						71
72	Impl. Dev. Charged to Patients	102,151						72
73	Drugs Charged to Patients	247,948						73
74	Renal Dialysis	3,412	14,629		802			74
75.01	CARDIAC REHAB	2,053					1,598	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT						1,399	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	81,033	605,743	30,419	33,203		35,720	90
90.01	PATIENT TREATMENT CENTER	9,630	178,967		9,810		7,121	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	15,250	259,320		14,214		2,334	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,190	47,007		2,577		811	90.06
91	Emergency	43,334	1,124,786	47,855	61,653		25,555	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,036,554	21,227,768	327,614	1,133,036	1,416,064	776,727	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,262					958	190
190.0 1	KOFEE KORNER							190.0 1
191	Research	8						191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER						3	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,039,824	21,227,768	327,614	1,133,036	1,416,064	777,688	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	816,804						13
14	Central Services & Supply		3,965,442					14
15	Pharmacy			370,441				15
16	Medical Records & Library				4,793			16
17	Social Service					182,461		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	377,009		491	282	114,612	18,847,683	30
31	Intensive Care Unit	65,512		30	40	14,111	2,792,347	31
32	Coronary Care Unit	21,620		3	19	6,376	633,177	32
35	NEONATAL INTENSIVE CARE UNIT	36,049		1	43	15,147	873,473	35
40	Subprovider - IPF				43	20,913	2,962,919	40
43	Nursery	10,780			10	11,302	681,250	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	113,928		112	358		7,018,766	50
51	Recovery Room	29,105			76		921,903	51
52	Delivery Room & Labor Room	50,560		106	47		1,892,066	52
53	Anesthesiology	6,761		529	68		164,201	53
54	Radiology-Diagnostic			49	98		2,468,794	54
55	Radiology-Therapeutic			4	105		1,872,900	55
56	Radioisotope			2	29		232,365	56
57	CT Scan			7	173		375,608	57
58	MRI			11	73		306,156	58
60	Laboratory			82	1,108		3,802,685	60
62	Whole Blood & Packed Red Blood Cells				18		113,946	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy			23	65		51,551	64
65	Respiratory Therapy			1	61		417,537	65
66	Physical Therapy			9	70		805,272	66
67	Occupational Therapy				13		36,292	67
68	Speech Pathology				9		38,738	68
69	Electrocardiology	36,331		18	222		2,504,695	69
70	Electroencephalography	11,174			27		327,567	70
71	Medical Supplies Charged to Patients		2,514,545		383		2,696,569	71
72	Impl. Dev. Charged to Patients		1,450,897		218		1,556,001	72
73	Drugs Charged to Patients			366,516	812		620,739	73
74	Renal Dialysis				9		40,285	74
75.01	CARDIAC REHAB			2	3		4,611	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT						1,740	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			2,357	85		1,805,596	90
90.01	PATIENT TREATMENT CENTER			1	8		493,152	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P				27		672,738	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE			9			122,832	90.06
91	Emergency	57,975		78	191		3,066,506	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	816,804	3,965,442	370,441	4,793	182,461	61,222,660	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						4,220	190
190.0 1	KOFEE KORNER							190.0 1
191	Research						2,060	191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER						3	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	816,804	3,965,442	370,441	4,793	182,461	61,228,943	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		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
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		18,847,683					30
31	Intensive Care Unit		2,792,347					31
32	Coronary Care Unit		633,177					32
35	NEONATAL INTENSIVE CARE UNIT		873,473					35
40	Subprovider - IPF		2,962,919					40
43	Nursery		681,250					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		7,018,766					50
51	Recovery Room		921,903					51
52	Delivery Room & Labor Room		1,892,066					52
53	Anesthesiology		164,201					53
54	Radiology-Diagnostic		2,468,794					54
55	Radiology-Therapeutic		1,872,900					55
56	Radioisotope		232,365					56
57	CT Scan		375,608					57
58	MRI		306,156					58
60	Laboratory		3,802,685					60
62	Whole Blood & Packed Red Blood Cells		113,946					62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		51,551					64
65	Respiratory Therapy		417,537					65
66	Physical Therapy		805,272					66
67	Occupational Therapy		36,292					67
68	Speech Pathology		38,738					68
69	Electrocardiology		2,504,695					69
70	Electroencephalography		327,567					70
71	Medical Supplies Charged to Patients		2,696,569					71
72	Impl. Dev. Charged to Patients		1,556,001					72
73	Drugs Charged to Patients		620,739					73
74	Renal Dialysis		40,285					74
75.01	CARDIAC REHAB		4,611					75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		1,740					75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,805,596					90
90.01	PATIENT TREATMENT CENTER		493,152					90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		672,738					90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		122,832					90.06
91	Emergency		3,066,506					91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		61,222,660					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		4,220					190
190.0 1	KOFEE KORNER							190.0 1
191	Research		2,060					191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER		3					193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		61,228,943					202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIEN TELEPHONES NUMBER OF PHONES	PURCHASING AND STORES SUPPLIES EXPENSE	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,404,613						1
2	Cap Rel Costs-Mvble Equip		1,404,613					2
4	Employee Benefits Department			242,482,201				4
5.10	NON PATIENT TELEPHONES	28,448	28,448		3,792			5.10
5.30	PURCHASING AND STORES					89,890,724		5.30
5.40	ADMITTING	878	878	278	6		1,723,955,989	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	48,424	48,424	26,752,161	188			5.60
6	Maintenance & Repairs							6
7	Operation of Plant	537,493	537,493	2,487,401	126	110,834		7
8	Laundry & Linen Service	4,920	4,920	197,358	3	47		8
9	Housekeeping	15,793	15,793	4,310,070	37	606,374		9
10	Dietary	19,447	19,447	1,683,148	29	92,688		10
11	Cafeteria	11,388	11,388	1,131,881	15			11
12	Maintenance of Personnel							12
13	Nursing Administration	11,314	11,314	2,881,894	74	252,637		13
14	Central Services & Supply	17,841	17,841	2,654,565	51	788,046		14
15	Pharmacy	4,608	4,608	6,002,321	58			15
16	Medical Records & Library			512,188				16
17	Social Service	2,216	2,216	3,836,356				17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	215,747	215,747	38,752,720	581	2,352,180	241,452,704	30
31	Intensive Care Unit	34,710	34,710	8,534,446	151	986,228	39,931,985	31
32	Coronary Care Unit	8,378	8,378	2,712,523		325,560	19,358,600	32
35	NEONATAL INTENSIVE CARE UNIT	11,147	11,147	5,066,157	33	340,197	43,161,384	35
40	Subprovider - IPF	40,720	40,720	4,911,132	84	67,101	42,790,880	40
43	Nursery	9,335	9,335	1,418,246	40		10,261,383	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	90,532	90,532	13,728,379	449	21,374,296	167,712,592	50
51	Recovery Room	11,965	11,965	5,095,447	11	397,272	21,572,965	51
52	Delivery Room & Labor Room	24,404	24,404	6,920,703	175	514,975	36,517,141	52
53	Anesthesiology	1,718	1,718	565,616	48	2,081,206	31,958,514	53
54	Radiology-Diagnostic	34,391	34,391	5,538,216	246	280,657	27,270,751	54
55	Radiology-Therapeutic	25,694	25,694	6,103,260	219	571,491	1,658,426	55
56	Radioisotope	3,282	3,282	521,651	1	363,259	4,298,261	56
57	CT Scan	5,112	5,112	1,373,430	4	414,288	49,265,926	57
58	MRI	4,159	4,159	1,843,143	7	347,029	16,264,787	58
60	Laboratory	40,776	40,776	29,309,910	153	12,798,559	108,067,815	60
62	Whole Blood & Packed Red Blood Cells	1,257	1,257	1,191,203	7	2,367,439	10,196,800	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	621	621	767,478	3	199,967	11,487,576	64
65	Respiratory Therapy	5,291	5,291	2,954,805	23	1,077,433	55,438,177	65
66	Physical Therapy	10,289	10,289	8,939,507	76	91,015	8,222,100	66
67	Occupational Therapy	316	316	1,406,445	5	56,059	4,646,934	67
68	Speech Pathology	459	459	841,397	3	2,033	4,699,304	68
69	Electrocardiology	34,203	34,203	8,720,242	135	11,067,191	79,994,206	69
70	Electroencephalography	4,396	4,396	1,428,580	17	137,881	10,533,707	70
71	Medical Supplies Charged to Patients						219,097,972	71
72	Impl. Dev. Charged to Patients					27,460,136	130,243,429	72
73	Drugs Charged to Patients						266,651,795	73
74	Renal Dialysis	544	544	167			8,341,254	74
75.01	CARDIAC REHAB			426,954		7,781	232,297	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	22,525	22,525	18,486,772	456	592,698	1,766,008	90
90.01	PATIENT TREATMENT CENTER	6,655	6,655	1,936,372	73	221,403	316,225	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	9,643	9,643	2,794,375	16	14,585	3,945,068	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,748	1,748	182,971	10	80,406	211	90.06
91	Emergency	41,826	41,826	7,399,807	172	1,180,911	46,598,812	91

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIEN TELEPHONES NUMBER OF PHONES	PURCHASING AND STORES SUPPLIES EXPENSE	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,404,613	1,404,613	242,321,675	3,785	89,621,862	1,723,955,989	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			160,526		268,862		190
190.0	KOFEE KORNER							190.0
1								1
191	Research				7			191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	35,734,463	19,153,460		1,111,662		49,332	202
203	Unit Cost Multiplier (Wkst. B, Part I)	25.440789	13.636112		293.159810		0.000029	203
204	Cost to be allocated (Per Wkst. B, Part II)				1,111,660		36,069	204
205	Unit Cost Multiplier (Wkst. B, Part II)				293.159283		0.000021	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	-253,093,218	546,852,683					5.60
6	Maintenance & Repairs							6
7	Operation of Plant		45,992,884	789,370				7
8	Laundry & Linen Service		581,081	4,920	1,525,014			8
9	Housekeeping		8,287,542	15,793		768,657		9
10	Dietary		5,017,705	19,447		19,447	235,155	10
11	Cafeteria		1,407,396	11,388		11,388		11
12	Maintenance of Personnel							12
13	Nursing Administration		4,266,706	11,314		11,314		13
14	Central Services & Supply		9,356,196	17,841		17,841		14
15	Pharmacy		6,803,723	4,608		4,608		15
16	Medical Records & Library		668,552					16
17	Social Service		5,431,437	2,216		2,216		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		60,987,482	215,747	541,821	215,747	188,910	30
31	Intensive Care Unit		12,652,659	34,710	77,184	34,710	28,230	31
32	Coronary Care Unit		3,889,765	8,378		8,378		32
35	NEONATAL INTENSIVE CARE UNIT		6,874,988	11,147		11,147		35
40	Subprovider - IPF		8,012,359	40,720		40,720	18,015	40
43	Nursery		2,325,714	9,335	19,598	9,335		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		27,953,349	90,532	164,422	90,532		50
51	Recovery Room		7,097,175	11,965	35,064	11,965		51
52	Delivery Room & Labor Room		9,889,250	24,404	90,037	24,404		52
53	Anesthesiology		1,331,999	1,718		1,718		53
54	Radiology-Diagnostic		8,882,415	34,391	103,671	34,391		54
55	Radiology-Therapeutic		10,006,324	25,694		25,694		55
56	Radioisotope		1,466,245	3,282		3,282		56
57	CT Scan		2,318,584	5,112	39,027	5,112		57
58	MRI		2,880,691	4,159		4,159		58
60	Laboratory		70,231,287	40,776	2,590	40,776		60
62	Whole Blood & Packed Red Blood Cells		3,995,074	1,257		1,257		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		971,025	621		621		64
65	Respiratory Therapy		4,078,357	5,291		5,291		65
66	Physical Therapy		10,892,535	10,289	10,858	10,289		66
67	Occupational Therapy		1,802,349	316		316		67
68	Speech Pathology		1,063,850	459		459		68
69	Electrocardiology		13,082,649	34,203	76,381	34,203		69
70	Electroencephalography		2,355,393	4,396		4,396		70
71	Medical Supplies Charged to Patients		47,463,756					71
72	Impl. Dev. Charged to Patients		27,386,425					72
73	Drugs Charged to Patients		66,474,019					73
74	Renal Dialysis		914,827	544		544		74
75.01	CARDIAC REHAB		550,455					75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		21,724,778	22,525	141,599	22,525		90
90.01	PATIENT TREATMENT CENTER		2,581,836	6,655		6,655		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		4,088,428	9,643		9,643		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		319,156	1,748		1,748		90.06
91	Emergency		11,617,612	41,826	222,762	41,826		91

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

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-253,093,218	545,976,032	789,370	1,525,014	768,657	235,155	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		874,599					190
190.0	KOFEE KORNER							190.0
1								1
191	Research		2,052					191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		253,093,218	67,279,219	1,269,355	13,469,228	9,338,258	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.462818	85.231538	0.832356	17.523067	39.711076	203
204	Cost to be allocated (Per Wkst. B, Part II)		2,039,824	21,227,768	327,614	1,133,036	1,416,064	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.003730	26.892038	0.214827	1.474046	6.021832	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSRG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
		11	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	5,815,303						11
12	Maintenance of Personnel							12
13	Nursing Administration	62,349	2,692,317					13
14	Central Services & Supply	128,993		74,840,050				14
15	Pharmacy	127,279			66,711,771			15
16	Medical Records & Library	17,193			50	4,524,522,224		16
17	Social Service	95,328					94,779	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,247,074	1,242,677		88,436	281,684,626	59,535	30
31	Intensive Care Unit	215,939	215,939		5,458	39,931,985	7,330	31
32	Coronary Care Unit	71,263	71,263		508	19,358,600	3,312	32
35	NEONATAL INTENSIVE CARE UNIT	118,824	118,824		133	43,161,384	7,868	35
40	Subprovider - IPF	139,681				42,790,880	10,863	40
43	Nursery	35,532	35,532			10,261,383	5,871	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	375,526	375,526		20,126	358,472,087		50
51	Recovery Room	95,936	95,936		9	76,370,029		51
52	Delivery Room & Labor Room	166,655	166,655		19,173	47,143,921		52
53	Anesthesiology	22,285	22,285		95,345	68,340,298		53
54	Radiology-Diagnostic	150,266			8,906	97,526,688		54
55	Radiology-Therapeutic	165,986			729	104,938,390		55
56	Radioisotope	11,617			360	28,874,667		56
57	CT Scan	40,279			1,268	172,933,062		57
58	MRI	42,866			1,934	73,393,187		58
60	Laboratory	1,306,254			14,678	837,544,480		60
62	Whole Blood & Packed Red Blood Cells	35,435				18,297,035		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	16,740			4,140	65,430,259		64
65	Respiratory Therapy	89,110			134	61,081,986		65
66	Physical Therapy	257,392			1,545	70,434,528		66
67	Occupational Therapy	38,317				12,822,181		67
68	Speech Pathology	20,033				8,631,492		68
69	Electrocardiology	119,753	119,753		3,250	221,666,639		69
70	Electroencephalography	36,831	36,831			27,353,246		70
71	Medical Supplies Charged to Patients			47,457,402		382,807,745		71
72	Impl. Dev. Charged to Patients			27,382,648		218,319,799		72
73	Drugs Charged to Patients				66,004,878	811,870,524		73
74	Renal Dialysis					8,992,390		74
75.01	CARDIAC REHAB	11,947			436	3,067,431		75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	10,459						75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	267,103			424,448	85,318,388		90
90.01	PATIENT TREATMENT CENTER	53,249			183	8,322,530		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	17,455				26,622,153		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	6,068			1,538	73,823		90.06
91	Emergency	191,096	191,096		14,106	190,684,408		91

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

	COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
		11	13	14	15	16	17	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,808,113	2,692,317	74,840,050	66,711,771	4,524,522,224	94,779	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	7,167						190
190.0	KOFEE KORNER							190.0
1								1
191	Research							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER	23						193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,228,934	7,438,599	15,591,280	10,496,772	987,524	8,225,839	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.555248	2.762899	0.208328	0.157345	0.000218	86.789679	203
204	Cost to be allocated (Per Wkst. B, Part II)	777,688	816,804	3,965,442	370,441	4,793	182,461	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.133731	0.303383	0.052986	0.005553	0.000001	1.925121	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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

	COST CENTER DESCRIPTIONS							

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
35	NEONATAL INTENSIVE CARE UNIT							35
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
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
74	Renal Dialysis							74
75.01	CARDIAC REHAB							75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PATIENT TREATMENT CENTER							90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P							90.04
90.05	WOMEN'S CLINIC							90.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
90.06	WOUND CARE							90.06
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORE							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0	KOFEE KORNER							190.0
1								1
191	Research							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	128,703,563		128,703,563		128,703,563	30
31	Intensive Care Unit	24,622,689		24,622,689		24,622,689	31
32	Coronary Care Unit	7,079,104		7,079,104		7,079,104	32
35	NEONATAL INTENSIVE CARE UNIT	12,288,829		12,288,829		12,288,829	35
40	Subprovider - IPF	17,649,867		17,649,867		17,649,867	40
43	Nursery	5,007,302		5,007,302		5,007,302	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	51,657,464		51,657,464		51,657,464	50
51	Recovery Room	11,975,498		11,975,498		11,975,498	51
52	Delivery Room & Labor Room	17,615,019		17,615,019		17,615,019	52
53	Anesthesiology	2,228,850		2,228,850		2,228,850	53
54	Radiology-Diagnostic	16,719,579		16,719,579		16,719,579	54
55	Radiology-Therapeutic	17,392,763		17,392,763		17,392,763	55
56	Radioisotope	2,494,893		2,494,893		2,494,893	56
57	CT Scan	4,009,696		4,009,696		4,009,696	57
58	MRI	4,681,388		4,681,388		4,681,388	58
60	Laboratory	107,838,993		107,838,993		107,838,993	60
62	Whole Blood & Packed Red Blood Cells	5,996,892		5,996,892		5,996,892	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	1,508,454		1,508,454		1,508,454	64
65	Respiratory Therapy	6,572,384		6,572,384		6,572,384	65
66	Physical Therapy	17,158,590		17,158,590		17,158,590	66
67	Occupational Therapy	2,693,049		2,693,049		2,693,049	67
68	Speech Pathology	1,616,388		1,616,388		1,616,388	68
69	Electrocardiology	23,161,817		23,161,817		23,161,817	69
70	Electroencephalography	4,025,393		4,025,393		4,025,393	70
71	Medical Supplies Charged to Patients	79,400,997		79,400,997		79,400,997	71
72	Impl. Dev. Charged to Patients	45,813,521		45,813,521		45,813,521	72
73	Drugs Charged to Patients	107,801,924		107,801,924		107,801,924	73
74	Renal Dialysis	1,396,084		1,396,084		1,396,084	74
75.01	CARDIAC REHAB	812,587		812,587		812,587	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	5,807		5,807		5,807	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	34,445,496		34,445,496		34,445,496	90
90.01	PATIENT TREATMENT CENTER	4,491,997		4,491,997		4,491,997	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	6,986,985		6,986,985		6,986,985	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	650,109		650,109		650,109	90.06
91	Emergency	22,155,557		22,155,557		22,155,557	91
92	Observation Beds (Non-Distinct Part)	32,534,563		32,534,563		32,534,563	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	831,194,091		831,194,091		831,194,091	200
201	Less Observation Beds	32,534,563				32,534,563	201
202	Total (line 200 minus line 201)	798,659,528		798,659,528		798,659,528	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	241,452,704		241,452,704				30
31	Intensive Care Unit	39,931,985		39,931,985				31
32	Coronary Care Unit	19,358,600		19,358,600				32
35	NEONATAL INTENSIVE CARE UNIT	43,161,384		43,161,384				35
40	Subprovider - IPF	42,790,880		42,790,880				40
43	Nursery	10,261,383		10,261,383				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	167,712,592	190,759,495	358,472,087	0.144105	0.144105	0.144105	50
51	Recovery Room	21,572,965	54,797,064	76,370,029	0.156809	0.156809	0.156809	51
52	Delivery Room & Labor Room	36,517,141	10,626,780	47,143,921	0.373643	0.373643	0.373643	52
53	Anesthesiology	31,958,514	36,381,784	68,340,298	0.032614	0.032614	0.032614	53
54	Radiology-Diagnostic	27,270,751	70,255,937	97,526,688	0.171436	0.171436	0.171436	54
55	Radiology-Therapeutic	1,658,426	103,279,964	104,938,390	0.165743	0.165743	0.165743	55
56	Radioisotope	4,298,261	24,576,406	28,874,667	0.086404	0.086404	0.086404	56
57	CT Scan	49,265,926	123,667,136	172,933,062	0.023186	0.023186	0.023186	57
58	MRI	16,264,787	57,128,400	73,393,187	0.063785	0.063785	0.063785	58
60	Laboratory	108,067,815	729,476,665	837,544,480	0.128756	0.128756	0.128756	60
62	Whole Blood & Packed Red Blood Cells	10,196,800	8,100,235	18,297,035	0.327752	0.327752	0.327752	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	11,487,576	53,942,683	65,430,259	0.023054	0.023054	0.023054	64
65	Respiratory Therapy	55,438,177	5,643,809	61,081,986	0.107599	0.107599	0.107599	65
66	Physical Therapy	8,222,100	62,212,428	70,434,528	0.243610	0.243610	0.243610	66
67	Occupational Therapy	4,646,934	8,175,247	12,822,181	0.210030	0.210030	0.210030	67
68	Speech Pathology	4,699,304	3,932,188	8,631,492	0.187266	0.187266	0.187266	68
69	Electrocardiology	79,994,206	141,672,433	221,666,639	0.104489	0.104489	0.104489	69
70	Electroencephalography	10,533,707	16,819,539	27,353,246	0.147163	0.147163	0.147163	70
71	Medical Supplies Charged to Patients	219,097,972	163,709,773	382,807,745	0.207417	0.207417	0.207417	71
72	Impl. Dev. Charged to Patients	130,243,429	88,076,370	218,319,799	0.209846	0.209846	0.209846	72
73	Drugs Charged to Patients	266,651,795	545,218,729	811,870,524	0.132782	0.132782	0.132782	73
74	Renal Dialysis	8,341,254	651,136	8,992,390	0.155252	0.155252	0.155252	74
75.01	CARDIAC REHAB	232,297	2,835,134	3,067,431	0.264908	0.264908	0.264908	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,766,008	83,552,380	85,318,388	0.403729	0.403729	0.403729	90
90.01	PATIENT TREATMENT CENTER	316,225	8,006,305	8,322,530	0.539739	0.539739	0.539739	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	3,945,068	22,677,085	26,622,153	0.262450	0.262450	0.262450	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	211	73,612	73,823	8.806321	8.806321	8.806321	90.06
91	Emergency	46,598,812	144,085,596	190,684,408	0.116190	0.116190	0.116190	91
92	Observation Beds (Non-Distinct Part)		40,231,922	40,231,922	0.808675	0.808675	0.808675	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	1,723,955,989	2,800,566,235	4,524,522,224				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,723,955,989	2,800,566,235	4,524,522,224				202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
35	NEONATAL INTENSIVE CARE UNIT						35
40	Subprovider - IPF						40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
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
74	Renal Dialysis						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORE						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)						200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)						202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	241,452,704		241,452,704				30
31	Intensive Care Unit	39,931,985		39,931,985				31
32	Coronary Care Unit	19,358,600		19,358,600				32
35	NEONATAL INTENSIVE CARE UNIT	43,161,384		43,161,384				35
40	Subprovider - IPF	42,790,880		42,790,880				40
43	Nursery	10,261,383		10,261,383				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	167,712,592	190,759,495	358,472,087				50
51	Recovery Room	21,572,965	54,797,064	76,370,029				51
52	Delivery Room & Labor Room	36,517,141	10,626,780	47,143,921				52
53	Anesthesiology	31,958,514	36,381,784	68,340,298				53
54	Radiology-Diagnostic	27,270,751	70,255,937	97,526,688				54
55	Radiology-Therapeutic	1,658,426	103,279,964	104,938,390				55
56	Radioisotope	4,298,261	24,576,406	28,874,667				56
57	CT Scan	49,265,926	123,667,136	172,933,062				57
58	MRI	16,264,787	57,128,400	73,393,187				58
60	Laboratory	108,067,815	729,476,665	837,544,480				60
62	Whole Blood & Packed Red Blood Cells	10,196,800	8,100,235	18,297,035				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	11,487,576	53,942,683	65,430,259				64
65	Respiratory Therapy	55,438,177	5,643,809	61,081,986				65
66	Physical Therapy	8,222,100	62,212,428	70,434,528				66
67	Occupational Therapy	4,646,934	8,175,247	12,822,181				67
68	Speech Pathology	4,699,304	3,932,188	8,631,492				68
69	Electrocardiology	79,994,206	141,672,433	221,666,639				69
70	Electroencephalography	10,533,707	16,819,539	27,353,246				70
71	Medical Supplies Charged to Patients	219,097,972	163,709,773	382,807,745				71
72	Impl. Dev. Charged to Patients	130,243,429	88,076,370	218,319,799				72
73	Drugs Charged to Patients	266,651,795	545,218,729	811,870,524				73
74	Renal Dialysis	8,341,254	651,136	8,992,390				74
75.01	CARDIAC REHAB	232,297	2,835,134	3,067,431				75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,766,008	83,552,380	85,318,388				90
90.01	PATIENT TREATMENT CENTER	316,225	8,006,305	8,322,530				90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	3,945,068	22,677,085	26,622,153				90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	211	73,612	73,823				90.06
91	Emergency	46,598,812	144,085,596	190,684,408				91
92	Observation Beds (Non-Distinct Part)		40,231,922	40,231,922				92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	1,723,955,989	2,800,566,235	4,524,522,224				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,723,955,989	2,800,566,235	4,524,522,224				202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	128,703,563		128,703,563		128,703,563	30
31	Intensive Care Unit	24,622,689		24,622,689		24,622,689	31
32	Coronary Care Unit	7,079,104		7,079,104		7,079,104	32
35	NEONATAL INTENSIVE CARE UNIT	12,288,829		12,288,829		12,288,829	35
40	Subprovider - IPF	17,649,867		17,649,867		17,649,867	40
43	Nursery	5,007,302		5,007,302		5,007,302	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	51,657,464		51,657,464		51,657,464	50
51	Recovery Room	11,975,498		11,975,498		11,975,498	51
52	Delivery Room & Labor Room	17,615,019		17,615,019		17,615,019	52
53	Anesthesiology	2,228,850		2,228,850		2,228,850	53
54	Radiology-Diagnostic	16,719,579		16,719,579		16,719,579	54
55	Radiology-Therapeutic	17,392,763		17,392,763		17,392,763	55
56	Radioisotope	2,494,893		2,494,893		2,494,893	56
57	CT Scan	4,009,696		4,009,696		4,009,696	57
58	MRI	4,681,388		4,681,388		4,681,388	58
60	Laboratory	107,838,993		107,838,993		107,838,993	60
62	Whole Blood & Packed Red Blood Cells	5,996,892		5,996,892		5,996,892	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	1,508,454		1,508,454		1,508,454	64
65	Respiratory Therapy	6,572,384		6,572,384		6,572,384	65
66	Physical Therapy	17,158,590		17,158,590		17,158,590	66
67	Occupational Therapy	2,693,049		2,693,049		2,693,049	67
68	Speech Pathology	1,616,388		1,616,388		1,616,388	68
69	Electrocardiology	23,161,817		23,161,817		23,161,817	69
70	Electroencephalography	4,025,393		4,025,393		4,025,393	70
71	Medical Supplies Charged to Patients	79,400,997		79,400,997		79,400,997	71
72	Impl. Dev. Charged to Patients	45,813,521		45,813,521		45,813,521	72
73	Drugs Charged to Patients	107,801,924		107,801,924		107,801,924	73
74	Renal Dialysis	1,396,084		1,396,084		1,396,084	74
75.01	CARDIAC REHAB	812,587		812,587		812,587	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	5,807		5,807		5,807	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	34,445,496		34,445,496		34,445,496	90
90.01	PATIENT TREATMENT CENTER	4,491,997		4,491,997		4,491,997	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	6,986,985		6,986,985		6,986,985	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	650,109		650,109		650,109	90.06
91	Emergency	22,155,557		22,155,557		22,155,557	91
92	Observation Beds (Non-Distinct Part)	32,534,563		32,534,563		32,534,563	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	831,194,091		831,194,091		831,194,091	200
201	Less Observation Beds	32,534,563				32,534,563	201
202	Total (line 200 minus line 201)	798,659,528		798,659,528		798,659,528	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	241,452,704		241,452,704				30
31	Intensive Care Unit	39,931,985		39,931,985				31
32	Coronary Care Unit	19,358,600		19,358,600				32
35	NEONATAL INTENSIVE CARE UNIT	43,161,384		43,161,384				35
40	Subprovider - IPF	42,790,880		42,790,880				40
43	Nursery	10,261,383		10,261,383				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	167,712,592	190,759,495	358,472,087	0.144105	0.144105	0.144105	50
51	Recovery Room	21,572,965	54,797,064	76,370,029	0.156809	0.156809	0.156809	51
52	Delivery Room & Labor Room	36,517,141	10,626,780	47,143,921	0.373643	0.373643	0.373643	52
53	Anesthesiology	31,958,514	36,381,784	68,340,298	0.032614	0.032614	0.032614	53
54	Radiology-Diagnostic	27,270,751	70,255,937	97,526,688	0.171436	0.171436	0.171436	54
55	Radiology-Therapeutic	1,658,426	103,279,964	104,938,390	0.165743	0.165743	0.165743	55
56	Radioisotope	4,298,261	24,576,406	28,874,667	0.086404	0.086404	0.086404	56
57	CT Scan	49,265,926	123,667,136	172,933,062	0.023186	0.023186	0.023186	57
58	MRI	16,264,787	57,128,400	73,393,187	0.063785	0.063785	0.063785	58
60	Laboratory	108,067,815	729,476,665	837,544,480	0.128756	0.128756	0.128756	60
62	Whole Blood & Packed Red Blood Cells	10,196,800	8,100,235	18,297,035	0.327752	0.327752	0.327752	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	11,487,576	53,942,683	65,430,259	0.023054	0.023054	0.023054	64
65	Respiratory Therapy	55,438,177	5,643,809	61,081,986	0.107599	0.107599	0.107599	65
66	Physical Therapy	8,222,100	62,212,428	70,434,528	0.243610	0.243610	0.243610	66
67	Occupational Therapy	4,646,934	8,175,247	12,822,181	0.210030	0.210030	0.210030	67
68	Speech Pathology	4,699,304	3,932,188	8,631,492	0.187266	0.187266	0.187266	68
69	Electrocardiology	79,994,206	141,672,433	221,666,639	0.104489	0.104489	0.104489	69
70	Electroencephalography	10,533,707	16,819,539	27,353,246	0.147163	0.147163	0.147163	70
71	Medical Supplies Charged to Patients	219,097,972	163,709,773	382,807,745	0.207417	0.207417	0.207417	71
72	Impl. Dev. Charged to Patients	130,243,429	88,076,370	218,319,799	0.209846	0.209846	0.209846	72
73	Drugs Charged to Patients	266,651,795	545,218,729	811,870,524	0.132782	0.132782	0.132782	73
74	Renal Dialysis	8,341,254	651,136	8,992,390	0.155252	0.155252	0.155252	74
75.01	CARDIAC REHAB	232,297	2,835,134	3,067,431	0.264908	0.264908	0.264908	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,766,008	83,552,380	85,318,388	0.403729	0.403729	0.403729	90
90.01	PATIENT TREATMENT CENTER	316,225	8,006,305	8,322,530	0.539739	0.539739	0.539739	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	3,945,068	22,677,085	26,622,153	0.262450	0.262450	0.262450	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	211	73,612	73,823	8.806321	8.806321	8.806321	90.06
91	Emergency	46,598,812	144,085,596	190,684,408	0.116190	0.116190	0.116190	91
92	Observation Beds (Non-Distinct Part)		40,231,922	40,231,922	0.808675	0.808675	0.808675	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	1,723,955,989	2,800,566,235	4,524,522,224				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,723,955,989	2,800,566,235	4,524,522,224				202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	51,657,464	7,018,766	44,638,698		50
51	Recovery Room	11,975,498	921,903	11,053,595		51
52	Delivery Room & Labor Room	17,615,019	1,892,066	15,722,953		52
53	Anesthesiology	2,228,850	164,201	2,064,649		53
54	Radiology-Diagnostic	16,719,579	2,468,794	14,250,785		54
55	Radiology-Therapeutic	17,392,763	1,872,900	15,519,863		55
56	Radioisotope	2,494,893	232,365	2,262,528		56
57	CT Scan	4,009,696	375,608	3,634,088		57
58	MRI	4,681,388	306,156	4,375,232		58
60	Laboratory	107,838,993	3,802,685	104,036,308		60
62	Whole Blood & Packed Red Blood Cells	5,996,892	113,946	5,882,946		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	Intravenous Therapy	1,508,454	51,551	1,456,903		64
65	Respiratory Therapy	6,572,384	417,537	6,154,847		65
66	Physical Therapy	17,158,590	805,272	16,353,318		66
67	Occupational Therapy	2,693,049	36,292	2,656,757		67
68	Speech Pathology	1,616,388	38,738	1,577,650		68
69	Electrocardiology	23,161,817	2,504,695	20,657,122		69
70	Electroencephalography	4,025,393	327,567	3,697,826		70
71	Medical Supplies Charged to Patients	79,400,997	2,696,569	76,704,428		71
72	Impl. Dev. Charged to Patients	45,813,521	1,556,001	44,257,520		72
73	Drugs Charged to Patients	107,801,924	620,739	107,181,185		73
74	Renal Dialysis	1,396,084	40,285	1,355,799		74
75.01	CARDIAC REHAB	812,587	4,611	807,976		75.01
75.02	SLEEP LAB					75.02
75.03	INPATIENT DIALYSIS					75.03
75.04	PAIN MANAGEMENT	5,807	1,740	4,067		75.04
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	34,445,496	1,805,596	32,639,900		90
90.01	PATIENT TREATMENT CENTER	4,491,997	493,152	3,998,845		90.01
90.02	REHAB SERVICES-BLOOMINGDALE					90.02
90.03	CANTERA					90.03
90.04	MENTAL HEALTH O/P	6,986,985	672,738	6,314,247		90.04
90.05	WOMEN'S CLINIC					90.05
90.06	WOUND CARE	650,109	122,832	527,277		90.06
91	Emergency	22,155,557	3,066,506	19,089,051		91
92	Observation Beds (Non-Distinct Part)	32,534,563	4,764,459	27,770,104		92
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
200	Subtotal	635,842,737	39,196,270	596,646,467		200
201	Less Observation Beds	32,534,563	4,764,459	27,770,104		201
202	Total	603,308,174	34,431,811	568,876,363		202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		51,657,464	358,472,087	0.144105	50
51	Recovery Room		11,975,498	76,370,029	0.156809	51
52	Delivery Room & Labor Room		17,615,019	47,143,921	0.373643	52
53	Anesthesiology		2,228,850	68,340,298	0.032614	53
54	Radiology-Diagnostic		16,719,579	97,526,688	0.171436	54
55	Radiology-Therapeutic		17,392,763	104,938,390	0.165743	55
56	Radioisotope		2,494,893	28,874,667	0.086404	56
57	CT Scan		4,009,696	172,933,062	0.023186	57
58	MRI		4,681,388	73,393,187	0.063785	58
60	Laboratory		107,838,993	837,544,480	0.128756	60
62	Whole Blood & Packed Red Blood Cells		5,996,892	18,297,035	0.327752	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	Intravenous Therapy		1,508,454	65,430,259	0.023054	64
65	Respiratory Therapy		6,572,384	61,081,986	0.107599	65
66	Physical Therapy		17,158,590	70,434,528	0.243610	66
67	Occupational Therapy		2,693,049	12,822,181	0.210030	67
68	Speech Pathology		1,616,388	8,631,492	0.187266	68
69	Electrocardiology		23,161,817	221,666,639	0.104489	69
70	Electroencephalography		4,025,393	27,353,246	0.147163	70
71	Medical Supplies Charged to Patients		79,400,997	382,807,745	0.207417	71
72	Impl. Dev. Charged to Patients		45,813,521	218,319,799	0.209846	72
73	Drugs Charged to Patients		107,801,924	811,870,524	0.132782	73
74	Renal Dialysis		1,396,084	8,992,390	0.155252	74
75.01	CARDIAC REHAB		812,587	3,067,431	0.264908	75.01
75.02	SLEEP LAB					75.02
75.03	INPATIENT DIALYSIS					75.03
75.04	PAIN MANAGEMENT		5,807			75.04
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		34,445,496	85,318,388	0.403729	90
90.01	PATIENT TREATMENT CENTER		4,491,997	8,322,530	0.539739	90.01
90.02	REHAB SERVICES-BLOOMINGDALE					90.02
90.03	CANTERA					90.03
90.04	MENTAL HEALTH O/P		6,986,985	26,622,153	0.262450	90.04
90.05	WOMEN'S CLINIC					90.05
90.06	WOUND CARE		650,109	73,823	8.806321	90.06
91	Emergency		22,155,557	190,684,408	0.116190	91
92	Observation Beds (Non-Distinct Part)		32,534,563	40,231,922	0.808675	92
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
200	Subtotal		635,842,737	4,127,565,288		200
201	Less Observation Beds		32,534,563	40,231,922		201
202	Total		603,308,174	4,087,333,366		202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	18,847,683		18,847,683	79,676	236.55	21,762	5,147,801	30
31	Intensive Care Unit	2,792,347		2,792,347	7,330	380.95	2,950	1,123,803	31
32	Coronary Care Unit	633,177		633,177	3,312	191.18			32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	873,473		873,473	7,868	111.02			35
40	Subprovider - IPF	2,962,919		2,962,919	10,863	272.75	1,776	484,404	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	681,250		681,250	5,871	116.04			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	26,790,849		26,790,849	114,920		26,488	6,756,008	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0242

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,018,766	358,472,087	0.019580	58,350,346	1,142,500	50
51	Recovery Room	921,903	76,370,029	0.012072	6,548,885	79,058	51
52	Delivery Room & Labor Room	1,892,066	47,143,921	0.040134	27,800	1,116	52
53	Anesthesiology	164,201	68,340,298	0.002403	10,286,612	24,719	53
54	Radiology-Diagnostic	2,468,794	97,526,688	0.025314	14,128,670	357,653	54
55	Radiology-Therapeutic	1,872,900	104,938,390	0.017848	790,071	14,101	55
56	Radioisotope	232,365	28,874,667	0.008047	2,029,071	16,328	56
57	CT Scan	375,608	172,933,062	0.002172	20,835,955	45,256	57
58	MRI	306,156	73,393,187	0.004171	5,958,917	24,855	58
60	Laboratory	3,802,685	837,544,480	0.004540	47,290,982	214,701	60
62	Whole Blood & Packed Red Blood	113,946	18,297,035	0.006228	3,578,065	22,284	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	51,551	65,430,259	0.000788	68,934	54	64
65	Respiratory Therapy	417,537	61,081,986	0.006836	20,867,717	142,652	65
66	Physical Therapy	805,272	70,434,528	0.011433	3,870,902	44,256	66
67	Occupational Therapy	36,292	12,822,181	0.002830	2,303,663	6,519	67
68	Speech Pathology	38,738	8,631,492	0.004488	2,377,780	10,671	68
69	Electrocardiology	2,504,695	221,666,639	0.011299	26,095,045	294,848	69
70	Electroencephalography	327,567	27,353,246	0.011975	3,400,577	40,722	70
71	Medical Supplies Charged to Pat	2,696,569	382,807,745	0.007044	80,168,213	564,705	71
72	Impl. Dev. Charged to Patients	1,556,001	218,319,799	0.007127	61,881,135	441,027	72
73	Drugs Charged to Patients	620,739	811,870,524	0.000765	96,791,666	74,046	73
74	Renal Dialysis	40,285	8,992,390	0.004480	3,194,117	14,310	74
75.01	CARDIAC REHAB	4,611	3,067,431	0.001503	100,688	151	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,740					75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,805,596	85,318,388	0.021163	51,821	1,097	90
90.01	PATIENT TREATMENT CENTER	493,152	8,322,530	0.059255	14,925	884	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	672,738	26,622,153	0.025270			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	122,832	73,823	1.663872			90.06
91	Emergency	3,066,506	190,684,408	0.016082	20,915,360	336,361	91
92	Observation Beds (Non-Distinct	4,764,459	40,231,922	0.118425			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	39,196,270	4,127,565,288		491,927,917	3,914,874	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ PPS
☐ TEFRA
☐ Other

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	79,676		21,762		30
31	Intensive Care Unit	7,330		2,950		31
32	Coronary Care Unit	3,312				32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,868				35
40	Subprovider - IPF	10,863		1,776		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	5,871				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	114,920		26,488		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0242

WORKSHEET D
PART IV

Check
Applicable
Boxes:

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

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75.01	CARDIAC REHAB									75.01
75.02	SLEEP LAB									75.02
75.03	INPATIENT DIALYSIS									75.03
75.04	PAIN MANAGEMENT									75.04
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	PATIENT TREATMENT CENTER									90.01
90.02	REHAB SERVICES-BLOOMINGDALE									90.02
90.03	CANTERA									90.03
90.04	MENTAL HEALTH O/P									90.04
90.05	WOMEN'S CLINIC									90.05
90.06	WOUND CARE									90.06
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0242

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	358,472,087			58,350,346		47,388,749		50
51	Recovery Room	76,370,029			6,548,885		12,398,335		51
52	Delivery Room & Labor Room	47,143,921			27,800				52
53	Anesthesiology	68,340,298			10,286,612		9,511,541		53
54	Radiology-Diagnostic	97,526,688			14,128,670		19,475,400		54
55	Radiology-Therapeutic	104,938,390			790,071		28,195,603		55
56	Radioisotope	28,874,667			2,029,071		13,742,576		56
57	CT Scan	172,933,062			20,835,955		38,837,443		57
58	MRI	73,393,187			5,958,917		16,785,143		58
60	Laboratory	837,544,480			47,290,982		30,572,529		60
62	Whole Blood & Packed Red Blood	18,297,035			3,578,065		2,410,916		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	65,430,259			68,934		7,166,128		64
65	Respiratory Therapy	61,081,986			20,867,717		2,560,952		65
66	Physical Therapy	70,434,528			3,870,902		716,440		66
67	Occupational Therapy	12,822,181			2,303,663		172,621		67
68	Speech Pathology	8,631,492			2,377,780		125,081		68
69	Electrocardiology	221,666,639			26,095,045		38,613,534		69
70	Electroencephalography	27,353,246			3,400,577		3,523,629		70
71	Medical Supplies Charged to Pat	382,807,745			80,168,213		43,295,588		71
72	Impl. Dev. Charged to Patients	218,319,799			61,881,135		33,326,235		72
73	Drugs Charged to Patients	811,870,524			96,791,666		175,229,439		73
74	Renal Dialysis	8,992,390			3,194,117		508,575		74
75.01	CARDIAC REHAB	3,067,431			100,688		883,862		75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	85,318,388			51,821		5,774,649		90
90.01	PATIENT TREATMENT CENTER	8,322,530			14,925		7,560		90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	26,622,153					735,193		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	73,823							90.06
91	Emergency	190,684,408			20,915,360		28,145,010		91
92	Observation Beds (Non-Distinct	40,231,922					11,332,219		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,127,565,288			491,927,917		571,434,950		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

WORKSHEET D PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.144105	47,388,749			6,828,956			50
51	Recovery Room	0.156809	12,398,335			1,944,171			51
52	Delivery Room & Labor Room	0.373643							52
53	Anesthesiology	0.032614	9,511,541			310,209			53
54	Radiology-Diagnostic	0.171436	19,475,400			3,338,785			54
55	Radiology-Therapeutic	0.165743	28,195,603			4,673,224			55
56	Radioisotope	0.086404	13,742,576			1,187,414			56
57	CT Scan	0.023186	38,837,443			900,485			57
58	MRI	0.063785	16,785,143			1,070,640			58
60	Laboratory	0.128756	30,572,529	18,360		3,936,397	2,364		60
62	Whole Blood & Packed Red Blood	0.327752	2,410,916			790,183			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.023054	7,166,128			165,208			64
65	Respiratory Therapy	0.107599	2,560,952			275,556			65
66	Physical Therapy	0.243610	716,440			174,532			66
67	Occupational Therapy	0.210030	172,621			36,256			67
68	Speech Pathology	0.187266	125,081			23,423			68
69	Electrocardiology	0.104489	38,613,534			4,034,690			69
70	Electroencephalography	0.147163	3,523,629			518,548			70
71	Medical Supplies Charged to Pat	0.207417	43,295,588			8,980,241			71
72	Impl. Dev. Charged to Patients	0.209846	33,326,235	167,562		6,993,377	35,162		72
73	Drugs Charged to Patients	0.132782	175,229,439			23,267,315			73
74	Renal Dialysis	0.155252	508,575			78,957			74
75.01	CARDIAC REHAB	0.264908	883,862			234,142			75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.403729	5,774,649		265,061	2,331,393		107,013	90
90.01	PATIENT TREATMENT CENTER	0.539739	7,560			4,080			90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.262450	735,193			192,951			90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	8.806321							90.06
91	Emergency	0.116190	28,145,010			3,270,169			91
92	Observation Beds (Non-Distinct	0.808675	11,332,219	1,642		9,164,082	1,328		92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		571,434,950	187,564	265,061	84,725,384	38,854	107,013	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		571,434,950	187,564	265,061	84,725,384	38,854	107,013	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S242

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,018,766	358,472,087	0.019580			50
51	Recovery Room	921,903	76,370,029	0.012072	142,199	1,717	51
52	Delivery Room & Labor Room	1,892,066	47,143,921	0.040134			52
53	Anesthesiology	164,201	68,340,298	0.002403	73,045	176	53
54	Radiology-Diagnostic	2,468,794	97,526,688	0.025314	60,099	1,521	54
55	Radiology-Therapeutic	1,872,900	104,938,390	0.017848	768	14	55
56	Radioisotope	232,365	28,874,667	0.008047			56
57	CT Scan	375,608	172,933,062	0.002172	141,999	308	57
58	MRI	306,156	73,393,187	0.004171	31,958	133	58
60	Laboratory	3,802,685	837,544,480	0.004540	590,161	2,679	60
62	Whole Blood & Packed Red Blood	113,946	18,297,035	0.006228			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	51,551	65,430,259	0.000788	5,667	4	64
65	Respiratory Therapy	417,537	61,081,986	0.006836	172,510	1,179	65
66	Physical Therapy	805,272	70,434,528	0.011433	13,934	159	66
67	Occupational Therapy	36,292	12,822,181	0.002830	2,812	8	67
68	Speech Pathology	38,738	8,631,492	0.004488	8,688	39	68
69	Electrocardiology	2,504,695	221,666,639	0.011299	60,062	679	69
70	Electroencephalography	327,567	27,353,246	0.011975	9,094	109	70
71	Medical Supplies Charged to Pat	2,696,569	382,807,745	0.007044	93,337	657	71
72	Impl. Dev. Charged to Patients	1,556,001	218,319,799	0.007127			72
73	Drugs Charged to Patients	620,739	811,870,524	0.000765	1,211,430	927	73
74	Renal Dialysis	40,285	8,992,390	0.004480			74
75.01	CARDIAC REHAB	4,611	3,067,431	0.001503			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,740					75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,805,596	85,318,388	0.021163	2,090	44	90
90.01	PATIENT TREATMENT CENTER	493,152	8,322,530	0.059255	1,105	65	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	672,738	26,622,153	0.025270			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	122,832	73,823	1.663872			90.06
91	Emergency	3,066,506	190,684,408	0.016082	558,403	8,980	91
92	Observation Beds (Non-Distinct		40,231,922				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	34,431,811	4,127,565,288		3,179,361	19,398	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75.01	CARDIAC REHAB									75.01
75.02	SLEEP LAB									75.02
75.03	INPATIENT DIALYSIS									75.03
75.04	PAIN MANAGEMENT									75.04
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	PATIENT TREATMENT CENTER									90.01
90.02	REHAB SERVICES-BLOOMINGDALE									90.02
90.03	CANTERA									90.03
90.04	MENTAL HEALTH O/P									90.04
90.05	WOMEN'S CLINIC									90.05
90.06	WOUND CARE									90.06
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S242

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	358,472,087							50
51	Recovery Room	76,370,029			142,199				51
52	Delivery Room & Labor Room	47,143,921							52
53	Anesthesiology	68,340,298			73,045				53
54	Radiology-Diagnostic	97,526,688			60,099		1,545		54
55	Radiology-Therapeutic	104,938,390			768				55
56	Radioisotope	28,874,667							56
57	CT Scan	172,933,062			141,999		5,150		57
58	MRI	73,393,187			31,958				58
60	Laboratory	837,544,480			590,161		1,354		60
62	Whole Blood & Packed Red Blood	18,297,035							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	65,430,259			5,667				64
65	Respiratory Therapy	61,081,986			172,510				65
66	Physical Therapy	70,434,528			13,934				66
67	Occupational Therapy	12,822,181			2,812				67
68	Speech Pathology	8,631,492			8,688				68
69	Electrocardiology	221,666,639			60,062		2,848		69
70	Electroencephalography	27,353,246			9,094		2,274		70
71	Medical Supplies Charged to Pat	382,807,745			93,337				71
72	Impl. Dev. Charged to Patients	218,319,799							72
73	Drugs Charged to Patients	811,870,524			1,211,430				73
74	Renal Dialysis	8,992,390							74
75.01	CARDIAC REHAB	3,067,431							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	85,318,388			2,090				90
90.01	PATIENT TREATMENT CENTER	8,322,530			1,105				90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	26,622,153					24,561		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	73,823							90.06
91	Emergency	190,684,408			558,403				91
92	Observation Beds (Non-Distinct	40,231,922							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,127,565,288			3,179,361		37,732		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.144105							50
51	Recovery Room	0.156809							51
52	Delivery Room & Labor Room	0.373643							52
53	Anesthesiology	0.032614							53
54	Radiology-Diagnostic	0.171436	1,545			265			54
55	Radiology-Therapeutic	0.165743							55
56	Radioisotope	0.086404							56
57	CT Scan	0.023186	5,150			119			57
58	MRI	0.063785							58
60	Laboratory	0.128756	1,354			174			60
62	Whole Blood & Packed Red Blood	0.327752							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.023054							64
65	Respiratory Therapy	0.107599							65
66	Physical Therapy	0.243610							66
67	Occupational Therapy	0.210030							67
68	Speech Pathology	0.187266							68
69	Electrocardiology	0.104489	2,848			298			69
70	Electroencephalography	0.147163	2,274			335			70
71	Medical Supplies Charged to Pat	0.207417							71
72	Impl. Dev. Charged to Patients	0.209846							72
73	Drugs Charged to Patients	0.132782							73
74	Renal Dialysis	0.155252							74
75.01	CARDIAC REHAB	0.264908							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.403729							90
90.01	PATIENT TREATMENT CENTER	0.539739							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.262450	24,561			6,446			90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	8.806321							90.06
91	Emergency	0.116190							91
92	Observation Beds (Non-Distinct	0.808675							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		37,732			7,637			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		37,732			7,637			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	18,847,683		18,847,683	79,676	236.55	2,540	600,837	30
31	Intensive Care Unit	2,792,347		2,792,347	7,330	380.95	428	163,047	31
32	Coronary Care Unit	633,177		633,177	3,312	191.18	96	18,353	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	873,473		873,473	7,868	111.02	622	69,054	35
40	Subprovider - IPF	2,962,919		2,962,919	10,863	272.75	2,129	580,685	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	681,250		681,250	5,871	116.04	704	81,692	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	26,790,849		26,790,849	114,920		6,519	1,513,668	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-0242****WORKSHEET D
PART II**

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,018,766	358,472,087	0.019580			50
51	Recovery Room	921,903	76,370,029	0.012072			51
52	Delivery Room & Labor Room	1,892,066	47,143,921	0.040134			52
53	Anesthesiology	164,201	68,340,298	0.002403			53
54	Radiology-Diagnostic	2,468,794	97,526,688	0.025314			54
55	Radiology-Therapeutic	1,872,900	104,938,390	0.017848			55
56	Radioisotope	232,365	28,874,667	0.008047			56
57	CT Scan	375,608	172,933,062	0.002172			57
58	MRI	306,156	73,393,187	0.004171			58
60	Laboratory	3,802,685	837,544,480	0.004540			60
62	Whole Blood & Packed Red Blood	113,946	18,297,035	0.006228			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	51,551	65,430,259	0.000788			64
65	Respiratory Therapy	417,537	61,081,986	0.006836			65
66	Physical Therapy	805,272	70,434,528	0.011433			66
67	Occupational Therapy	36,292	12,822,181	0.002830			67
68	Speech Pathology	38,738	8,631,492	0.004488			68
69	Electrocardiology	2,504,695	221,666,639	0.011299			69
70	Electroencephalography	327,567	27,353,246	0.011975			70
71	Medical Supplies Charged to Pat	2,696,569	382,807,745	0.007044			71
72	Impl. Dev. Charged to Patients	1,556,001	218,319,799	0.007127			72
73	Drugs Charged to Patients	620,739	811,870,524	0.000765			73
74	Renal Dialysis	40,285	8,992,390	0.004480			74
75.01	CARDIAC REHAB	4,611	3,067,431	0.001503			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,740					75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,805,596	85,318,388	0.021163			90
90.01	PATIENT TREATMENT CENTER	493,152	8,322,530	0.059255			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	672,738	26,622,153	0.025270			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	122,832	73,823	1.663872			90.06
91	Emergency	3,066,506	190,684,408	0.016082			91
92	Observation Beds (Non-Distinct	4,764,459	40,231,922	0.118425			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	39,196,270	4,127,565,288				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☐ PPS
☐ TEFRA
☒ Other

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☐ PPS
☐ TEFRA
☒ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	79,676		2,540		30
31	Intensive Care Unit	7,330		428		31
32	Coronary Care Unit	3,312		96		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,868		622		35
40	Subprovider - IPF	10,863		2,129		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	5,871		704		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	114,920		6,519		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0242

WORKSHEET D
PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75.01	CARDIAC REHAB									75.01
75.02	SLEEP LAB									75.02
75.03	INPATIENT DIALYSIS									75.03
75.04	PAIN MANAGEMENT									75.04
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	PATIENT TREATMENT CENTER									90.01
90.02	REHAB SERVICES-BLOOMINGDALE									90.02
90.03	CANTERA									90.03
90.04	MENTAL HEALTH O/P									90.04
90.05	WOMEN'S CLINIC									90.05
90.06	WOUND CARE									90.06
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0242

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	358,472,087							50
51	Recovery Room	76,370,029							51
52	Delivery Room & Labor Room	47,143,921							52
53	Anesthesiology	68,340,298							53
54	Radiology-Diagnostic	97,526,688							54
55	Radiology-Therapeutic	104,938,390							55
56	Radioisotope	28,874,667							56
57	CT Scan	172,933,062							57
58	MRI	73,393,187							58
60	Laboratory	837,544,480							60
62	Whole Blood & Packed Red Blood	18,297,035							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	65,430,259							64
65	Respiratory Therapy	61,081,986							65
66	Physical Therapy	70,434,528							66
67	Occupational Therapy	12,822,181							67
68	Speech Pathology	8,631,492							68
69	Electrocardiology	221,666,639							69
70	Electroencephalography	27,353,246							70
71	Medical Supplies Charged to Pat	382,807,745							71
72	Impl. Dev. Charged to Patients	218,319,799							72
73	Drugs Charged to Patients	811,870,524							73
74	Renal Dialysis	8,992,390							74
75.01	CARDIAC REHAB	3,067,431							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	85,318,388							90
90.01	PATIENT TREATMENT CENTER	8,322,530							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	26,622,153							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	73,823							90.06
91	Emergency	190,684,408							91
92	Observation Beds (Non-Distinct	40,231,922							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,127,565,288							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

WORKSHEET D PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.144105							50
51	Recovery Room	0.156809							51
52	Delivery Room & Labor Room	0.373643							52
53	Anesthesiology	0.032614							53
54	Radiology-Diagnostic	0.171436							54
55	Radiology-Therapeutic	0.165743							55
56	Radioisotope	0.086404							56
57	CT Scan	0.023186							57
58	MRI	0.063785							58
60	Laboratory	0.128756							60
62	Whole Blood & Packed Red Blood	0.327752							62
62.30	BLOOD CLOTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.023054							64
65	Respiratory Therapy	0.107599							65
66	Physical Therapy	0.243610							66
67	Occupational Therapy	0.210030							67
68	Speech Pathology	0.187266							68
69	Electrocardiology	0.104489							69
70	Electroencephalography	0.147163							70
71	Medical Supplies Charged to Pat	0.207417							71
72	Impl. Dev. Charged to Patients	0.209846							72
73	Drugs Charged to Patients	0.132782							73
74	Renal Dialysis	0.155252							74
75.01	CARDIAC REHAB	0.264908							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.403729							90
90.01	PATIENT TREATMENT CENTER	0.539739							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.262450							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	8.806321							90.06
91	Emergency	0.116190							91
92	Observation Beds (Non-Distinct	0.808675							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-S242****WORKSHEET D
PART II**

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,018,766	358,472,087	0.019580			50
51	Recovery Room	921,903	76,370,029	0.012072			51
52	Delivery Room & Labor Room	1,892,066	47,143,921	0.040134			52
53	Anesthesiology	164,201	68,340,298	0.002403			53
54	Radiology-Diagnostic	2,468,794	97,526,688	0.025314			54
55	Radiology-Therapeutic	1,872,900	104,938,390	0.017848			55
56	Radioisotope	232,365	28,874,667	0.008047			56
57	CT Scan	375,608	172,933,062	0.002172			57
58	MRI	306,156	73,393,187	0.004171			58
60	Laboratory	3,802,685	837,544,480	0.004540			60
62	Whole Blood & Packed Red Blood	113,946	18,297,035	0.006228			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	51,551	65,430,259	0.000788			64
65	Respiratory Therapy	417,537	61,081,986	0.006836			65
66	Physical Therapy	805,272	70,434,528	0.011433			66
67	Occupational Therapy	36,292	12,822,181	0.002830			67
68	Speech Pathology	38,738	8,631,492	0.004488			68
69	Electrocardiology	2,504,695	221,666,639	0.011299			69
70	Electroencephalography	327,567	27,353,246	0.011975			70
71	Medical Supplies Charged to Pat	2,696,569	382,807,745	0.007044			71
72	Impl. Dev. Charged to Patients	1,556,001	218,319,799	0.007127			72
73	Drugs Charged to Patients	620,739	811,870,524	0.000765			73
74	Renal Dialysis	40,285	8,992,390	0.004480			74
75.01	CARDIAC REHAB	4,611	3,067,431	0.001503			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,740					75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,805,596	85,318,388	0.021163			90
90.01	PATIENT TREATMENT CENTER	493,152	8,322,530	0.059255			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	672,738	26,622,153	0.025270			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	122,832	73,823	1.663872			90.06
91	Emergency	3,066,506	190,684,408	0.016082			91
92	Observation Beds (Non-Distinct		40,231,922				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	34,431,811	4,127,565,288				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART IV

Check
Applicable
Boxes:

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

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
60	Laboratory									60
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75.01	CARDIAC REHAB									75.01
75.02	SLEEP LAB									75.02
75.03	INPATIENT DIALYSIS									75.03
75.04	PAIN MANAGEMENT									75.04
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	PATIENT TREATMENT CENTER									90.01
90.02	REHAB SERVICES-BLOOMINGDALE									90.02
90.03	CANTERA									90.03
90.04	MENTAL HEALTH O/P									90.04
90.05	WOMEN'S CLINIC									90.05
90.06	WOUND CARE									90.06
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	358,472,087							50
51	Recovery Room	76,370,029							51
52	Delivery Room & Labor Room	47,143,921							52
53	Anesthesiology	68,340,298							53
54	Radiology-Diagnostic	97,526,688							54
55	Radiology-Therapeutic	104,938,390							55
56	Radioisotope	28,874,667							56
57	CT Scan	172,933,062							57
58	MRI	73,393,187							58
60	Laboratory	837,544,480							60
62	Whole Blood & Packed Red Blood	18,297,035							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	65,430,259							64
65	Respiratory Therapy	61,081,986							65
66	Physical Therapy	70,434,528							66
67	Occupational Therapy	12,822,181							67
68	Speech Pathology	8,631,492							68
69	Electrocardiology	221,666,639							69
70	Electroencephalography	27,353,246							70
71	Medical Supplies Charged to Pat	382,807,745							71
72	Impl. Dev. Charged to Patients	218,319,799							72
73	Drugs Charged to Patients	811,870,524							73
74	Renal Dialysis	8,992,390							74
75.01	CARDIAC REHAB	3,067,431							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	85,318,388							90
90.01	PATIENT TREATMENT CENTER	8,322,530							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	26,622,153							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	73,823							90.06
91	Emergency	190,684,408							91
92	Observation Beds (Non-Distinct	40,231,922							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	4,127,565,288							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.144105							50
51	Recovery Room	0.156809							51
52	Delivery Room & Labor Room	0.373643							52
53	Anesthesiology	0.032614							53
54	Radiology-Diagnostic	0.171436							54
55	Radiology-Therapeutic	0.165743							55
56	Radioisotope	0.086404							56
57	CT Scan	0.023186							57
58	MRI	0.063785							58
60	Laboratory	0.128756							60
62	Whole Blood & Packed Red Blood	0.327752							62
62.30	BLOOD CLOTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.023054							64
65	Respiratory Therapy	0.107599							65
66	Physical Therapy	0.243610							66
67	Occupational Therapy	0.210030							67
68	Speech Pathology	0.187266							68
69	Electrocardiology	0.104489							69
70	Electroencephalography	0.147163							70
71	Medical Supplies Charged to Pat	0.207417							71
72	Impl. Dev. Charged to Patients	0.209846							72
73	Drugs Charged to Patients	0.132782							73
74	Renal Dialysis	0.155252							74
75.01	CARDIAC REHAB	0.264908							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT								75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.403729							90
90.01	PATIENT TREATMENT CENTER	0.539739							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.262450							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	8.806321							90.06
91	Emergency	0.116190							91
92	Observation Beds (Non-Distinct	0.808675							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0242****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	79,676	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	79,676	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)	59,535	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	21,762	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	128,703,563	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	128,703,563	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	128,703,563	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0242****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS****1**

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,615.34	38
39	Program general inpatient routine service cost (line 9 x line 38)					35,153,029	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)					35,153,029	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	24,622,689	7,330	3,359.17	2,950	9,909,552	43
44	Coronary Care Unit	7,079,104	3,312	2,137.41			44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	NEONATAL INTENSIVE CARE UNIT	12,288,829	7,868	1,561.87			47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	73,428,489	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	118,491,070	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	6,271,604	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,914,874	51
52	Total Program excludable cost (sum of lines 50 and 51)	10,186,478	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	108,304,592	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					20,141	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,615.34	88
89	Observation bed cost (line 87 x line 88) (see instructions)					32,534,563	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	18,847,683	128,703,563	0.146443	32,534,563	4,764,459	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S242****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,863	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,863	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)	10,863	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,776	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	17,649,867	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	17,649,867	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	17,649,867	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S242****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,624.77	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,885,592	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)	2,885,592	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	394,883	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,280,475	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	484,404	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	19,398	51
52	Total Program excludable cost (sum of lines 50 and 51)	503,802	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,776,673	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0242****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	79,676	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	79,676	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)	59,535	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,540	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	5,871	15
16	Nursery days (title V or XIX only)	704	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)	128,703,563	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	128,703,563	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	128,703,563	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0242****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS****1**

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,615.34	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,102,964	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					4,102,964	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)	5,007,302	5,871	852.89	704	600,435	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	24,622,689	7,330	3,359.17	428	1,437,725	43
44	Coronary Care Unit	7,079,104	3,312	2,137.41	96	205,191	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	NEONATAL INTENSIVE CARE UNIT	12,288,829	7,868	1,561.87	622	971,483	47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					7,317,798	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	932,983	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	932,983	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P
☐ Title XVIII, Part A
☒ Title XIX - I/P

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					20,141	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S242****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,863	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,863	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)	10,863	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,129	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	17,649,867	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	17,649,867	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	17,649,867	37

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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WORKSHEET D-1
PART II

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		70,974,801		30
31	Intensive Care Unit		16,986,525		31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.144105	58,350,346	8,408,577	50
51	Recovery Room	0.156809	6,548,885	1,026,924	51
52	Delivery Room & Labor Room	0.373643	27,800	10,387	52
53	Anesthesiology	0.032614	10,286,612	335,488	53
54	Radiology-Diagnostic	0.171436	14,128,670	2,422,163	54
55	Radiology-Therapeutic	0.165743	790,071	130,949	55
56	Radioisotope	0.086404	2,029,071	175,320	56
57	CT Scan	0.023186	20,835,955	483,102	57
58	MRI	0.063785	5,958,917	380,090	58
60	Laboratory	0.128756	47,290,982	6,088,998	60
62	Whole Blood & Packed Red Blood Cells	0.327752	3,578,065	1,172,718	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.023054	68,934	1,589	64
65	Respiratory Therapy	0.107599	20,867,717	2,245,345	65
66	Physical Therapy	0.243610	3,870,902	942,990	66
67	Occupational Therapy	0.210030	2,303,663	483,838	67
68	Speech Pathology	0.187266	2,377,780	445,277	68
69	Electrocardiology	0.104489	26,095,045	2,726,645	69
70	Electroencephalography	0.147163	3,400,577	500,439	70
71	Medical Supplies Charged to Patients	0.207417	80,168,213	16,628,250	71
72	Impl. Dev. Charged to Patients	0.209846	61,881,135	12,985,509	72
73	Drugs Charged to Patients	0.132782	96,791,666	12,852,191	73
74	Renal Dialysis	0.155252	3,194,117	495,893	74
75.01	CARDIAC REHAB	0.264908	100,688	26,673	75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT				75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.403729	51,821	20,922	90
90.01	PATIENT TREATMENT CENTER	0.539739	14,925	8,056	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.262450			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	8.806321			90.06
91	Emergency	0.116190	20,915,360	2,430,156	91
92	Observation Beds (Non-Distinct Part)	0.808675			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		491,927,917	73,428,489	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		491,927,917		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF		6,633,420		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.144105			50
51	Recovery Room	0.156809	142,199	22,298	51
52	Delivery Room & Labor Room	0.373643			52
53	Anesthesiology	0.032614	73,045	2,382	53
54	Radiology-Diagnostic	0.171436	60,099	10,303	54
55	Radiology-Therapeutic	0.165743	768	127	55
56	Radioisotope	0.086404			56
57	CT Scan	0.023186	141,999	3,292	57
58	MRI	0.063785	31,958	2,038	58
60	Laboratory	0.128756	590,161	75,987	60
62	Whole Blood & Packed Red Blood Cells	0.327752			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.023054	5,667	131	64
65	Respiratory Therapy	0.107599	172,510	18,562	65
66	Physical Therapy	0.243610	13,934	3,394	66
67	Occupational Therapy	0.210030	2,812	591	67
68	Speech Pathology	0.187266	8,688	1,627	68
69	Electrocardiology	0.104489	60,062	6,276	69
70	Electroencephalography	0.147163	9,094	1,338	70
71	Medical Supplies Charged to Patients	0.207417	93,337	19,360	71
72	Impl. Dev. Charged to Patients	0.209846			72
73	Drugs Charged to Patients	0.132782	1,211,430	160,856	73
74	Renal Dialysis	0.155252			74
75.01	CARDIAC REHAB	0.264908			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT				75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.403729	2,090	844	90
90.01	PATIENT TREATMENT CENTER	0.539739	1,105	596	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.262450			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	8.806321			90.06
91	Emergency	0.116190	558,403	64,881	91
92	Observation Beds (Non-Distinct Part)	0.808675			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,179,361	394,883	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,179,361		202

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.144105			50
51	Recovery Room	0.156809			51
52	Delivery Room & Labor Room	0.373643			52
53	Anesthesiology	0.032614			53
54	Radiology-Diagnostic	0.171436			54
55	Radiology-Therapeutic	0.165743			55
56	Radioisotope	0.086404			56
57	CT Scan	0.023186			57
58	MRI	0.063785			58
60	Laboratory	0.128756			60
62	Whole Blood & Packed Red Blood Cells	0.327752			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.023054			64
65	Respiratory Therapy	0.107599			65
66	Physical Therapy	0.243610			66
67	Occupational Therapy	0.210030			67
68	Speech Pathology	0.187266			68
69	Electrocardiology	0.104489			69
70	Electroencephalography	0.147163			70
71	Medical Supplies Charged to Patients	0.207417			71
72	Impl. Dev. Charged to Patients	0.209846			72
73	Drugs Charged to Patients	0.132782			73
74	Renal Dialysis	0.155252			74
75.01	CARDIAC REHAB	0.264908			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT				75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.403729			90
90.01	PATIENT TREATMENT CENTER	0.539739			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.262450			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	8.806321			90.06
91	Emergency	0.116190			91
92	Observation Beds (Non-Distinct Part)	0.808675			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.144105			50
51	Recovery Room	0.156809			51
52	Delivery Room & Labor Room	0.373643			52
53	Anesthesiology	0.032614			53
54	Radiology-Diagnostic	0.171436			54
55	Radiology-Therapeutic	0.165743			55
56	Radioisotope	0.086404			56
57	CT Scan	0.023186			57
58	MRI	0.063785			58
60	Laboratory	0.128756			60
62	Whole Blood & Packed Red Blood Cells	0.327752			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.023054			64
65	Respiratory Therapy	0.107599			65
66	Physical Therapy	0.243610			66
67	Occupational Therapy	0.210030			67
68	Speech Pathology	0.187266			68
69	Electrocardiology	0.104489			69
70	Electroencephalography	0.147163			70
71	Medical Supplies Charged to Patients	0.207417			71
72	Impl. Dev. Charged to Patients	0.209846			72
73	Drugs Charged to Patients	0.132782			73
74	Renal Dialysis	0.155252			74
75.01	CARDIAC REHAB	0.264908			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT				75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.403729			90
90.01	PATIENT TREATMENT CENTER	0.539739			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.262450			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	8.806321			90.06
91	Emergency	0.116190			91
92	Observation Beds (Non-Distinct Part)	0.808675			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	5,464,688			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	60,111,569			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	4,975,638			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments	16,636,815			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	289.94			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) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				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 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0205			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1717			31
32	Sum of lines 30 and 31	0.1922			32
33	Allowable disproportionate share percentage (see instructions)	0.0524			33
34	Disproportionate share adjustment (see instructions)	859,050			34
	Prior to			On or after	
	October 1 (1.00)		(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)			6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000000000		0.000576455	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,505,064		3,900,695	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	205,896		3,580,089	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,785,985			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42

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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
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)	75,196,930			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	75,196,930			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	6,875,554			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	12,220			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	82,084,704			59
60	Primary payer payments	3,660			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	82,081,044			61
62	Deductibles billed to program beneficiaries	5,858,028			62
63	Coinsurance billed to program beneficiaries	114,305			63
64	Allowable bad debts (see instructions)	734,835			64
65	Adjusted reimbursable bad debts (see instructions)	477,643			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	306,308			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	76,586,354			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.01	OTHER ADJUSTMENT PER PS&R				70.01
70.02	SEQUESTRATION ADJUSTMENT				70.02
70.93	HVBP payment adjustment amount (see instructions)	59,106			70.93
71	Amount due provider (see instructions)	76,645,460			71
71.01	Sequestration adjustment (see instructions)	1,532,909			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	74,749,066			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	363,485			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	8,027,300			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0242****WORKSHEET E
PART B**Check applicable box: ☒ **Hospital** ☐ **IPF** ☐ **IRF** ☐ **SUB (Other)** ☐ **SNF****PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	145,867			1
2	Medical and other services reimbursed under OPPS (see instructions)	84,725,384			2
3	OPPS payments	59,010,080			3
4	Outlier payment (see instructions)	1,236,646			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	145,867			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	452,625			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	452,625			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)	452,625			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	306,758			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	145,867			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	60,246,726			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	33,512			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	10,509,057			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	49,850,024			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)	49,850,024			30
31	Primary payer payments	1,328			31
32	Subtotal (line 30 minus line 31)	49,848,696			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,305,870			34
35	Adjusted reimbursable bad debts (see instructions)	848,816			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	818,715			36
37	Subtotal (see instructions)	50,697,512			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	50,697,512			40
40.01	Sequestration adjustment (see instructions)	1,013,950			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	49,356,240			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	327,322			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1			44

TO BE COMPLETED BY CONTRACTOR

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S242****WORKSHEET E
PART B**Check applicable box: ☐ Hospital ☒ IPF ☐ IRF ☐ SUB (Other) ☐ SNF**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	7,637			2
3	OPPS payments	10,338			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	10,338			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,068			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	8,270			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)	8,270			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	8,270			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)	8,270			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	8,270			40
40.01	Sequestration adjustment (see instructions)	165			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	8,105			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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WORKSHEET E-1
PART I

			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			74,749,066		49,282,571	1
2	Interim payments payable on individual bills, eitehr submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				03/22/2018	73,669	3.01
		Program					3.02
		to					3.03
		Provider					3.04
							3.05
							3.06
							3.07
							3.08
							3.09
							3.10
							3.50
							3.51
		Provider					3.52
		to					3.53
		Program					3.54
							3.55
							3.56
							3.57
							3.58
							3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					73,669	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)			74,749,066		49,356,240	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						5.01
		Program					5.02
		to					5.03
		Provider					5.04
							5.05
							5.06
							5.07
							5.08
							5.09
							5.10
							5.50
							5.51
		Provider					5.52
		to					5.53
		Program					5.54
							5.55
							5.56
							5.57
							5.58
							5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)						5.99
6	Determined net settlement amount (balance due) based on the cost report (1)			363,485		327,322	6.01
							6.02
7	Total Medicare program liability (see instructions)			75,112,551		49,683,562	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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WORKSHEET E-1
PART I

			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			2,105,638		8,105	1
2	Interim payments payable on individual bills, eitehr submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim		.01				3.01
			.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)			2,105,638		8,105	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment.		.01				5.01
	If none, write 'NONE' or enter a zero. (1)	Program	.02				5.02
		to	.03				5.03
		Provider	.04				5.04
			.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		to	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01	88,599			6.01
			.02				6.02
7	Total Medicare program liability (see instructions)			2,194,237		8,105	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E-3
PART II

Check ☐ Hospital
Applicable ☒ Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,456,907	1
2	Net IPF PPS Outlier payment	834,649	2
3	Net IPF PPS ECT payment	46,926	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	29,761644	9
10	Teaching adjustment factor (((1 + (line 8/line 9)) raised to the power of .5150 -1)		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,338,482	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	2,338,482	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,338,482	18
19	Deductibles	160,720	19
20	Subtotal (line 18 minus line 19)	2,177,762	20
21	Coinsurance	29,141	21
22	Subtotal (line 20 minus line 21)	2,148,621	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	139,071	23
24	Adjusted reimbursable bad debts (see instructions)	90,396	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	40,776	25
26	Subtotal (sum of lines 22 and 24)	2,239,017	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	2,239,017	31
31.01	Sequestration adjustment (see instructions)	44,780	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	2,105,638	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	88,599	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0242

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	7,317,798		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	7,317,798		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	7,317,798		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)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	7,317,798		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	7,317,798		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	3,459,135		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	3,459,135		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,459,135		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)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,459,135		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	3,459,135		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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BALANCE SHEET**WORKSHEET G**

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

	Assets (Omit Cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT ASSETS						
1	Cash on hand and in banks	506,140,288				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	441,118,689				4
5	Other receivables	3,698,169				5
6	Allowances for uncollectible notes and accounts receivable	-268,873,690				6
7	Inventory	5,156,562				7
8	Prepaid expenses	7,442,365				8
9	Other current assets					9
10	Due from other funds	293,256,886				10
11	Total current assets (sum of lines 1-10)	987,939,269				11
FIXED ASSETS						
12	Land	18,158,294				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	403,839,643				15
16	Accumulated depreciation	-67,663,489				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	137,064,507				19
20	Accumulated depreciation	-78,918,655				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)	412,480,300				30
OTHER ASSETS						
31	Investments	2,361,922				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets					34
35	Total other assets (sum of lines 31-34)	2,361,922				35
36	Total assets (sum of lines 11, 30 and 35)	1,402,781,491				36
	Liabilities and Fund Balances (Omit Cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT LIABILITIES						
37	Accounts payable	12,090,817				37
38	Salaries, wages and fees payable	24,087,428				38
39	Payroll taxes payable	1,732,197				39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	56,492				43
44	Other current liabilities	369,823,510				44
45	Total current liabilities (sum of lines 37 thru 44)	407,790,444				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)					50
51	Total liabilities (sum of lines 45 and 50)	407,790,444				51
CAPITAL ACCOUNTS						
52	General fund balance	994,991,047				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	994,991,047				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,402,781,491				60

KPMG LLP Compu-Max 2552-10

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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		842,143,722			1
2	Net income (loss) (from Worksheet G-3, line 29)		152,847,325			2
3	Total (sum of line 1 and line 2)		994,991,047			3
4	Additions (credit adjustments) (specify)					4
5	NET ASSETS RELEASED					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		994,991,047			11
12	Deductions (debit adjustments) (specify)					12
13	NET EQUITY TRANSFERS					13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		994,991,047			19

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	241,677,088		241,677,088	1
2	Subprovider IPF	42,790,880		42,790,880	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	284,467,968		284,467,968	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	39,931,985		39,931,985	11
12	Coronary Care Unit	19,358,600		19,358,600	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE UNIT	43,161,384		43,161,384	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	102,451,969		102,451,969	16
17	Total inpatient routine care services (sum of lines 10 and 16)	386,919,937		386,919,937	17
18	Ancillary services	1,336,287,751		1,336,287,751	18
19	Outpatient services		2,806,432,514	2,806,432,514	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,723,207,688	2,806,432,514	4,529,640,202	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		892,128,016	29
30	BAD DEBTS	40,482,115		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		40,482,115	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)		932,610,131	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	4,529,640,202	1
2	Less contractual allowances and discounts on patients' accounts	3,467,725,473	2
3	Net patient revenues (line 1 minus line 2)	1,061,914,729	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	932,610,131	4
5	Net income from service to patients (line 3 minus line 4)	129,304,598	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (TRAINING PROGRAM)	82,235	24
24.01	Other (WORKSHOPS, CONFERENCES ETC)	465	24.01
24.02	Other (NON-GOVT GRANT REVENUE)	1,110,682	24.02
24.03	Other (FEDERAL GRANT REVENUE)	-526,397	24.03
24.04	Other (STATE GRANT REVENUE)		24.04
24.05	Other (NET ASSETS REL FR RESTR - OP)	331,882	24.05
24.06	Other (DIETARY GUEST TRAYS)	70,857	24.06
24.07	Other (FEINBERG CAFETERIA REVENUE)	279,177	24.07
24.08	Other (CDH CAFETERIA REVENUE)	2,552,086	24.08
24.09	Other (BUILDING RENT NON NMFF/NU)	2,544,423	24.09
24.10	Other (INTERCOMPANY RENT INCOME)	1,400,328	24.10
24.11	Other (IC LAB)	775,215	24.11
24.12	Other (CORPORATE BILLING ADJUSTMENT)	2,107,540	24.12
24.13	Other (SHARED SERVICES INCOME, EL004)		24.13
24.15	Other (INSTYMEDS REVENUE)	413,024	24.15
24.16	Other (OTHER SERVICE REVENUE)	695,024	24.16
24.18	Other (RECOVERY LIVING REVENUE)	13,774	24.18
24.19	Other (NON-PATIENT MEDICAL SUPPLIES)	147,372	24.19
24.20	Other (GIFT SHOP SALES - BED TOWER)	369,419	24.20
24.21	Other (GIFT SHOP SALES - MOTHER/BABY)	88,431	24.21
24.22	Other (AUXILIARY - BABY PHOTOS)	14,984	24.22
24.23	Other (GIFT SHOP SALES)	9,857	24.23
24.25	Other (COST OF CONSIGNMENT SALE)	-45,843	24.25
24.26	Other (AP CASH DISCOUNTS)	-948	24.26
24.27	Other (OTHER OPERATING INCOME)	11,109,140	24.27
25	Total other income (sum of lines 6-24)	23,542,727	25
26	Total (line 5 plus line 25)	152,847,325	26
29	Net income (or loss) for the period (line 26 minus line 28)	152,847,325	29

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0242

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	5,338,247	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,325,379	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)	220.48	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0205	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1717	8
9	Sum of lines 7 and 8	0.1922	9
10	Allowable disproportionate share percentage (see instructions)	0.0397	10
11	Disproportionate share adjustment (see instructions)	211,928	11
12	Total prospective capital payments (see instructions)	6,875,554	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
35	NEONATAL INTENSIVE CARE UNIT							35
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
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
74	Renal Dialysis							74
75.01	CARDIAC REHAB							75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PATIENT TREATMENT CENTER							90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P							90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE							90.06
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/30/2019 Run Time: 12:22 Version: 2018.12 (01/17/2019)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.0 1	KOFEE KORNER							190.0 1
191	Research							191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER							193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202