

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

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 WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CENTRAL DUPAGE HOSPITAL (14-0242) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		2,127,408	-44,396		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		2,127,408	-44,396		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.

HOSPITAL AND 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  
 2 CITY: WINFIELD STATE: IL ZIP CODE: 60190 COUNTY: DUPAGE

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)		
											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: 07/01/2011				TO: 06/30/2012				20			
21	TYPE OF CONTROL									21			

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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.	1	2
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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
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

24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		MEDICAID HMO	OTHER MEDICAID	24
		PAID	ELIGIBLE UNPAID	PAID	ELIGIBLE UNPAID			
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	8,089	4,020			1,514		24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1	2	3	4	5	6	7	8
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N					45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N					46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N					47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N					48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
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 NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
					66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>						
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 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71	
<b>INPATIENT REHABILITATION FACILITY PPS</b>						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 75	
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76	
<b>LONG TERM CARE HOSPITAL PPS</b>						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80	
<b>TEFRA PROVIDERS</b>						
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.				N 86	
<b>TITLE V AND XIX INPATIENT SERVICES</b>						
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.				Y 92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97	
<b>RURAL PROVIDERS</b>						
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				N 105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108	
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.		PHY- N	OCCUP- N	RESPI- N	RATORY N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			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 IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 148052	140
-----	--	--------	-------------	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: 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 WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII	TITLE	TITLE
	PART A	PART B	V
	1	2	3
	N	N	N
155	HOSPITAL	N	N
156	SUBPROVIDER - IPF	N	N
157	SUBPROVIDER - IRF	N	N
158	SUBPROVIDER - (OTHER)	N	N
159	SNF	N	N
160	HHA	N	N
161	CMHC	N	N

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.					
	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 A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

HOSPITAL AND 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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
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.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/09/2012	Y	11/09/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND 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 RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- |   | Y/N | DATE |    |
|---|-----|------|----|
|   | 1   | 2    |    |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   | 1   |      | 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. | N   |      | 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: JENNIFER       | LAST NAME: STOGENTIN | TITLE: SYSTEM DIRECTOR OF F | 41 |
| 42 EMPLOYER: CADENCE HEALTH   |                      |                             | 42 |
| 43 PHONE NUMBER: 630-933-6340 | E-MAIL ADDRESS:      |                             | 43 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	190,486,763	190,486,763	5,870,417.00	32.45	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A ADMINISTRATIVE		389,543	389,543	4,183.00	93.13	4	
4.01	PHYSICIAN-PART A - TEACHING						4.01	
5	PHYSICIAN-PART B		5,487,014	5,487,014	45,395.00	120.87	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,057,190	3,057,190	105,239.13	29.05	10	
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,690,489	2,690,489	47,025.00	57.21	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		270,571	270,571	1,240.00	218.20	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		20,837,934	20,837,934	275,720.00	75.58	14	
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15	
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16	
17	WAGE-RELATED COSTS (CORE)		41,873,852	41,873,852			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		743,897	743,897			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE		55,003	55,003			22	
22.01	PHYSICIAN PART A - TEACHING						22.01	
23	PHYSICIAN PART B		716,441	716,441			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						25	
26	EMPLOYEE BENEFITS		3,567,682	3,567,682	118,506.00	30.11	26	
27	ADMINISTRATIVE & GENERAL		32,532,023	32,532,023	817,793.00	39.78	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,548,715	1,548,715	16,165.00	95.81	28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		2,534,566	2,534,566	81,179.00	31.22	30	
31	LAUNDRY & LINEN SERVICE		185,011	185,011	11,604.00	15.94	31	
32	HOUSEKEEPING		3,185,786	3,185,786	231,630.00	13.75	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		1,839,204	-1,103,149	736,055	34,738.00	21.19	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35	
36	CAFETERIA			1,103,149	1,103,149	52,062.00	21.19	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		2,808,082	2,808,082	60,538.00	46.39	38	
39	CENTRAL SERVICES AND SUPPLY		1,919,861	1,919,861	112,236.00	17.11	39	
40	PHARMACY		4,868,365	4,868,365	114,345.00	42.58	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,574,032	2,574,032	106,791.00	24.10	41	
42	SOCIAL SERVICE						42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	186,548,464	186,548,464	5,841,187.0	31.94	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,057,190	3,057,190	105,239.13	29.05	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	183,491,274	183,491,274	5,735,947.8	31.99	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	23,798,994	23,798,994	323,985.00	73.46	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	41,928,855	41,928,855		22.85%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	249,219,123	249,219,123	6,059,932.8	41.13	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	57,563,327	57,563,327	1,757,587.0	32.75	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,800,532	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)	4,555,644	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)	19,993,177	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,130,103	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	587,827	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	407,774	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,496,738	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	12,525,468	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	246,162	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	1,446,301	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	46,189,726	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	2	1
2	HOSPITAL	1	2
3	SUBPROVIDER - IPF	1	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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.212661	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				26,566,259	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				234,918,796	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				49,958,066	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.				23,391,807	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				23,391,807	19
		UNINSURED	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		1	2		3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	65,730,208	7,633,170		73,363,378	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,978,252	1,623,278		15,601,530	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	3,996,964	309,109		4,306,073	22
23	COST OF CHARITY CARE	9,981,288	1,314,169		11,295,457	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					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)					26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				592,022	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				-592,022	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				-125,900	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				11,169,557	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				34,561,364	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				25,178,368	1
2	00200				24,188,773	2
3	00300					3
4	00400	3,567,682	2,393,223	5,960,905	31,168,923	4
5.10	00541	1,369,978	1,695,770	3,065,748	-319,358	5.10
5.30	00561					5.30
5.40	00571	2,394,797	758,491	3,153,288	-447,388	5.40
5.50	00581	2,069,672	3,716,277	5,785,949	-437,882	5.50
5.60	00590	26,697,576	111,543,024	138,240,600	-33,292,919	5.60
6	00600					6
7	00700	2,534,566	19,271,015	21,805,581	-2,252,366	7
8	00800	185,011	-13,216	171,795	-46,967	8
9	00900	3,185,786	1,893,332	5,079,118	-601,715	9
10	01000	1,839,204	4,461,354	6,300,558	-4,218,578	10
11	01100				3,779,057	11
12	01200					12
13	01300	2,808,082	2,073,300	4,881,382	-1,246,555	13
14	01400	1,919,861	1,679,404	3,599,265	-1,191,348	14
15	01500	4,868,365	30,709,710	35,578,075	-30,297,133	15
16	01600	2,574,032	1,459,810	4,033,842	-564,607	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	32,488,825	23,045,074	55,533,899	-10,678,622	30
31	03100	5,298,044	2,157,521	7,455,565	-1,528,072	31
32	03200	3,520,215	1,785,206	5,305,421	-955,111	32
40	04000	2,557,936	1,133,170	3,691,106	-520,825	40
43	04300	4,094,218	1,785,690	5,879,908	737,371	43
ANCILLARY SERVICE COST CENTERS						
50	05000	10,378,432	49,665,916	60,044,348	-36,699,151	50
51	05100	2,867,274	1,128,056	3,995,330	-795,816	51
52	05200	5,505,674	3,808,601	9,314,275	-1,474,350	52
53	05300	170,535	2,092,919	2,263,454	-1,386,582	53
54	05400	4,890,302	4,341,124	9,231,426	-2,907,286	54
55	05500	2,975,177	4,192,024	7,167,201	-2,333,328	55
56	05600	447,646	908,843	1,356,489	-125,153	56
57	05700	1,095,308	1,394,800	2,490,108	-763,789	57
58	05800	997,696	1,466,537	2,464,233	-987,150	58
60	06000	17,320,062	26,102,026	43,422,088	-4,594,135	60
62	06200	733,869	3,087,632	3,821,501	-161,249	62
62.30	06250					62.30
65	06500	2,396,650	1,378,254	3,774,904	-1,039,834	65
66	06600	2,742,094	1,129,337	3,871,431	-609,466	66
67	06700	692,485	199,890	892,375	-138,684	67
68	06800	658,655	184,411	843,066	-131,183	68
69	06900	7,477,850	22,488,285	29,966,135	-15,506,476	69
70	07000	1,021,328	633,424	1,654,752	-322,859	70
71	07100				21,398,899	71
72	07200				28,045,764	72
73	07300				29,088,825	73
74	07400		117,212	117,212		74
75.01	03160	388,611	283,817	672,428	-88,573	75.01
75.02	03950					75.02
75.03	03951					75.03
75.04	03952	258,357	144,431	402,788	-101,798	75.04
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	12,700,304	6,300,394	19,000,698	-2,723,056	90
90.01	09001	1,096,522	657,890	1,754,412	-325,680	90.01
90.02	04951	500,273	222,153	722,426	-103,450	90.02
90.03	04952					90.03
90.04	04950	643,968	230,200	874,168	1,255,488	90.04
90.05	09002					90.05
91	09100	8,054,587	5,045,545	13,100,132	-2,828,533	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)	189,987,509	348,751,876	538,739,385	94,441	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,423	25,423		190
190.01	19001 KOFEE KORNER					190.01
191	19100 RESEARCH	349,550	159,766	509,316	-65,657	191
192.01	19201 WSKF					192.01
193.01	19301 DEVELOPMENT					193.01
193.02	19302 MARKETING					193.02
193.04	19303 PHYSICIAN ANSWERING SERVICE					193.04
193.05	19304 CAR SEAT SAFETY PROGRAM					193.05
193.07	19305 JOINT VENTURE					193.07
193.08	19306 PARKINSONS CENTER	149,704	-64,591	85,113	-28,784	193.08
200	TOTAL (SUM OF LINES 118-199)	190,486,763	348,872,474	539,359,237		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	25,178,368		25,178,368	1
2	00200	24,188,773	6,477,571	30,666,344	2
3	00300				3
4	00400	37,129,828	-716,441	36,413,387	4
5.10	00541	2,746,390	-872,660	1,873,730	5.10
5.30	00561				5.30
5.40	00571	2,705,900		2,705,900	5.40
5.50	00581	5,348,067		5,348,067	5.50
5.60	00590	104,947,681	-3,639,240	101,308,441	5.60
6	00600				6
7	00700	19,553,215	-180,376	19,372,839	7
8	00800	124,828		124,828	8
9	00900	4,477,403	-5,375	4,472,028	9
10	01000	2,081,980	-27,831	2,054,149	10
11	01100	3,779,057	-2,620,634	1,158,423	11
12	01200				12
13	01300	3,634,827	-25,518	3,609,309	13
14	01400	2,407,917		2,407,917	14
15	01500	5,280,942		5,280,942	15
16	01600	3,469,235	-7,003	3,462,232	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	44,855,277	-7,285,675	37,569,602	30
31	03100	5,927,493		5,927,493	31
32	03200	4,350,310	-84,703	4,265,607	32
40	04000	3,170,281	-651,504	2,518,777	40
43	04300	6,617,279		6,617,279	43
ANCILLARY SERVICE COST CENTERS					
50	05000	23,345,197	-183,590	23,161,607	50
51	05100	3,199,514		3,199,514	51
52	05200	7,839,925	-1,318,546	6,521,379	52
53	05300	876,872	-126,000	750,872	53
54	05400	6,324,140	-175,757	6,148,383	54
55	05500	4,833,873	-27,694	4,806,179	55
56	05600	1,231,336	-211,480	1,019,856	56
57	05700	1,726,319	-120,915	1,605,404	57
58	05800	1,477,083		1,477,083	58
60	06000	38,827,953	-11,344,939	27,483,014	60
62	06200	3,660,252		3,660,252	62
62.30	06250				62.30
65	06500	2,735,070	-3,861	2,731,209	65
66	06600	3,261,965	-620	3,261,345	66
67	06700	753,691	-415	753,276	67
68	06800	711,883		711,883	68
69	06900	14,459,659	-6,183,791	8,275,868	69
70	07000	1,331,893	-17,538	1,314,355	70
71	07100	21,398,899		21,398,899	71
72	07200	28,045,764		28,045,764	72
73	07300	29,088,825		29,088,825	73
74	07400	117,212	-117,038	174	74
75.01	03160	583,855	-9,010	574,845	75.01
75.02	03950				75.02
75.03	03951				75.03
75.04	03952	300,990		300,990	75.04
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	16,277,642	-5,863,965	10,413,677	90
90.01	09001	1,428,732	-107,581	1,321,151	90.01
90.02	04951	618,976	-12,553	606,423	90.02
90.03	04952				90.03
90.04	04950	2,129,656	-191,801	1,937,855	90.04
90.05	09002				90.05
91	09100	10,271,599	-1,016,711	9,254,888	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)	538,833,826	-36,673,194	502,160,632	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,423		25,423	190
190.01	19001 KOFEE KORNER				190.01
191	19100 RESEARCH	443,659		443,659	191
192.01	19201 WSKF				192.01
193.01	19301 DEVELOPMENT				193.01
193.02	19302 MARKETING				193.02
193.04	19303 PHYSICIAN ANSWERING SERVICE				193.04
193.05	19304 CAR SEAT SAFETY PROGRAM				193.05
193.07	19305 JOINT VENTURE				193.07
193.08	19306 PARKINSONS CENTER	56,329		56,329	193.08
200	TOTAL (SUM OF LINES 118-199)	539,359,237	-36,673,194	502,686,043	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		24,470,710
2		CAP REL COSTS-MVBLE EQUIP	2		22,662,232
3					
4					
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42					
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44					
45					
500 TOTAL RECLASSIFICATIONS					47,132,942
CODE LETTER - A					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
1	1	2	3	4	5	
1 SUPPLIES	B	MEDICAL SUPPLIES CHRGED TO PA	71		21,398,899	1
2		IMPL. DEV. CHARGED TO PATIENT	72		28,045,764	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
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17						17
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19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
500 TOTAL RECLASSIFICATIONS					49,444,663	500
CODE LETTER - B						
1 CAFETERIA	C	CAFETERIA	11	1,103,149	2,675,908	1
500 TOTAL RECLASSIFICATIONS				1,103,149	2,675,908	500
CODE LETTER - C						
1 DRUGS	D	DRUGS CHARGED TO PATIENTS	73		29,088,825	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS					29,088,825	500
CODE LETTER - D						
1 INSURANCE	E	CAP REL COSTS-BLDG & FIXT	1		707,658	1
500 TOTAL RECLASSIFICATIONS					707,658	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
		COST CENTER	LINE #		
	1	2	3	4	5
1 RENTALS	F	CAP REL COSTS-MVBLE EQUIP	2	1,526,541	1
2					2
3					3
4					4
5					5
6					6
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9					9
10					10
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28					28
29					29
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31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
500 TOTAL RECLASSIFICATIONS				1,526,541	500
CODE LETTER - F					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 ALLOCATED BENEFITS	G	EMPLOYEE BENEFITS	4		31,168,923	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
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36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
500 TOTAL RECLASSIFICATIONS					31,168,923	500
CODE LETTER - G						
1 BHS CHEMICAL DEPENDENCY	H	MENTAL HEALTH O/P	90.04	992,088	379,650	1
500 TOTAL RECLASSIFICATIONS				992,088	379,650	500
CODE LETTER - H						
1 NURSERY	I	NURSERY	43	1,277,360	513,931	1
500 TOTAL RECLASSIFICATIONS				1,277,360	513,931	500
CODE LETTER - I						
GRAND TOTAL (INCREASES)				3,372,597	162,639,041	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPRECIATION	A	NON PATIENT TELEPHONES	5.10		48,621	9 1
2						9 2
3		ADMITTING	5.40		18,840	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		70,593	4
5		ADMINISTRATION & GENERAL	5.60		29,693,441	5
6		OPERATION OF PLANT	7		1,801,337	6
7		LAUNDRY & LINEN SERVICE	8		14,191	7
8		HOUSEKEEPING	9		33,413	8
9		DIETARY	10		110,755	9
10		NURSING ADMINISTRATION	13		723,942	10
11		CENTRAL SERVICES & SUPPLY	14		323,488	11
12		PHARMACY	15		153,315	12
13		MEDICAL RECORDS & LIBRARY	16		107,799	13
14		ADULTS & PEDIATRICS	30		614,596	14
15		INTENSIVE CARE UNIT	31		154,135	15
16		CORONARY CARE UNIT	32		49,664	16
17		SUBPROVIDER - IPF	40		64,322	17
18		NURSERY	43		125,806	18
19		OPERATING ROOM	50		3,351,354	19
20		RECOVERY ROOM	51		27,256	20
21		DELIVERY ROOM & LABOR ROOM	52		215,734	21
22		ANESTHESIOLOGY	53		420,597	22
23		RADIOLOGY-DIAGNOSTIC	54		1,828,573	23
24		RADIOLOGY-THERAPEUTIC	55		1,597,337	24
25		RADIOISOTOPE	56		41,367	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57		452,804	26
27		MAGNETIC RESONANCE IMAGING (M	58		773,246	27
28		LABORATORY	60		1,246,002	28
29		WHOLE BLOOD & PACKED RED BLOO	62		31,089	29
30		RESPIRATORY THERAPY	65		57,723	30
31		PHYSICAL THERAPY	66		81,249	31
32		OCCUPATIONAL THERAPY	67		613	32
33		SPEECH PATHOLOGY	68		8,659	33
34		ELECTROCARDIOLOGY	69		1,789,443	34
35		ELECTROENCEPHALOGRAPHY	70		94,868	35
36		CARDIAC REHAB	75.01		19,514	36
37		PAIN MANAGEMENT	75.04		12,374	37
38		CLINIC	90		283,387	38
39		PATIENT TREATMENT CENTER	90.01		14,283	39
40		REHAB SERVICES-BLOOMINGDALE	90.02		14,891	40
41		MENTAL HEALTH O/P	90.04		1,848	41
42						42
43		EMERGENCY	91		654,906	43
44		RESEARCH	191		3,571	44
45		PARKINSONS CENTER	193.08		1,996	45
500 TOTAL RECLASSIFICATIONS					47,132,942	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		526,965	1
2		PHARMACY	15		220,097	2
3		ADULTS & PEDIATRICS	30		887,782	3
4		INTENSIVE CARE UNIT	31		416,566	4
5		CORONARY CARE UNIT	32		251,156	5
6		SUBPROVIDER - IPF	40		2,393	6
7		NURSERY	43		199,837	7
8		OPERATING ROOM	50		31,201,908	8
9		RECOVERY ROOM	51		254,147	9
10		DELIVERY ROOM & LABOR ROOM	52		278,908	10
11		ANESTHESIOLOGY	53		933,635	11
12		RADIOLOGY-DIAGNOSTIC	54		208,005	12
13		RADIOLOGY-THERAPEUTIC	55		189,082	13
14		RADIOISOTOPE	56		3,934	14
15		COMPUTED TOMOGRAPHY (CT) SCAN	57		116,533	15
16		MAGNETIC RESONANCE IMAGING (M	58		36,585	16
17		LABORATORY	60		75,770	17
18						18
19		RESPIRATORY THERAPY	65		108,684	19
20		PHYSICAL THERAPY	66		40,362	20
21		OCCUPATIONAL THERAPY	67		14,919	21
22		SPEECH PATHOLOGY	68		4,808	22
23		ELECTROCARDIOLOGY	69		12,385,566	23
24		ELECTROENCEPHALOGRAPHY	70		44,622	24
25						25
26		PAIN MANAGEMENT	75.04		43,420	26
27		CLINIC	90		139,103	27
28		PATIENT TREATMENT CENTER	90.01		115,951	28
29						29
30						30
31		EMERGENCY	91		743,925	31
500 TOTAL RECLASSIFICATIONS					49,444,663	500
CODE LETTER - B						
1 CAFETERIA	C	DIETARY	10	1,103,149	2,675,908	1
500 TOTAL RECLASSIFICATIONS				1,103,149	2,675,908	500
CODE LETTER - C						
1 DRUGS	D	PHARMACY	15		29,059,613	1
2		ADULTS & PEDIATRICS	30		28,777	2
3		INTENSIVE CARE UNIT	31		263	3
4		CORONARY CARE UNIT	32		112	4
5		SUBPROVIDER - IPF	40		60	5
500 TOTAL RECLASSIFICATIONS					29,088,825	500
CODE LETTER - D						
1 INSURANCE	E	ADMINISTRATION & GENERAL	5.60		707,658	9 1
500 TOTAL RECLASSIFICATIONS					707,658	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 RENTALS	F	NON PATIENT TELEPHONES	5.10		27,751	9 1
2						2
3		ADMITTING	5.40		3,401	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		131	4
5		ADMINISTRATION & GENERAL	5.60		155,411	5
6		OPERATION OF PLANT	7		985	6
7		HOUSEKEEPING	9		2,910	7
8		DIETARY	10		2,263	8
9		NURSING ADMINISTRATION	13		24,350	9
10		CENTRAL SERVICES & SUPPLY	14		210	10
11		PHARMACY	15		263	11
12		MEDICAL RECORDS & LIBRARY	16		146	12
13		ADULTS & PEDIATRICS	30		219,272	13
14		INTENSIVE CARE UNIT	31		16,680	14
15		CORONARY CARE UNIT	32		29,538	15
16		SUBPROVIDER - IPF	40		224	16
17		NURSERY	43		1,840	17
18		OPERATING ROOM	50		303,797	18
19		RECOVERY ROOM	51		5,750	19
20		DELIVERY ROOM & LABOR ROOM	52		3,037	20
21		ANESTHESIOLOGY	53		2,095	21
22		RADIOLOGY-DIAGNOSTIC	54		2,766	22
23		MAGNETIC RESONANCE IMAGING (M	58		201	23
24		RADIOLOGY-THERAPEUTIC	55		19,021	24
25		RADIOISOTOPE	56		432	25
26		LABORATORY	60		198,637	26
27		RESPIRATORY THERAPY	65		448,280	27
28		PHYSICAL THERAPY	66		1,253	28
29		OCCUPATIONAL THERAPY	67		241	29
30		SPEECH PATHOLOGY	68		793	30
31		ELECTROCARDIOLOGY	69		4,656	31
32		ELECTROENCEPHALOGRAPHY	70		2,154	32
33		CARDIAC REHAB	75.01		40	33
34		PAIN MANAGEMENT	75.04		306	34
35		CLINIC	90		46,563	35
36		PATIENT TREATMENT CENTER	90.01		679	36
37						37
38		EMERGENCY	91		465	38
500 TOTAL RECLASSIFICATIONS					1,526,541	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 ALLOCATED BENEFITS	G	NON PATIENT TELEPHONES	5.10		242,986	1
2						2
3		ADMITTING	5.40		425,147	3
4		ACCOUNTS RECEIVABLE AND CASHI	5.50		367,158	4
5		ADMINISTRATION & GENERAL	5.60		2,736,409	5
6		OPERATION OF PLANT	7		450,044	6
7		LAUNDRY & LINEN SERVICE	8		32,776	7
8		HOUSEKEEPING	9		565,392	8
9		DIETARY	10		326,503	9
10		NURSING ADMINISTRATION	13		498,263	10
11		CENTRAL SERVICES & SUPPLY	14		340,685	11
12		PHARMACY	15		863,845	12
13		MEDICAL RECORDS & LIBRARY	16		456,662	13
14		ADULTS & PEDIATRICS	30		5,765,166	14
15		INTENSIVE CARE UNIT	31		940,428	15
16		CORONARY CARE UNIT	32		624,641	16
17		SUBPROVIDER - IPF	40		453,826	17
18		NURSERY	43		726,437	18
19		OPERATING ROOM	50		1,842,092	19
20		RECOVERY ROOM	51		508,663	20
21		DELIVERY ROOM & LABOR ROOM	52		976,671	21
22		ANESTHESIOLOGY	53		30,255	22
23		RADIOLOGY-DIAGNOSTIC	54		867,942	23
24		RADIOLOGY-THERAPEUTIC	55		527,888	24
25		RADIOISOTOPE	56		79,420	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57		194,452	26
27		MAGNETIC RESONANCE IMAGING (M	58		177,118	27
28		LABORATORY	60		3,073,726	28
29		WHOLE BLOOD & PACKED RED BLOO	62		130,160	29
30		RESPIRATORY THERAPY	65		425,147	30
31		PHYSICAL THERAPY	66		486,602	31
32		OCCUPATIONAL THERAPY	67		122,911	32
33		SPEECH PATHOLOGY	68		116,923	33
34		ELECTROCARDIOLOGY	69		1,326,811	34
35		ELECTROENCEPHALOGRAPHY	70		181,215	35
36		CARDIAC REHAB	75.01		69,019	36
37		PAIN MANAGEMENT	75.04		45,698	37
38		CLINIC	90		2,254,003	38
39		PATIENT TREATMENT CENTER	90.01		194,767	39
40		REHAB SERVICES-BLOOMINGDALE	90.02		88,559	40
41		MENTAL HEALTH O/P	90.04		114,402	41
42						42
43		EMERGENCY	91		1,429,237	43
44		RESEARCH	191		62,086	44
45		PARKINSONS CENTER	193.08		26,788	45
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					31,168,923	500
1 BHS CHEMICAL DEPENDENCY	H	ADULTS & PEDIATRICS	30	992,088	379,650	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				992,088	379,650	500
1 NURSERY	I	ADULTS & PEDIATRICS	30	1,277,360	513,931	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I GRAND TOTAL (DECREASES)				1,277,360	513,931	500
				3,372,597	162,639,041	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	1,192,516	3,724,025		3,724,025		4,916,541	1
2 LAND IMPROVEMENTS	21,559,527	2,988,405		2,988,405		24,547,932	2
3 BUILDINGS AND FIXTURES	457,571,350	795,819		795,819		458,367,169	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	47,900,566	59,194,831		59,194,831		107,095,397	5
6 MOVABLE EQUIPMENT	186,031,717	92,572,889		92,572,889		278,604,606	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	714,255,676	159,275,969		159,275,969		873,531,645	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	714,255,676	159,275,969		159,275,969		873,531,645	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		ALLOCATION OF OTHER CAPITAL			TOTAL (SUM OF COLS. 5-7)
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS (SEE INSTR.)	
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	594,927,038		594,927,038	0.681060				1
2 CAP REL COSTS-MVBLE EQUIP	278,604,606		278,604,606	0.318940				2
3 TOTAL (SUM OF LINES 1-2)	873,531,644		873,531,644	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	25,178,368						25,178,368
2 CAP REL COSTS-MVBLE EQUIP	30,666,344						30,666,344
3 TOTAL	55,844,712						55,844,712

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	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)	A	-364,941	NON PATIENT TELEPHONES	5.10	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-24,524	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-20,660,032			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-9,052	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	6,110,898			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-2,620,634	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-75,262	DELIVERY ROOM & LABOR ROOM	52	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,202	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-15,392	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	23
	A-8-3				
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
	A-8-3				
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		OCCUPATIONAL THERAPY	67	30
	A-8-3				
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
	A-8-3				
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 PHYSICIAN PART B BENEFITS	A	-716,441	EMPLOYEE BENEFITS	4	33
34 OTHER	B	-105,995	ADMINISTRATION & GENERAL	5.60	34
35 OTHER	B	-5,375	HOUSEKEEPING	9	35
36 OTHER INCOME	B	-12,439	DIETARY	10	36
36.02 OTHER INCOME	B	-2,801	MEDICAL RECORDS & LIBRARY	16	36.02
37 ANSWERING SERVICE	B	-507,719	NON PATIENT TELEPHONES	5.10	37
37.01 OTHER INCOME	B	-10,280,269	LABORATORY	60	37.01
37.02 OTHER INCOME	B	-150,739	ELECTROCARDIOLOGY	69	37.02
37.03 OTHER INCOME	B	-1,812,709	ADULTS & PEDIATRICS	30	37.03
37.04 OTHER INCOME	B	-83,200	SUBPROVIDER - IPF	40	37.04
37.07 OTHER INCOME	B	-12,619	PATIENT TREATMENT CENTER	90.01	37.07
38 CHARITABLE CONTRIBUTIONS	A	-1,805,224	ADMINISTRATION & GENERAL	5.60	38
38.01 CHARITABLE CONTRIBUTIONS	A	-19,000	NURSING ADMINISTRATION	13	38.01
38.02 CHARITABLE CONTRIBUTIONS	A	-25,000	LABORATORY	60	38.02
39					39
40 CARDIAC REHAB MISC REV	B	-3,034	CARDIAC REHAB	75.01	40
41 OUTSIDE SERVICES	B	-10,671	ADMINISTRATION & GENERAL	5.60	41
41.01 OUTSIDE SERVICES	B	-69,535	ADULTS & PEDIATRICS	30	41.01
41.02 OUTSIDE SERVICES	B	-128,679	SUBPROVIDER - IPF	40	41.02
41.03 OUTSIDE SERVICES	B	-5,591	RADIOLOGY-DIAGNOSTIC	54	41.03
41.04 OUTSIDE SERVICE	B	-620	PHYSICAL THERAPY	66	41.04
41.05 OUTSIDE SERVICE	B	-415	OCCUPATIONAL THERAPY	67	41.05
41.06 OUTSIDE SERVICES	B	-60,270	PATIENT TREATMENT CENTER	90.01	41.06
41.07 OUTSIDE SERVICES EAP/BHS ADMN	B	-70,001	SUBPROVIDER - IPF	40	41.07
41.08 OUTSIDE SERVICES	B	-12,553	REHAB SERVICES-BLOOMINGDALE	90.02	41.08
41.09 OUTSIDE BHS ADMIN	B	-159,262	MENTAL HEALTH O/P	90.04	41.09
41.10 ALCOHOLIC BEVERAGES	A	-2,000	ADMINISTRATION & GENERAL	5.60	41.10
41.22 TUITION	B	-6,600	SUBPROVIDER - IPF	40	41.22
41.23 EMS TUITION	B	-89,085	EMERGENCY	91	41.23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
41.25 TUITION	B	-6,518	NURSING ADMINISTRATION	13	41.25
42 ASSOCIATION LOBBYING COST	A	-46,832	ADMINISTRATION & GENERAL	5.60	42
43 SITTERS	A	-50,726	ADULTS & PEDIATRICS	30	43
43.02 PHY BILLING COST	A	-145,017	ADULTS & PEDIATRICS	30	43.02
43.06 PHY BILLING COST	A	-15,074	ELECTROCARDIOLOGY	69	43.06
44 PHYSICIAN RECRUITMENT	A	-9,497	ADULTS & PEDIATRICS	30	44
44.01 PHYSICIAN RECRUITMENT	A	-1,140	ELECTROCARDIOLOGY	69	44.01
44.97 CABLE SERVICE	A	-502	OPERATION OF PLANT	7	44.97
44.99 CABLE SERVICE	A	-181	ELECTROCARDIOLOGY	69	44.99
45					45
45.02 DEPR ON MME<5K 2005 ADDNS	A	1	CAP REL COSTS-MVBLE EQUIP	2	9 45.02
45.03 DEPR ON MME <5K 2006	A	1	CAP REL COSTS-MVBLE EQUIP	2	9 45.03
45.04 REAL ESTATE TAXES	A	-5,798	ADMINISTRATION & GENERAL	5.60	45.04
45.10 REVERSE LOSS ON FIXED ASSETS	A	-68,496	ADMINISTRATION & GENERAL	5.60	45.10
45.11 DUES	B	-22,900	ADMINISTRATION & GENERAL	5.60	45.11
45.13 INSTYMED REVENUE	B	-575,313	CLINIC	90	45.13
45.14 RENTAL INCOME	B	-151,416	OPERATION OF PLANT	7	45.14
45.15 RENTAL INCOME	B	-1,628,061	CLINIC	90	45.15
45.16 RENTAL INCOME	B	-36,637	SUBPROVIDER - IPF	40	45.16
45.17 RECOVERY LIVING	B	-84,167	SUBPROVIDER - IPF	40	45.17
45.19 WORK ORDER REVENUE	B	-3,934	OPERATION OF PLANT	7	45.19
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-36,673,194			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	2	CAP REL COSTS-MVBLE EQUIP	6,477,569		6,477,569	9 1
2	5.60	ADMINISTRATION & GENERAL	50,062,897	50,429,568	-366,671	2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)	56,540,466	50,429,568	6,110,898	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	A C D H S	100.00				6
7	A CENTRAL DUPAGE PHY GRP	100.00				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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	5.60 ADMINISTRATION & GENERAL	AGGREGATE	1,209,850	1,203,750	6,100	177,200	61	5,197	260	1
2	30 ADULTS & PEDIATRICS	AGGREGATE	5,480,946	5,091,403	389,543	140,600	4,183	282,755	14,138	2
4	32 CORONARY CARE UNIT	AGGREGATE	84,703	84,703		165,600				4
5	40 SUBPROVIDER - IPF	AGGREGATE	242,220	242,220						5
6	50 OPERATING ROOM	AGGREGATE	200,690	170,000	30,690	208,000	171	17,100	855	6
7	52 DELIVERY ROOM & LABOR RO	AGGREGATE	1,243,284	1,243,284		177,200				7
8	53 ANESTHESIOLOGY	AGGREGATE	126,000	126,000		200,300				8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE	161,114	161,114						9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE	46,000		46,000	225,300	169	18,306	915	10
11	56 RADIOISOTOPE	AGGREGATE	211,480	211,480						11
12	57 COMPUTED TOMOGRAPHY (CT)	AGGREGATE	120,915	120,915		225,300				12
13	60 LABORATORY	AGGREGATE	1,039,670	1,039,670						13
14	65 RESPIRATORY THERAPY	AGGREGATE	3,861	3,861		165,600				14
15	69 ELECTROCARDIOLOGY	AGGREGATE	6,061,298	5,924,417	136,881	177,200	524	44,641	2,232	15
16	70 ELECTROENCEPHALOGRAPHY	AGGREGATE	17,538	17,538		177,200				16
17	74 RENAL DIALYSIS	AGGREGATE	117,038	117,038						17
18	75.01 CARDIAC REHAB	AGGREGATE	5,976	5,976		177,200				18
19	90 CLINIC	AGGREGATE	3,660,591	3,660,591						19
20	90.01 PATIENT TREATMENT CENTER	AGGREGATE	34,692	34,692						20
21	90.04 MENTAL HEALTH O/P	AGGREGATE	32,539	32,539		177,200				21
22	91 EMERGENCY	AGGREGATE	954,888	902,988	51,900	177,200	320	27,262	1,363	22
24	30 ADULTS & PEDIATRICS	SALARIED								24
25	69 ELECTROCARDIOLOGY	SALARIED								25
26	90 CLINIC	SALARIED								26
27	90.01 PATIENT TREATMENT CENTER	SALARIED								27
200	TOTAL		21,055,293	20,394,179	661,114		5,428	395,261	19,763	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.60 ADMINISTRATION & GENERAL	AGGREGATE				5,197	903	1,204,653	1
2	30 ADULTS & PEDIATRICS	AGGREGATE				282,755	106,788	5,198,191	2
4	32 CORONARY CARE UNIT	AGGREGATE						84,703	4
5	40 SUBPROVIDER - IPF	AGGREGATE						242,220	5
6	50 OPERATING ROOM	AGGREGATE				17,100	13,590	183,590	6
7	52 DELIVERY ROOM & LABOR RO	AGGREGATE						1,243,284	7
8	53 ANESTHESIOLOGY	AGGREGATE						126,000	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						161,114	9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				18,306	27,694	27,694	10
11	56 RADIOISOTOPE	AGGREGATE						211,480	11
12	57 COMPUTED TOMOGRAPHY (CT)	AGGREGATE						120,915	12
13	60 LABORATORY	AGGREGATE						1,039,670	13
14	65 RESPIRATORY THERAPY	AGGREGATE						3,861	14
15	69 ELECTROCARDIOLOGY	AGGREGATE				44,641	92,240	6,016,657	15
16	70 ELECTROENCEPHALOGRAPHY	AGGREGATE						17,538	16
17	74 RENAL DIALYSIS	AGGREGATE						117,038	17
18	75.01 CARDIAC REHAB	AGGREGATE						5,976	18
19	90 CLINIC	AGGREGATE						3,660,591	19
20	90.01 PATIENT TREATMENT CENTER	AGGREGATE						34,692	20
21	90.04 MENTAL HEALTH O/P	AGGREGATE						32,539	21
22	91 EMERGENCY	AGGREGATE				27,262	24,638	927,626	22
24	30 ADULTS & PEDIATRICS	SALARIED							24
25	69 ELECTROCARDIOLOGY	SALARIED							25
26	90 CLINIC	SALARIED							26
27	90.01 PATIENT TREATMENT CENTER	SALARIED							27
200	TOTAL					395,261	265,853	20,660,032	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT TELEPHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	25,178,368	25,178,368				1
2 CAP REL COSTS-MVBLE EQUIP	30,666,344		30,666,344			2
4 EMPLOYEE BENEFITS	36,413,387			36,413,387		4
5.10 NON PATIENT TELEPHONES	1,873,730	272,491	331,884	266,883	2,744,988	5.10
5.30 PURCHASING AND STORES		112,120	136,558		42,986	5.30
5.40 ADMITTING	2,705,900	70,600	85,988	466,526	69,597	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	5,348,067	12,153	14,801	403,189	149,429	5.50
5.60 ADMINISTRATION & GENERAL	101,308,441	776,931	946,274	5,200,901	319,327	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	19,372,839	15,132,169	18,430,440	493,754	128,959	7
8 LAUNDRY & LINEN SERVICE	124,828	70,758	86,181	36,042	6,141	8
9 HOUSEKEEPING	4,472,028	203,876	248,313	620,617	32,752	9
10 DIETARY	2,054,149	443,432	540,085		42,986	10
11 CAFETERIA	1,158,423			358,292		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,609,309	123,683	150,641	547,037	61,409	13
14 CENTRAL SERVICES & SUPPLY	2,407,917	147,082	179,141	374,004	59,362	14
15 PHARMACY	5,280,942	72,613	88,441	948,396	51,174	15
16 MEDICAL RECORDS & LIBRARY	3,462,232	39,852	48,538	501,442	110,536	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	37,569,602	2,327,355	2,834,634	5,887,028	155,570	30
31 INTENSIVE CARE UNIT	5,927,493	166,613	202,928	1,032,101	83,926	31
32 CORONARY CARE UNIT	4,265,607	125,438	152,778	685,766	45,033	32
40 SUBPROVIDER - IPF	2,518,777	299,514	364,798	498,306	200,603	40
43 NURSERY	6,617,279	99,407	121,074	1,046,426	32,752	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,161,607	1,127,270	1,372,974	2,021,802	157,617	50
51 RECOVERY ROOM	3,199,514	171,963	209,444	558,568	51,174	51
52 DELIVERY ROOM & LABOR ROOM	6,521,379	357,012	434,828	1,072,549	88,020	52
53 ANESTHESIOLOGY	750,872	24,708	30,093	33,222	45,033	53
54 RADIOLOGY-DIAGNOSTIC	6,148,383	610,793	743,924	952,670	145,335	54
55 RADIOLOGY-THERAPEUTIC	4,806,179	279,912	340,923	579,588		55
56 RADIOISOTOPE	1,019,856	47,201	57,489	87,205	10,235	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,605,404	56,233	68,489	213,375	6,141	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,477,083	60,763	74,007	194,359	10,235	58
60 LABORATORY	27,483,014	345,579	420,903	3,374,087	229,261	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,660,252	18,078	22,018	142,964		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,731,209	47,690	58,085	466,887	20,470	65
66 PHYSICAL THERAPY	3,261,345	103,793	126,416	534,182	42,986	66
67 OCCUPATIONAL THERAPY	753,276	4,545	5,535	134,902	18,423	67
68 SPEECH PATHOLOGY	711,883	6,601	8,040	128,311		68
69 ELECTROCARDIOLOGY	8,275,868	338,100	411,794	1,456,745	92,114	69
70 ELECTROENCEPHALOGRAPHY	1,314,355	67,076	81,697	198,963		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,398,899					71
72 IMPL. DEV. CHARGED TO PATIENT	28,045,764					72
73 DRUGS CHARGED TO PATIENTS	29,088,825					73
74 RENAL DIALYSIS	174				32,752	74
75.01 CARDIAC REHAB	574,845			75,705		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	300,990	45,835	55,825	50,330		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	10,413,677	211,944	258,140	2,474,121		90
90.01 PATIENT TREATMENT CENTER	1,321,151	88,894	108,269	213,611		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	606,423			97,457		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	1,937,855	78,179	95,219	318,717	40,939	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	9,254,888	590,112	718,735	1,569,098	161,711	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/20/2012 10:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT TELEPHONES 5.10	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	502,160,632	25,178,368	30,666,344	36,316,128	2,744,988	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,423					190
190.01 KOFEE KORNER						190.01
191 RESEARCH	443,659			68,095		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	56,329			29,164		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	502,686,043	25,178,368	30,666,344	36,413,387	2,744,988	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES	ADMITTING	ACCOUNTS RECEIVABLE & CASHIERS	SUBTOTAL (COLS. 0-4)	ADMIN AND GENERAL	
	5.30	5.40	5.50	4A	5.60	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	291,664					5.30
5.40 ADMITTING	1,951	3,400,562				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	982		5,928,621			5.50
5.60 ADMINISTRATION & GENERAL				108,551,874	108,551,874	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,336			53,571,497	14,754,444	7
8 LAUNDRY & LINEN SERVICE	186			324,136	89,273	8
9 HOUSEKEEPING	21,204			5,598,790	1,542,013	9
10 DIETARY				3,080,652	848,470	10
11 CAFETERIA				1,516,715	417,732	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,932			4,494,011	1,237,736	13
14 CENTRAL SERVICES & SUPPLY	4,204			3,171,710	873,549	14
15 PHARMACY				6,441,566	1,774,130	15
16 MEDICAL RECORDS & LIBRARY	599			4,163,199	1,146,624	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,931	289,094	503,959	49,576,173	13,654,220	30
31 INTENSIVE CARE UNIT	874	36,706	63,987	7,514,628	2,069,671	31
32 CORONARY CARE UNIT	525	28,297	49,329	5,352,773	1,474,255	32
40 SUBPROVIDER - IPF	2,236	23,161	40,376	3,947,771	1,087,291	40
43 NURSERY	735	52,547	91,602	8,061,822	2,220,379	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,393	166,043	289,451	28,310,157	7,797,155	50
51 RECOVERY ROOM	404	30,017	52,327	4,273,411	1,176,979	51
52 DELIVERY ROOM & LABOR ROOM	3,080	50,312	87,706	8,614,886	2,372,703	52
53 ANESTHESIOLOGY	450	33,555	58,495	976,428	268,927	53
54 RADIOLOGY-DIAGNOSTIC	9,698	118,942	207,343	8,937,088	2,461,444	54
55 RADIOLOGY-THERAPEUTIC	1,634	49,414	86,140	6,143,790	1,692,116	55
56 RADIOISOTOPE	24,583	29,665	51,712	1,327,946	365,742	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	86	169,476	295,436	2,414,640	665,038	57
58 MAGNETIC RESONANCE IMAGING (MRI)	85	80,683	140,649	2,037,864	561,266	58
60 LABORATORY	38,852	555,246	968,572	33,415,514	9,203,267	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	125,506	24,671	43,007	4,036,496	1,111,728	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,367	41,106	71,657	3,439,471	947,296	65
66 PHYSICAL THERAPY	591	23,836	41,551	4,134,700	1,138,775	66
67 OCCUPATIONAL THERAPY	92	7,278	12,687	936,738	257,995	67
68 SPEECH PATHOLOGY	173	7,065	12,317	874,390	240,824	68
69 ELECTROCARDIOLOGY	2,000	215,531	375,721	11,167,873	3,075,844	69
70 ELECTROENCEPHALOGRAPHY	235	22,580	39,361	1,724,267	474,896	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		397,379	692,725	22,489,003	6,193,899	71
72 IMPL. DEV. CHARGED TO PATIENT		249,130	434,292	28,729,186	7,912,564	72
73 DRUGS CHARGED TO PATIENTS		416,428	725,931	30,231,184	8,326,242	73
74 RENAL DIALYSIS		515	898	34,339	9,458	74
75.01 CARDIAC REHAB	236	3,089	5,385	659,260	181,573	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	80	5,398	9,411	467,869	128,860	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	6,633	83,165	144,975	13,592,655	3,743,675	90
90.01 PATIENT TREATMENT CENTER	525	7,475	13,030	1,752,955	482,797	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	109	5,134	8,949	718,072	197,771	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	88	18,580	32,389	2,521,966	694,597	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	2,284	159,044	277,251	12,733,123	3,506,944	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	290,879	3,400,562	5,928,621	502,062,588	108,380,162	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	75			25,498	7,023	190
190.01 KOFEE KORNER						190.01
191 RESEARCH	686			512,440	141,136	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	24			85,517	23,553	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	291,664	3,400,562	5,928,621	502,686,043	108,551,874	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	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						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	68,325,941					7
8 LAUNDRY & LINEN SERVICE	549,270	962,679				8
9 HOUSEKEEPING	1,582,612	7,587	8,731,002			9
10 DIETARY	3,442,203		454,027	7,825,352		10
11 CAFETERIA					1,934,447	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	960,106		126,638		26,224	13
14 CENTRAL SERVICES & SUPPLY	1,141,745	11,772	150,596		48,622	14
15 PHARMACY	563,672		74,348		49,536	15
16 MEDICAL RECORDS & LIBRARY	309,355		40,804		46,270	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,066,405	318,835	2,382,959	6,380,165	403,376	30
31 INTENSIVE CARE UNIT	1,293,352	27,775	170,593	553,910	60,427	31
32 CORONARY CARE UNIT	973,726	20,668	128,435	404,314	39,911	32
40 SUBPROVIDER - IPF	2,325,019	9,173	306,670	486,963	39,386	40
43 NURSERY	771,657	4,587	101,782		43,990	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,750,584	164,436	1,154,203		135,038	50
51 RECOVERY ROOM	1,334,882	16,511	176,071		36,781	51
52 DELIVERY ROOM & LABOR ROOM	2,771,357	63,097	365,542		64,244	52
53 ANESTHESIOLOGY	191,798		25,298		4,034	53
54 RADIOLOGY-DIAGNOSTIC	4,741,360	84,261	625,386		66,569	54
55 RADIOLOGY-THERAPEUTIC	2,172,854	20,645	286,600		42,986	55
56 RADIOISOTOPE	366,403		48,329		4,894	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	436,513	7,754	57,576		14,537	57
58 MAGNETIC RESONANCE IMAGING (MRI)	471,680		62,215		11,316	58
60 LABORATORY	2,682,603	917	353,836		343,375	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	140,332		18,510		10,502	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	370,199		48,829		35,949	65
66 PHYSICAL THERAPY	805,708	16,566	106,273		35,985	66
67 OCCUPATIONAL THERAPY	35,278		4,653		7,743	67
68 SPEECH PATHOLOGY	51,243		6,759		6,983	68
69 ELECTROCARDIOLOGY	2,624,550	26,089	346,178		55,090	69
70 ELECTROENCEPHALOGRAPHY	520,690	12,841	68,679		13,750	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB		736			5,156	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	355,797	5,428	46,930		3,664	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	1,645,242	45,480	217,008		145,088	90
90.01 PATIENT TREATMENT CENTER	690,048	6,421	91,017		14,103	90.01
90.02 REHAB SERVICES-BLOOMINGDALE					6,622	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	606,876		80,047		10,186	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	4,580,822	91,100	604,211		98,076	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	68,325,941	962,679	8,731,002	7,825,352	1,930,413	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH					4,034	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	68,325,941	962,679	8,731,002	7,825,352	1,934,447	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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	6,844,715					13
14 CENTRAL SERVICES & SUPPLY		5,397,994				14
15 PHARMACY	309,413		9,212,665			15
16 MEDICAL RECORDS & LIBRARY				5,706,252		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,519,601		8,762	469,787	93,780,283	30
31 INTENSIVE CARE UNIT	377,443		80	67,924	12,135,803	31
32 CORONARY CARE UNIT	249,293		34	51,548	8,694,957	32
40 SUBPROVIDER - IPF			6	42,320	8,244,599	40
43 NURSERY	274,776			89,830	11,568,823	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	843,484		10,206	307,680	47,472,943	50
51 RECOVERY ROOM	229,743		2	54,032	7,298,412	51
52 DELIVERY ROOM & LABOR ROOM	401,288		710	92,139	14,745,966	52
53 ANESTHESIOLOGY	25,201		24,222	74,378	1,590,286	53
54 RADIOLOGY-DIAGNOSTIC			5,629	201,351	17,123,088	54
55 RADIOLOGY-THERAPEUTIC			45	47,397	10,406,433	55
56 RADIOISOTOPE	30,568		319	52,663	2,196,864	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57,335	300,125	3,953,518	57
58 MAGNETIC RESONANCE IMAGING (MRI)			57,763	121,361	3,323,465	58
60 LABORATORY			4,168	892,881	46,896,561	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				43,697	5,361,265	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	224,545		254	77,541	5,144,084	65
66 PHYSICAL THERAPY	224,771		438	43,964	6,507,180	66
67 OCCUPATIONAL THERAPY	48,367			15,094	1,305,868	67
68 SPEECH PATHOLOGY	43,621			12,507	1,236,327	68
69 ELECTROCARDIOLOGY	344,106		19,811	354,593	18,014,134	69
70 ELECTROENCEPHALOGRAPHY	85,885		56	37,346	2,938,410	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,336,259		738,380	31,757,541	71
72 IMPL. DEV. CHARGED TO PATIENT		3,061,735		432,586	40,136,071	72
73 DRUGS CHARGED TO PATIENTS			8,841,884	587,969	47,987,279	73
74 RENAL DIALYSIS			53	12,625	56,475	74
75.01 CARDIAC REHAB			53	5,307	852,085	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT				8,861	1,017,409	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			174,696	111,899	19,675,743	90
90.01 PATIENT TREATMENT CENTER			668	14,946	3,052,955	90.01
90.02 REHAB SERVICES-BLOOMINGDALE				9,651	932,116	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P				31,495	3,945,167	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	612,610		5,471	302,375	22,534,732	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	6,844,715	5,397,994	9,212,665	5,706,252	501,886,842	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					32,521	190
190.01 KOFEE KORNER						190.01
191 RESEARCH					657,610	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER					109,070	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,844,715	5,397,994	9,212,665	5,706,252	502,686,043	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			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 SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	93,780,283		30
31 INTENSIVE CARE UNIT	12,135,803		31
32 CORONARY CARE UNIT	8,694,957		32
40 SUBPROVIDER - IPF	8,244,599		40
43 NURSERY	11,568,823		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	47,472,943		50
51 RECOVERY ROOM	7,298,412		51
52 DELIVERY ROOM & LABOR ROOM	14,745,966		52
53 ANESTHESIOLOGY	1,590,286		53
54 RADIOLOGY-DIAGNOSTIC	17,123,088		54
55 RADIOLOGY-THERAPEUTIC	10,406,433		55
56 RADIOISOTOPE	2,196,864		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,953,518		57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,323,465		58
60 LABORATORY	46,896,561		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,361,265		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	5,144,084		65
66 PHYSICAL THERAPY	6,507,180		66
67 OCCUPATIONAL THERAPY	1,305,868		67
68 SPEECH PATHOLOGY	1,236,327		68
69 ELECTROCARDIOLOGY	18,014,134		69
70 ELECTROENCEPHALOGRAPHY	2,938,410		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	31,757,541		71
72 IMPL. DEV. CHARGED TO PATIENT	40,136,071		72
73 DRUGS CHARGED TO PATIENTS	47,987,279		73
74 RENAL DIALYSIS	56,475		74
75.01 CARDIAC REHAB	852,085		75.01
75.02 SLEEP LAB			75.02
75.03 INPATIENT DIALYSIS			75.03
75.04 PAIN MANAGEMENT	1,017,409		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	19,675,743		90
90.01 PATIENT TREATMENT CENTER	3,052,955		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	932,116		90.02
90.03 CANTERA			90.03
90.04 MENTAL HEALTH O/P	3,945,167		90.04
90.05 WOMEN'S CLINIC			90.05
91 EMERGENCY	22,534,732		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		501,886,842	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		32,521	190
190.01 KOFEE KORNER			190.01
191 RESEARCH		657,610	191
192.01 WSKF			192.01
193.01 DEVELOPMENT			193.01
193.02 MARKETING			193.02
193.04 PHYSICIAN ANSWERING SERVICE			193.04
193.05 CAR SEAT SAFETY PROGRAM			193.05
193.07 JOINT VENTURE			193.07
193.08 PARKINSONS CENTER		109,070	193.08
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		502,686,043	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	NON PATIENT TELEPHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES		272,491	331,884	604,375	604,375	5.10
5.30 PURCHASING AND STORES		112,120	136,558	248,678	9,464	5.30
5.40 ADMITTING		70,600	85,988	156,588	15,323	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS		12,153	14,801	26,954	32,900	5.50
5.60 ADMINISTRATION & GENERAL		776,931	946,274	1,723,205	70,313	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		15,132,169	18,430,440	33,562,609	28,393	7
8 LAUNDRY & LINEN SERVICE		70,758	86,181	156,939	1,352	8
9 HOUSEKEEPING		203,876	248,313	452,189	7,211	9
10 DIETARY		443,432	540,085	983,517	9,464	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		123,683	150,641	274,324	13,521	13
14 CENTRAL SERVICES & SUPPLY		147,082	179,141	326,223	13,070	14
15 PHARMACY		72,613	88,441	161,054	11,267	15
16 MEDICAL RECORDS & LIBRARY		39,852	48,538	88,390	24,337	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		2,327,355	2,834,634	5,161,989	34,252	30
31 INTENSIVE CARE UNIT		166,613	202,928	369,541	18,478	31
32 CORONARY CARE UNIT		125,438	152,778	278,216	9,915	32
40 SUBPROVIDER - IPF		299,514	364,798	664,312	44,168	40
43 NURSERY		99,407	121,074	220,481	7,211	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,127,270	1,372,974	2,500,244	34,703	50
51 RECOVERY ROOM		171,963	209,444	381,407	11,267	51
52 DELIVERY ROOM & LABOR ROOM		357,012	434,828	791,840	19,380	52
53 ANESTHESIOLOGY		24,708	30,093	54,801	9,915	53
54 RADIOLOGY-DIAGNOSTIC		610,793	743,924	1,354,717	31,999	54
55 RADIOLOGY-THERAPEUTIC		279,912	340,923	620,835		55
56 RADIOISOTOPE		47,201	57,489	104,690	2,253	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		56,233	68,489	124,722	1,352	57
58 MAGNETIC RESONANCE IMAGING (MRI)		60,763	74,007	134,770	2,253	58
60 LABORATORY		345,579	420,903	766,482	50,477	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		18,078	22,018	40,096		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		47,690	58,085	105,775	4,507	65
66 PHYSICAL THERAPY		103,793	126,416	230,209	9,464	66
67 OCCUPATIONAL THERAPY		4,545	5,535	10,080	4,056	67
68 SPEECH PATHOLOGY		6,601	8,040	14,641		68
69 ELECTROCARDIOLOGY		338,100	411,794	749,894	20,281	69
70 ELECTROENCEPHALOGRAPHY		67,076	81,697	148,773		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS					7,211	74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT		45,835	55,825	101,660		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		211,944	258,140	470,084		90
90.01 PATIENT TREATMENT CENTER		88,894	108,269	197,163		90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		78,179	95,219	173,398	9,014	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY		590,112	718,735	1,308,847	35,604	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	NON PATIENT TELEPHONES 5.10	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS		25,178,368	30,666,344	55,844,712	604,375	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH						191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		25,178,368	30,666,344	55,844,712	604,375	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	258,142					5.30
5.40 ADMITTING	1,727	173,638				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	870		60,724			5.50
5.60 ADMINISTRATION & GENERAL				1,793,518		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,803			243,622	33,846,427	7
8 LAUNDRY & LINEN SERVICE	165			1,475	272,090	8
9 HOUSEKEEPING	18,767			25,480	783,974	9
10 DIETARY				14,020	1,705,154	10
11 CAFETERIA				6,903		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,710			20,452	475,605	13
14 CENTRAL SERVICES & SUPPLY	3,721			14,434	565,583	14
15 PHARMACY				29,316	279,224	15
16 MEDICAL RECORDS & LIBRARY	530			18,947	153,244	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,904	14,846	5,216	225,621	8,949,505	30
31 INTENSIVE CARE UNIT	774	1,885	662	34,199	640,684	31
32 CORONARY CARE UNIT	465	1,453	511	24,360	482,352	32
40 SUBPROVIDER - IPF	1,979	1,189	418	17,966	1,151,738	40
43 NURSERY	650	2,698	948	36,689	382,254	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,853	8,527	2,996	128,840	4,334,752	50
51 RECOVERY ROOM	357	1,541	542	19,448	661,257	51
52 DELIVERY ROOM & LABOR ROOM	2,726	2,584	908	39,206	1,372,839	52
53 ANESTHESIOLOGY	398	1,723	605	4,444	95,010	53
54 RADIOLOGY-DIAGNOSTIC	8,583	6,108	2,146	40,673	2,348,714	54
55 RADIOLOGY-THERAPEUTIC	1,446	2,538	892	27,960	1,076,360	55
56 RADIOISOTOPE	21,758	1,523	535	6,043	181,504	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	76	8,703	3,058	10,989	216,234	57
58 MAGNETIC RESONANCE IMAGING (MRI)	75	4,143	1,456	9,274	233,655	58
60 LABORATORY	34,387	27,522	9,385	152,074	1,328,873	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	111,082	1,267	445	18,370	69,516	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,095	2,111	742	15,653	183,384	65
66 PHYSICAL THERAPY	523	1,224	430	18,817	399,121	66
67 OCCUPATIONAL THERAPY	81	374	131	4,263	17,476	67
68 SPEECH PATHOLOGY	153	363	127	3,979	25,384	68
69 ELECTROCARDIOLOGY	1,770	11,068	3,889	50,825	1,300,116	69
70 ELECTROENCEPHALOGRAPHY	208	1,160	407	7,847	257,933	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		20,407	7,170	102,347		71
72 IMPL. DEV. CHARGED TO PATIENT		12,794	4,495	130,747		72
73 DRUGS CHARGED TO PATIENTS		21,385	7,514	137,582		73
74 RENAL DIALYSIS		26	9	156		74
75.01 CARDIAC REHAB	209	159	56	3,000		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	71					75.04
76.97 CARDIAC REHABILITATION		277	97	2,129	176,250	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,871	4,271	1,501	61,860	814,999	90
90.01 PATIENT TREATMENT CENTER	465	384	135	7,978	341,827	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	97	264	93	3,268		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	78	954	335	11,477	300,627	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	2,021	8,167	2,870	57,948	2,269,189	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ACCOUNTS RECEIVABLE & CASHIERS 5.50	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	257,448	173,638	60,724	1,790,681	33,846,427	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	66			116		190
190.01 KOFEE KORNER						190.01
191 RESEARCH	607			2,332		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER	21			389		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	258,142	173,638	60,724	1,793,518	33,846,427	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	8	9	10	11	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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	432,021					8
9 HOUSEKEEPING	3,405	1,291,026				9
10 DIETARY		67,136	2,779,291			10
11 CAFETERIA				6,903		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,726		94	804,432	13
14 CENTRAL SERVICES & SUPPLY	5,283	22,268		174		14
15 PHARMACY		10,994		177	36,364	15
16 MEDICAL RECORDS & LIBRARY		6,034		165		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	143,083	352,362	2,266,012	1,441	296,119	30
31 INTENSIVE CARE UNIT	12,465	25,225	196,729	216	44,359	31
32 CORONARY CARE UNIT	9,275	18,991	143,598	142	29,298	32
40 SUBPROVIDER - IPF	4,116	45,346	172,952	141		40
43 NURSERY	2,058	15,050		157	32,293	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	73,794	170,668		482	99,131	50
51 RECOVERY ROOM	7,409	26,035		131	27,001	51
52 DELIVERY ROOM & LABOR ROOM	28,316	54,052		229	47,162	52
53 ANESTHESIOLOGY		3,741		14	2,962	53
54 RADIOLOGY-DIAGNOSTIC	37,814	92,474		238		54
55 RADIOLOGY-THERAPEUTIC	9,265	42,379		153		55
56 RADIOISOTOPE		7,146		17	3,593	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,480	8,514		52		57
58 MAGNETIC RESONANCE IMAGING (MRI)		9,199		40		58
60 LABORATORY	412	52,321		1,225		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,737		37		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		7,220		128	26,390	65
66 PHYSICAL THERAPY	7,434	15,714		128	26,416	66
67 OCCUPATIONAL THERAPY		688		28	5,684	67
68 SPEECH PATHOLOGY		999		25	5,127	68
69 ELECTROCARDIOLOGY	11,708	51,188		197	40,441	69
70 ELECTROENCEPHALOGRAPHY	5,763	10,155		49	10,094	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB	330			18		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	2,436	6,939		13		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	20,410	32,088		518		90
90.01 PATIENT TREATMENT CENTER	2,882	13,458		50		90.01
90.02 REHAB SERVICES-BLOOMINGDALE				24		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		11,836		36		90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	40,883	89,343		350	71,998	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	8	9	10	11	13	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	432,021	1,291,026	2,779,291	6,889	804,432	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH				14		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	432,021	1,291,026	2,779,291	6,903	804,432	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					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	950,756				14
15 PHARMACY		528,396			15
16 MEDICAL RECORDS & LIBRARY			291,647		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		503	23,967	17,482,820	30
31 INTENSIVE CARE UNIT		5	3,465	1,348,687	31
32 CORONARY CARE UNIT		2	2,630	1,001,208	32
40 SUBPROVIDER - IPF			2,159	2,106,484	40
43 NURSERY			4,583	705,072	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		585	15,697	7,382,272	50
51 RECOVERY ROOM			2,757	1,139,152	51
52 DELIVERY ROOM & LABOR ROOM		41	4,701	2,363,984	52
53 ANESTHESIOLOGY		1,389	3,795	178,797	53
54 RADIOLOGY-DIAGNOSTIC		323	10,272	3,934,061	54
55 RADIOLOGY-THERAPEUTIC		3	2,418	1,784,249	55
56 RADIOISOTOPE		18	2,687	331,767	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,288	15,311	395,779	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,313	6,191	404,369	58
60 LABORATORY		239	46,084	2,469,481	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			2,229	245,779	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		15	3,956	351,976	65
66 PHYSICAL THERAPY		25	2,243	711,748	66
67 OCCUPATIONAL THERAPY			770	43,631	67
68 SPEECH PATHOLOGY			638	51,436	68
69 ELECTROCARDIOLOGY		1,136	18,090	2,260,603	69
70 ELECTROENCEPHALOGRAPHY		3	1,905	444,297	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	411,483		37,670	579,077	71
72 IMPL. DEV. CHARGED TO PATIENT	539,273		22,069	709,378	72
73 DRUGS CHARGED TO PATIENTS		507,130	29,996	703,607	73
74 RENAL DIALYSIS		3	644	8,049	74
75.01 CARDIAC REHAB		3	271	4,046	75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT			452	290,324	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		10,020	5,709	1,427,331	90
90.01 PATIENT TREATMENT CENTER		38	763	565,143	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			492	4,238	90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P			1,607	509,362	90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY		314	15,426	3,902,960	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/20/2012 10:52

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	950,756	528,396	291,647	55,841,167	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				182	190
190.01 KOFEE KORNER					190.01
191 RESEARCH				2,953	191
192.01 WSKF					192.01
193.01 DEVELOPMENT					193.01
193.02 MARKETING					193.02
193.04 PHYSICIAN ANSWERING SERVICE					193.04
193.05 CAR SEAT SAFETY PROGRAM					193.05
193.07 JOINT VENTURE					193.07
193.08 PARKINSONS CENTER				410	193.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	950,756	528,396	291,647	55,844,712	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		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 SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	17,482,820	30
31	INTENSIVE CARE UNIT	1,348,687	31
32	CORONARY CARE UNIT	1,001,208	32
40	SUBPROVIDER - IPF	2,106,484	40
43	NURSERY	705,072	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	7,382,272	50
51	RECOVERY ROOM	1,139,152	51
52	DELIVERY ROOM & LABOR ROOM	2,363,984	52
53	ANESTHESIOLOGY	178,797	53
54	RADIOLOGY-DIAGNOSTIC	3,934,061	54
55	RADIOLOGY-THERAPEUTIC	1,784,249	55
56	RADIOISOTOPE	331,767	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	395,779	57
58	MAGNETIC RESONANCE IMAGING (MRI)	404,369	58
60	LABORATORY	2,469,481	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	245,779	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	351,976	65
66	PHYSICAL THERAPY	711,748	66
67	OCCUPATIONAL THERAPY	43,631	67
68	SPEECH PATHOLOGY	51,436	68
69	ELECTROCARDIOLOGY	2,260,603	69
70	ELECTROENCEPHALOGRAPHY	444,297	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	579,077	71
72	IMPL. DEV. CHARGED TO PATIENT	709,378	72
73	DRUGS CHARGED TO PATIENTS	703,607	73
74	RENAL DIALYSIS	8,049	74
75.01	CARDIAC REHAB	4,046	75.01
75.02	SLEEP LAB		75.02
75.03	INPATIENT DIALYSIS		75.03
75.04	PAIN MANAGEMENT	290,324	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	1,427,331	90
90.01	PATIENT TREATMENT CENTER	565,143	90.01
90.02	REHAB SERVICES-BLOOMINGDALE	4,238	90.02
90.03	CANTERA		90.03
90.04	MENTAL HEALTH O/P	509,362	90.04
90.05	WOMEN'S CLINIC		90.05
91	EMERGENCY	3,902,960	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS		99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	55,841,167	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	182	190
190.01 KOFEE KORNER		190.01
191 RESEARCH	2,953	191
192.01 WSKF		192.01
193.01 DEVELOPMENT		193.01
193.02 MARKETING		193.02
193.04 PHYSICIAN ANSWERING SERVICE		193.04
193.05 CAR SEAT SAFETY PROGRAM		193.05
193.07 JOINT VENTURE		193.07
193.08 PARKINSONS CENTER	410	193.08
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	55,844,712	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS  GROSS SALARIES	NON PATIENT TELEPHONES (NONPT PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
	1	2	4	5.10	5.30	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,750,717					1
2 CAP REL COSTS-MVBLE EQUIP		1,750,717				2
4 EMPLOYEE BENEFITS			186,919,081			4
5.10 NON PATIENT TELEPHONES	18,947	18,947	1,369,978	1,341		5.10
5.30 PURCHASING AND STORES	7,796	7,796		21	6,104,920	5.30
5.40 ADMITTING	4,909	4,909	2,394,797	34	40,837	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS	845	845	2,069,672	73	20,565	5.50
5.60 ADMINISTRATION & GENERAL	54,022	54,022	26,697,576	156		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,052,179	1,052,179	2,534,566	63	279,135	7
8 LAUNDRY & LINEN SERVICE	4,920	4,920	185,011	3	3,893	8
9 HOUSEKEEPING	14,176	14,176	3,185,786	16	443,838	9
10 DIETARY	30,833	30,833		21		10
11 CAFETERIA			1,839,204			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,600	8,600	2,808,082	30	40,444	13
14 CENTRAL SERVICES & SUPPLY	10,227	10,227	1,919,861	29	87,993	14
15 PHARMACY	5,049	5,049	4,868,365	25		15
16 MEDICAL RECORDS & LIBRARY	2,771	2,771	2,574,032	54	12,543	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	161,827	161,827	30,219,377	76	186,937	30
31 INTENSIVE CARE UNIT	11,585	11,585	5,298,044	41	18,297	31
32 CORONARY CARE UNIT	8,722	8,722	3,520,215	22	10,997	32
40 SUBPROVIDER - IPF	20,826	20,826	2,557,936	98	46,812	40
43 NURSERY	6,912	6,912	5,371,578	16	15,376	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,382	78,382	10,378,432	77	280,326	50
51 RECOVERY ROOM	11,957	11,957	2,867,274	25	8,446	51
52 DELIVERY ROOM & LABOR ROOM	24,824	24,824	5,505,674	43	64,473	52
53 ANESTHESIOLOGY	1,718	1,718	170,535	22	9,419	53
54 RADIOLOGY-DIAGNOSTIC	42,470	42,470	4,890,302	71	202,984	54
55 RADIOLOGY-THERAPEUTIC	19,463	19,463	2,975,177		34,206	55
56 RADIOISOTOPE	3,282	3,282	447,646	5	514,563	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,910	3,910	1,095,308	3	1,807	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,225	4,225	997,696	5	1,774	58
60 LABORATORY	24,029	24,029	17,320,062	112	813,231	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257	1,257	733,869		2,626,948	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,316	3,316	2,396,650	10	49,551	65
66 PHYSICAL THERAPY	7,217	7,217	2,742,094	21	12,379	66
67 OCCUPATIONAL THERAPY	316	316	692,485	9	1,916	67
68 SPEECH PATHOLOGY	459	459	658,655		3,624	68
69 ELECTROCARDIOLOGY	23,509	23,509	7,477,850	45	41,869	69
70 ELECTROENCEPHALOGRAPHY	4,664	4,664	1,021,328		4,914	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS				16		74
75.01 CARDIAC REHAB			388,611		4,942	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,187	3,187	258,357		1,683	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	14,737	14,737	12,700,304		138,844	90
90.01 PATIENT TREATMENT CENTER	6,181	6,181	1,096,522		10,999	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			500,273		2,289	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	5,436	5,436	1,636,056	20	1,844	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	41,032	41,032	8,054,587	79	47,800	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS  GROSS SALARIES	NON PATIENT TELEPHONES (NONPT PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	
	1	2	4	5.10	5.30	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,750,717	1,750,717	186,419,827	1,341	6,088,498	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					1,562	190
190.01 KOFEE KORNER						190.01
191 RESEARCH			349,550		14,358	191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER			149,704		502	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	25,178,368	30,666,344	36,413,387	2,744,988	291,664	202
203 UNIT COST MULT-WS B PT I	14.381746	17.516448	0.194808	2,046.970917	0.047775	203
204 COST TO BE ALLOC PER B PT II				604,375	258,142	204
205 UNIT COST MULT-WS B PT II				450.689784	0.042284	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE 5.40	ACCOUNTS RECEIVABLE & CASHIERS GROSS REVENUE 5.50	RECON- CILIATION 5A.60	ADMIN AND GENERAL ACCUM COST 5.60	OPERATION OF PLANT ( SQUARE FEET) 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING	2,360,031,321					5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS		2,360,031,321				5.50
5.60 ADMINISTRATION & GENERAL			-108,551,874	394,134,169		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT				53,571,497	612,019	7
8 LAUNDRY & LINEN SERVICE				324,136	4,920	8
9 HOUSEKEEPING				5,598,790	14,176	9
10 DIETARY				3,080,652	30,833	10
11 CAFETERIA				1,516,715		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				4,494,011	8,600	13
14 CENTRAL SERVICES & SUPPLY				3,171,710	10,227	14
15 PHARMACY				6,441,566	5,049	15
16 MEDICAL RECORDS & LIBRARY				4,163,199	2,771	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	200,620,582	200,620,582		49,576,173	161,827	30
31 INTENSIVE CARE UNIT	25,472,531	25,472,531		7,514,628	11,585	31
32 CORONARY CARE UNIT	19,637,206	19,637,206		5,352,773	8,722	32
40 SUBPROVIDER - IPF	16,073,102	16,073,102		3,947,771	20,826	40
43 NURSERY	36,465,844	36,465,844		8,061,822	6,912	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	115,227,425	115,227,425		28,310,157	78,382	50
51 RECOVERY ROOM	20,830,881	20,830,881		4,273,411	11,957	51
52 DELIVERY ROOM & LABOR ROOM	34,914,670	34,914,670		8,614,886	24,824	52
53 ANESTHESIOLOGY	23,286,113	23,286,113		976,428	1,718	53
54 RADIOLOGY-DIAGNOSTIC	82,541,118	82,541,118		8,937,088	42,470	54
55 RADIOLOGY-THERAPEUTIC	34,291,458	34,291,458		6,143,790	19,463	55
56 RADIOISOTOPE	20,586,123	20,586,123		1,327,946	3,282	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	117,609,946	117,609,946		2,414,640	3,910	57
58 MAGNETIC RESONANCE IMAGING (MRI)	55,990,979	55,990,979		2,037,864	4,225	58
60 LABORATORY	385,489,427	385,489,427		33,415,514	24,029	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	17,120,662	17,120,662		4,036,496	1,257	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	28,525,714	28,525,714		3,439,471	3,316	65
66 PHYSICAL THERAPY	16,541,140	16,541,140		4,134,700	7,217	66
67 OCCUPATIONAL THERAPY	5,050,664	5,050,664		936,738	316	67
68 SPEECH PATHOLOGY	4,903,148	4,903,148		874,390	459	68
69 ELECTROCARDIOLOGY	149,570,496	149,570,496		11,167,873	23,509	69
70 ELECTROENCEPHALOGRAPHY	15,669,384	15,669,384		1,724,267	4,664	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	275,766,160	275,766,160		22,489,003		71
72 IMPL. DEV. CHARGED TO PATIENT	172,886,892	172,886,892		28,729,186		72
73 DRUGS CHARGED TO PATIENTS	288,985,083	288,985,083		30,231,184		73
74 RENAL DIALYSIS	357,540	357,540		34,339		74
75.01 CARDIAC REHAB	2,143,546	2,143,546		659,260		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,746,269	3,746,269		467,869	3,187	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	57,713,115	57,713,115		13,592,655	14,737	90
90.01 PATIENT TREATMENT CENTER	5,187,268	5,187,268		1,752,955	6,181	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,562,534	3,562,534		718,072		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	12,893,872	12,893,872		2,521,966	5,436	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	110,370,429	110,370,429		12,733,123	41,032	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE	ACCOUNTS RECEIVABLE & CASHIERS GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	
	5.40	5.50	5A.60	5.60	7	
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)	2,360,031,321	2,360,031,321	-108,551,874	393,510,714	612,019	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				25,498		190
190.01 KOFFEE KORNER						190.01
191 RESEARCH				512,440		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER				85,517		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,400,562	5,928,621		108,551,874	68,325,941	202
203 UNIT COST MULT-WS B PT I	0.001441	0.002512		0.275419	111.640228	203
204 COST TO BE ALLOC PER B PT II	173,638	60,724		1,793,518	33,846,427	204
205 UNIT COST MULT-WS B PT II	0.000074	0.000026		0.004551	55.302902	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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	4,433,594					8
9 HOUSEKEEPING	34,942	592,923				9
10 DIETARY		30,833	249,675			10
11 CAFETERIA				213,847		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,600		2,899	121,138	13
14 CENTRAL SERVICES & SUPPLY	54,217	10,227		5,375		14
15 PHARMACY		5,049		5,476	5,476	15
16 MEDICAL RECORDS & LIBRARY		2,771		5,115		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,468,393	161,827	203,565	44,592	44,592	30
31 INTENSIVE CARE UNIT	127,916	11,585	17,673	6,680	6,680	31
32 CORONARY CARE UNIT	95,185	8,722	12,900	4,412	4,412	32
40 SUBPROVIDER - IPF	42,244	20,826	15,537	4,354		40
43 NURSERY	21,123	6,912		4,863	4,863	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	757,305	78,382		14,928	14,928	50
51 RECOVERY ROOM	76,039	11,957		4,066	4,066	51
52 DELIVERY ROOM & LABOR ROOM	290,592	24,824		7,102	7,102	52
53 ANESTHESIOLOGY		1,718		446	446	53
54 RADIOLOGY-DIAGNOSTIC	388,060	42,470		7,359		54
55 RADIOLOGY-THERAPEUTIC	95,082	19,463		4,752		55
56 RADIOISOTOPE		3,282		541	541	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	35,709	3,910		1,607		57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,225		1,251		58
60 LABORATORY	4,224	24,029		37,959		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,257		1,161		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		3,316		3,974	3,974	65
66 PHYSICAL THERAPY	76,295	7,217		3,978	3,978	66
67 OCCUPATIONAL THERAPY		316		856	856	67
68 SPEECH PATHOLOGY		459		772	772	68
69 ELECTROCARDIOLOGY	120,153	23,509		6,090	6,090	69
70 ELECTROENCEPHALOGRAPHY	59,141	4,664		1,520	1,520	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 CARDIAC REHAB	3,389			570		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	24,997	3,187		405		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	209,459	14,737		16,039		90
90.01 PATIENT TREATMENT CENTER	29,572	6,181		1,559		90.01
90.02 REHAB SERVICES-BLOOMINGDALE				732		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		5,436		1,126		90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	419,557	41,032		10,842	10,842	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	4,433,594	592,923	249,675	213,401	121,138	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH				446		191
192.01 WSKF						192.01
193.01 DEVELOPMENT						193.01
193.02 MARKETING						193.02
193.04 PHYSICIAN ANSWERING SERVICE						193.04
193.05 CAR SEAT SAFETY PROGRAM						193.05
193.07 JOINT VENTURE						193.07
193.08 PARKINSONS CENTER						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	962,679	8,731,002	7,825,352	1,934,447	6,844,715	202
203 UNIT COST MULT-WS B PT I	0.217133	14.725356	31.342153	9.045939	56.503451	203
204 COST TO BE ALLOC PER B PT II	432,021	1,291,026	2,779,291	6,903	804,432	204
205 UNIT COST MULT-WS B PT II	0.097443	2.177392	11.131635	0.032280	6.640625	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				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	49,445,962			14
15 PHARMACY		30,278,230		15
16 MEDICAL RECORDS & LIBRARY			1,967,053,463	16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		28,797	161,939,770	30
31 INTENSIVE CARE UNIT		263	23,414,068	31
32 CORONARY CARE UNIT		112	17,769,102	32
40 SUBPROVIDER - IPF		20	14,588,077	40
43 NURSERY			30,965,356	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		33,544	106,059,899	50
51 RECOVERY ROOM		7	18,625,276	51
52 DELIVERY ROOM & LABOR ROOM		2,335	31,761,176	52
53 ANESTHESIOLOGY		79,609	25,638,642	53
54 RADIOLOGY-DIAGNOSTIC		18,501	69,407,390	54
55 RADIOLOGY-THERAPEUTIC		149	16,338,069	55
56 RADIOISOTOPE		1,049	18,153,400	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		188,437	103,455,558	57
58 MAGNETIC RESONANCE IMAGING (MRI)		189,844	41,834,314	58
60 LABORATORY		13,699	307,842,072	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			15,062,577	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		836	26,729,144	65
66 PHYSICAL THERAPY		1,439	15,154,899	66
67 OCCUPATIONAL THERAPY			5,202,954	67
68 SPEECH PATHOLOGY			4,311,413	68
69 ELECTROCARDIOLOGY		65,112	122,231,332	69
70 ELECTROENCEPHALOGRAPHY		184	12,873,491	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	21,400,192		254,526,064	71
72 IMPL. DEV. CHARGED TO PATIENT	28,045,770		149,115,997	72
73 DRUGS CHARGED TO PATIENTS		29,059,613	202,678,050	73
74 RENAL DIALYSIS		175	4,352,026	74
75.01 CARDIAC REHAB		175	1,829,233	75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT			3,054,628	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		574,153	38,572,640	90
90.01 PATIENT TREATMENT CENTER		2,196	5,152,136	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			3,326,677	90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P			10,856,564	90.04
90.05 WOMEN'S CLINIC				90.05
91 EMERGENCY		17,981	104,231,469	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20

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KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY  (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	49,445,962	30,278,230	1,967,053,463	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
190.01 KOFEE KORNER				190.01
191 RESEARCH				191
192.01 WSKF				192.01
193.01 DEVELOPMENT				193.01
193.02 MARKETING				193.02
193.04 PHYSICIAN ANSWERING SERVICE				193.04
193.05 CAR SEAT SAFETY PROGRAM				193.05
193.07 JOINT VENTURE				193.07
193.08 PARKINSONS CENTER				193.08
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	5,397,994	9,212,665	5,706,252	202
203 UNIT COST MULT-WS B PT I	0.109170	0.304267	0.002901	203
204 COST TO BE ALLOC PER B PT II	950,756	528,396	291,647	204
205 UNIT COST MULT-WS B PT II	0.019228	0.017451	0.000148	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	93,780,283		93,780,283	106,788	93,887,071	30
31 INTENSIVE CARE UNIT	12,135,803		12,135,803		12,135,803	31
32 CORONARY CARE UNIT	8,694,957		8,694,957		8,694,957	32
40 SUBPROVIDER - IPF	8,244,599		8,244,599		8,244,599	40
43 NURSERY	11,568,823		11,568,823		11,568,823	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,472,943		47,472,943	13,590	47,486,533	50
51 RECOVERY ROOM	7,298,412		7,298,412		7,298,412	51
52 DELIVERY ROOM & LABOR ROOM	14,745,966		14,745,966		14,745,966	52
53 ANESTHESIOLOGY	1,590,286		1,590,286		1,590,286	53
54 RADIOLOGY-DIAGNOSTIC	17,123,088		17,123,088		17,123,088	54
55 RADIOLOGY-THERAPEUTIC	10,406,433		10,406,433	27,694	10,434,127	55
56 RADIOISOTOPE	2,196,864		2,196,864		2,196,864	56
57 COMPUTED TOMOGRAPHY (CT) SC	3,953,518		3,953,518		3,953,518	57
58 MAGNETIC RESONANCE IMAGING	3,323,465		3,323,465		3,323,465	58
60 LABORATORY	46,896,561		46,896,561		46,896,561	60
62 WHOLE BLOOD & PACKED RED BL	5,361,265		5,361,265		5,361,265	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,144,084		5,144,084		5,144,084	65
66 PHYSICAL THERAPY	6,507,180		6,507,180		6,507,180	66
67 OCCUPATIONAL THERAPY	1,305,868		1,305,868		1,305,868	67
68 SPEECH PATHOLOGY	1,236,327		1,236,327		1,236,327	68
69 ELECTROCARDIOLOGY	18,014,134		18,014,134	92,240	18,106,374	69
70 ELECTROENCEPHALOGRAPHY	2,938,410		2,938,410		2,938,410	70
71 MEDICAL SUPPLIES CHRGED TO	31,757,541		31,757,541		31,757,541	71
72 IMPL. DEV. CHARGED TO PATIE	40,136,071		40,136,071		40,136,071	72
73 DRUGS CHARGED TO PATIENTS	47,987,279		47,987,279		47,987,279	73
74 RENAL DIALYSIS	56,475		56,475		56,475	74
75.01 CARDIAC REHAB	852,085		852,085		852,085	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	1,017,409		1,017,409		1,017,409	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	19,675,743		19,675,743		19,675,743	90
90.01 PATIENT TREATMENT CENTER	3,052,955		3,052,955		3,052,955	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	932,116		932,116		932,116	90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	3,945,167		3,945,167		3,945,167	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	22,534,732		22,534,732	24,638	22,559,370	91
92 OBSERVATION BEDS	9,502,921		9,502,921		9,502,921	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	511,389,763		511,389,763	264,950	511,654,713	200
201 LESS OBSERVATION BEDS	9,502,921		9,502,921		9,502,921	201
202 TOTAL (SEE INSTRUCTIONS)	501,886,842		501,886,842		502,151,792	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	175,829,766		175,829,766			30
31 INTENSIVE CARE UNIT	25,472,531		25,472,531			31
32 CORONARY CARE UNIT	19,637,206		19,637,206			32
40 SUBPROVIDER - IPF	16,073,102		16,073,102			40
43 NURSERY	36,465,844		36,465,844			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	57,983,619	57,243,806	115,227,425	0.411993	0.411993	0.412111 50
51 RECOVERY ROOM	10,667,051	10,163,830	20,830,881	0.350365	0.350365	0.350365 51
52 DELIVERY ROOM & LABOR ROOM	26,745,977	8,168,693	34,914,670	0.422343	0.422343	0.422343 52
53 ANESTHESIOLOGY	12,024,759	11,261,354	23,286,113	0.068293	0.068293	0.068293 53
54 RADIOLOGY-DIAGNOSTIC	21,092,010	61,449,108	82,541,118	0.207449	0.207449	0.207449 54
55 RADIOLOGY-THERAPEUTIC	498,271	33,793,187	34,291,458	0.303470	0.303470	0.304278 55
56 RADIOISOTOPE	5,508,415	15,077,708	20,586,123	0.106716	0.106716	0.106716 56
57 COMPUTED TOMOGRAPHY (CT) SC	38,340,834	79,269,112	117,609,946	0.033616	0.033616	0.033616 57
58 MAGNETIC RESONANCE IMAGING	16,628,610	39,362,369	55,990,979	0.059357	0.059357	0.059357 58
60 LABORATORY	73,351,309	312,138,118	385,489,427	0.121655	0.121655	0.121655 60
62 WHOLE BLOOD & PACKED RED BL	10,828,764	6,291,898	17,120,662	0.313146	0.313146	0.313146 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	27,427,027	1,098,687	28,525,714	0.180331	0.180331	0.180331 65
66 PHYSICAL THERAPY	5,757,721	10,783,419	16,541,140	0.393394	0.393394	0.393394 66
67 OCCUPATIONAL THERAPY	2,561,527	2,489,137	5,050,664	0.258554	0.258554	0.258554 67
68 SPEECH PATHOLOGY	2,683,325	2,219,823	4,903,148	0.252150	0.252150	0.252150 68
69 ELECTROCARDIOLOGY	81,389,088	68,181,408	149,570,496	0.120439	0.120439	0.121056 69
70 ELECTROENCEPHALOGRAPHY	5,960,040	9,709,344	15,669,384	0.187526	0.187526	0.187526 70
71 MEDICAL SUPPLIES CHRGED TO	183,905,220	91,860,940	275,766,160	0.115161	0.115161	0.115161 71
72 IMPL. DEV. CHARGED TO PATIE	134,801,685	38,085,207	172,886,892	0.232152	0.232152	0.232152 72
73 DRUGS CHARGED TO PATIENTS	147,098,587	141,886,496	288,985,083	0.166055	0.166055	0.166055 73
74 RENAL DIALYSIS	350,029	7,511	357,540	0.157954	0.157954	0.157954 74
75.01 CARDIAC REHAB	220,833	1,922,713	2,143,546	0.397512	0.397512	0.397512 75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	82,266	3,664,003	3,746,269	0.271579	0.271579	0.271579 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	186,887	57,526,228	57,713,115	0.340923	0.340923	0.340923 90
90.01 PATIENT TREATMENT CENTER	581,453	4,605,815	5,187,268	0.588548	0.588548	0.588548 90.01
90.02 REHAB SERVICES-BLOOMINGDALE	457	3,562,077	3,562,534	0.261644	0.261644	0.261644 90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	4,638	12,889,234	12,893,872	0.305972	0.305972	0.305972 90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	33,762,220	76,608,209	110,370,429	0.204174	0.204174	0.204397 91
92 OBSERVATION BEDS	9,663,896	15,126,920	24,790,816	0.383324	0.383324	0.383324 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	1,183,584,967	1,176,446,354	2,360,031,321			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,183,584,967	1,176,446,354	2,360,031,321			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	17,482,820		76,697	227.95	26,818	6,113,163	30
31 INTENSIVE CARE UNIT	1,348,687		5,891	228.94	3,103	710,401	31
32 CORONARY CARE UNIT	1,001,208		4,300	232.84	732	170,439	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	2,106,484		5,179	406.74	1,029	418,535	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	705,072		13,845	50.93			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	22,644,271		105,912		31,682	7,412,538	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,382,272	115,227,425	0.064067	20,408,627	1,307,520	50
51 RECOVERY ROOM	1,139,152	20,830,881	0.054686	3,948,336	215,919	51
52 DELIVERY ROOM & LABOR ROOM	2,363,984	34,914,670	0.067707	91,169	6,173	52
53 ANESTHESIOLOGY	178,797	23,286,113	0.007678	3,867,734	29,696	53
54 RADIOLOGY-DIAGNOSTIC	3,934,061	82,541,118	0.047662	5,435,469	259,065	54
55 RADIOLOGY-THERAPEUTIC	1,784,249	34,291,458	0.052032	285,322	14,846	55
56 RADIOISOTOPE	331,767	20,586,123	0.016116	2,682,960	43,239	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	395,779	117,609,946	0.003365	16,980,731	57,140	57
58 MAGNETIC RESONANCE IMAGING (M	404,369	55,990,979	0.007222	6,671,475	48,181	58
60 LABORATORY	2,469,481	385,489,427	0.006406	31,198,052	199,855	60
62 WHOLE BLOOD & PACKED RED BLOO	245,779	17,120,662	0.014356	4,584,413	65,814	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	351,976	28,525,714	0.012339	9,757,759	120,401	65
66 PHYSICAL THERAPY	711,748	16,541,140	0.043029	2,967,888	127,705	66
67 OCCUPATIONAL THERAPY	43,631	5,050,664	0.008639	1,352,785	11,687	67
68 SPEECH PATHOLOGY	51,436	4,903,148	0.010490	1,464,381	15,361	68
69 ELECTROCARDIOLOGY	2,260,603	149,570,496	0.015114	34,251,986	517,685	69
70 ELECTROENCEPHALOGRAPHY	444,297	15,669,384	0.028354	1,643,967	46,613	70
71 MEDICAL SUPPLIES CHRGD TO PA	579,077	275,766,160	0.002100	71,258,697	149,643	71
72 IMPL. DEV. CHARGED TO PATIENT	709,378	172,886,892	0.004103	58,613,106	240,490	72
73 DRUGS CHARGED TO PATIENTS	703,607	288,985,083	0.002435	57,412,623	139,800	73
74 RENAL DIALYSIS	8,049	357,540	0.022512	225,534	5,077	74
75.01 CARDIAC REHAB	4,046	2,143,546	0.001888	89,052	168	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	290,324	3,746,269	0.077497	31,420	2,435	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	1,427,331	57,713,115	0.024731	143,236	3,542	90
90.01 PATIENT TREATMENT CENTER	565,143	5,187,268	0.108948	308,204	33,578	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	4,238	3,562,534	0.001190	117		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	509,362	12,893,872	0.039504	2,209	87	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	3,902,960	110,370,429	0.035362	15,459,009	546,661	91
92 OBSERVATION BEDS	1,769,548	24,790,816	0.071379	4,337,643	309,617	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	34,966,444	2,086,552,872		355,473,904	4,517,998	200

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
11/20/2012 10:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [XX] TITLE XVIII-PT A  
BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT					34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF					40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY					43
45 SKILLED NURSING FACILITY					44
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	76,697		26,818		30
31 INTENSIVE CARE UNIT	5,891		3,103		31
32 CORONARY CARE UNIT	4,300		732		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	5,179		1,029		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	13,845				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	105,912		31,682		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 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 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
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 CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0242) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	115,227,425		20,408,627		6,391,501	50
51						RECOVERY ROOM	20,830,881		3,948,336		1,021,556	51
52						DELIVERY ROOM & LABOR ROOM	34,914,670		91,169		72,584	52
53						ANESTHESIOLOGY	23,286,113		3,867,734		1,135,321	53
54						RADIOLOGY-DIAGNOSTIC	82,541,118		5,435,469		8,256,415	54
55						RADIOLOGY-THERAPEUTIC	34,291,458		285,322		7,971,034	55
56						RADIOISOTOPE	20,586,123		2,682,960		3,137,121	56
57						COMPUTED TOMOGRAPHY (CT) SCA	117,609,946		16,980,731		12,914,443	57
58						MAGNETIC RESONANCE IMAGING (	55,990,979		6,671,475		5,749,258	58
60						LABORATORY	385,489,427		31,198,052		64,943,879	60
62						WHOLE BLOOD & PACKED RED BLO	17,120,662		4,584,413		1,213,896	62
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	28,525,714		9,757,759		143,353	65
66						PHYSICAL THERAPY	16,541,140		2,967,888		1,902,102	66
67						OCCUPATIONAL THERAPY	5,050,664		1,352,785		184,070	67
68						SPEECH PATHOLOGY	4,903,148		1,464,381		168,189	68
69						ELECTROCARDIOLOGY	149,570,496		34,251,986		16,336,350	69
70						ELECTROENCEPHALOGRAPHY	15,669,384		1,643,967		1,090,911	70
71						MEDICAL SUPPLIES CHRGED TO P	275,766,160		71,258,697		13,255,667	71
72						IMPL. DEV. CHARGED TO PATIEN	172,886,892		58,613,106		10,688,933	72
73						DRUGS CHARGED TO PATIENTS	288,985,083		57,412,623		29,140,449	73
74						RENAL DIALYSIS	357,540		225,534		2,245	74
75.01						CARDIAC REHAB	2,143,546		89,052		505,201	75.01
75.02						SLEEP LAB						75.02
75.03						INPATIENT DIALYSIS						75.03
75.04						PAIN MANAGEMENT	3,746,269		31,420		1,121,871	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	57,713,115		143,236		3,504,337	90
90.01						PATIENT TREATMENT CENTER	5,187,268		308,204		1,191,241	90.01
90.02						REHAB SERVICES-BLOOMINGDALE	3,562,534		117		502,459	90.02
90.03						CANTERA						90.03
90.04						MENTAL HEALTH O/P	12,893,872		2,209		1,517	90.04
90.05						WOMEN'S CLINIC						90.05
91						EMERGENCY	110,370,429		15,459,009		7,469,288	91
92						OBSERVATION BEDS	24,790,816		4,337,643		2,756,597	92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	2,086,552,872		355,473,904		202,771,788	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.411993	6,391,501			2,633,254		50
51 RECOVERY ROOM	0.350365	1,021,556			357,917		51
52 DELIVERY ROOM & LABOR ROOM	0.422343	72,584			30,655		52
53 ANESTHESIOLOGY	0.068293	1,135,321			77,534		53
54 RADIOLOGY-DIAGNOSTIC	0.207449	8,256,415			1,712,785		54
55 RADIOLOGY-THERAPEUTIC	0.303470	7,971,034			2,418,970		55
56 RADIOISOTOPE	0.106716	3,137,121			334,781		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616	12,914,443			434,132		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357	5,749,258			341,259		58
60 LABORATORY	0.121655	64,943,879			7,900,748		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146	1,213,896			380,127		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.180331	143,353			25,851		65
66 PHYSICAL THERAPY	0.393394	1,902,102			748,276		66
67 OCCUPATIONAL THERAPY	0.258554	184,070			47,592		67
68 SPEECH PATHOLOGY	0.252150	168,189			42,409		68
69 ELECTROCARDIOLOGY	0.120439	16,336,350			1,967,534		69
70 ELECTROENCEPHALOGRAPHY	0.187526	1,090,911			204,574		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161	13,255,667			1,526,536		71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152	10,688,933			2,481,457		72
73 DRUGS CHARGED TO PATIENTS	0.166055	29,140,449		42,807	4,838,917	7,108	73
74 RENAL DIALYSIS	0.157954	2,245			355		74
75.01 CARDIAC REHAB	0.397512	505,201			200,823		75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.271579	1,121,871			304,677		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	0.340923	3,504,337			1,194,709		90
90.01 PATIENT TREATMENT CENTER	0.588548	1,191,241			701,103		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644	502,459			131,465		90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.305972	1,517			464		90.04
90.05 WOMEN'S CLINIC							90.05
91 EMERGENCY	0.204174	7,469,288			1,525,034		91
92 OBSERVATION BEDS	0.383324	2,756,597			1,056,670		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		202,771,788		42,807	33,620,608	7,108	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		202,771,788		42,807	33,620,608	7,108	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,382,272	115,227,425	0.064067			50
51 RECOVERY ROOM	1,139,152	20,830,881	0.054686	23,116	1,264	51
52 DELIVERY ROOM & LABOR ROOM	2,363,984	34,914,670	0.067707			52
53 ANESTHESIOLOGY	178,797	23,286,113	0.007678	11,204	86	53
54 RADIOLOGY-DIAGNOSTIC	3,934,061	82,541,118	0.047662	13,605	648	54
55 RADIOLOGY-THERAPEUTIC	1,784,249	34,291,458	0.052032			55
56 RADIOISOTOPE	331,767	20,586,123	0.016116			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	395,779	117,609,946	0.003365	52,457	177	57
58 MAGNETIC RESONANCE IMAGING (M	404,369	55,990,979	0.007222	22,493	162	58
60 LABORATORY	2,469,481	385,489,427	0.006406	278,477	1,784	60
62 WHOLE BLOOD & PACKED RED BLOO	245,779	17,120,662	0.014356			62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	351,976	28,525,714	0.012339	33,338	411	65
66 PHYSICAL THERAPY	711,748	16,541,140	0.043029	2,066	89	66
67 OCCUPATIONAL THERAPY	43,631	5,050,664	0.008639	1,659	14	67
68 SPEECH PATHOLOGY	51,436	4,903,148	0.010490	527	6	68
69 ELECTROCARDIOLOGY	2,260,603	149,570,496	0.015114	18,377	278	69
70 ELECTROENCEPHALOGRAPHY	444,297	15,669,384	0.028354	233,729	6,627	70
71 MEDICAL SUPPLIES CHRGD TO PA	579,077	275,766,160	0.002100	27,819	58	71
72 IMPL. DEV. CHARGED TO PATIENT	709,378	172,886,892	0.004103			72
73 DRUGS CHARGED TO PATIENTS	703,607	288,985,083	0.002435	749,416	1,825	73
74 RENAL DIALYSIS	8,049	357,540	0.022512			74
75.01 CARDIAC REHAB	4,046	2,143,546	0.001888			75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	290,324	3,746,269	0.077497			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	1,427,331	57,713,115	0.024731			90
90.01 PATIENT TREATMENT CENTER	565,143	5,187,268	0.108948			90.01
90.02 REHAB SERVICES-BLOOMINGDALE	4,238	3,562,534	0.001190			90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	509,362	12,893,872	0.039504			90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	3,902,960	110,370,429	0.035362	146,563	5,183	91
92 OBSERVATION BEDS	1,769,548	24,790,816	0.071379			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	34,966,444	2,086,552,872		1,614,846	18,612	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
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 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
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 CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S242)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	115,227,425						50
51 RECOVERY ROOM	20,830,881			23,116			51
52 DELIVERY ROOM & LABOR ROOM	34,914,670						52
53 ANESTHESIOLOGY	23,286,113			11,204			53
54 RADIOLOGY-DIAGNOSTIC	82,541,118			13,605			54
55 RADIOLOGY-THERAPEUTIC	34,291,458						55
56 RADIOISOTOPE	20,586,123						56
57 COMPUTED TOMOGRAPHY (CT) SCA	117,609,946			52,457			57
58 MAGNETIC RESONANCE IMAGING (	55,990,979			22,493			58
60 LABORATORY	385,489,427			278,477			60
62 WHOLE BLOOD & PACKED RED BLO	17,120,662						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	28,525,714			33,338			65
66 PHYSICAL THERAPY	16,541,140			2,066			66
67 OCCUPATIONAL THERAPY	5,050,664			1,659			67
68 SPEECH PATHOLOGY	4,903,148			527			68
69 ELECTROCARDIOLOGY	149,570,496			18,377			69
70 ELECTROENCEPHALOGRAPHY	15,669,384			233,729			70
71 MEDICAL SUPPLIES CHRGED TO P	275,766,160			27,819			71
72 IMPL. DEV. CHARGED TO PATIEN	172,886,892						72
73 DRUGS CHARGED TO PATIENTS	288,985,083			749,416			73
74 RENAL DIALYSIS	357,540						74
75.01 CARDIAC REHAB	2,143,546						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	3,746,269						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	57,713,115						90
90.01 PATIENT TREATMENT CENTER	5,187,268						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	3,562,534						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	12,893,872					10,775	90.04
90.05 WOMEN'S CLINIC							90.05
91 EMERGENCY	110,370,429			146,563			91
92 OBSERVATION BEDS	24,790,816						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	2,086,552,872			1,614,846		10,775	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S242) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.411993						50
51 RECOVERY ROOM	0.350365						51
52 DELIVERY ROOM & LABOR ROOM	0.422343						52
53 ANESTHESIOLOGY	0.068293						53
54 RADIOLOGY-DIAGNOSTIC	0.207449						54
55 RADIOLOGY-THERAPEUTIC	0.303470						55
56 RADIOISOTOPE	0.106716						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357						58
60 LABORATORY	0.121655						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.180331						65
66 PHYSICAL THERAPY	0.393394						66
67 OCCUPATIONAL THERAPY	0.258554						67
68 SPEECH PATHOLOGY	0.252150						68
69 ELECTROCARDIOLOGY	0.120439						69
70 ELECTROENCEPHALOGRAPHY	0.187526						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.115161						71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152						72
73 DRUGS CHARGED TO PATIENTS	0.166055						73
74 RENAL DIALYSIS	0.157954						74
75.01 CARDIAC REHAB	0.397512						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.271579						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	0.340923						90
90.01 PATIENT TREATMENT CENTER	0.588548						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.305972	10,775			3,297		90.04
90.05 WOMEN'S CLINIC							90.05
91 EMERGENCY	0.204174						91
92 OBSERVATION BEDS	0.383324						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		10,775			3,297		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		10,775			3,297		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	17,482,820		17,482,820	76,697	227.95	8,548	1,948,517	30
31 INTENSIVE CARE UNIT	1,348,687		1,348,687	5,891	228.94	747	171,018	31
32 CORONARY CARE UNIT	1,001,208		1,001,208	4,300	232.84	545	126,898	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	2,106,484		2,106,484	5,179	406.74	161	65,485	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	705,072		705,072	13,845	50.93	2,077	105,782	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	22,644,271		22,644,271	105,912		12,078	2,417,700	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	7,382,272	115,227,425	0.064067		50
51 RECOVERY ROOM	1,139,152	20,830,881	0.054686		51
52 DELIVERY ROOM & LABOR ROOM	2,363,984	34,914,670	0.067707		52
53 ANESTHESIOLOGY	178,797	23,286,113	0.007678		53
54 RADIOLOGY-DIAGNOSTIC	3,934,061	82,541,118	0.047662		54
55 RADIOLOGY-THERAPEUTIC	1,784,249	34,291,458	0.052032		55
56 RADIOISOTOPE	331,767	20,586,123	0.016116		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	395,779	117,609,946	0.003365		57
58 MAGNETIC RESONANCE IMAGING (M	404,369	55,990,979	0.007222		58
60 LABORATORY	2,469,481	385,489,427	0.006406		60
62 WHOLE BLOOD & PACKED RED BLOO	245,779	17,120,662	0.014356		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	351,976	28,525,714	0.012339		65
66 PHYSICAL THERAPY	711,748	16,541,140	0.043029		66
67 OCCUPATIONAL THERAPY	43,631	5,050,664	0.008639		67
68 SPEECH PATHOLOGY	51,436	4,903,148	0.010490		68
69 ELECTROCARDIOLOGY	2,260,603	149,570,496	0.015114		69
70 ELECTROENCEPHALOGRAPHY	444,297	15,669,384	0.028354		70
71 MEDICAL SUPPLIES CHRGD TO PA	579,077	275,766,160	0.002100		71
72 IMPL. DEV. CHARGED TO PATIENT	709,378	172,886,892	0.004103		72
73 DRUGS CHARGED TO PATIENTS	703,607	288,985,083	0.002435		73
74 RENAL DIALYSIS	8,049	357,540	0.022512		74
75.01 CARDIAC REHAB	4,046	2,143,546	0.001888		75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT	290,324	3,746,269	0.077497		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	1,427,331	57,713,115	0.024731		90
90.01 PATIENT TREATMENT CENTER	565,143	5,187,268	0.108948		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	4,238	3,562,534	0.001190		90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P	509,362	12,893,872	0.039504		90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY	3,902,960	110,370,429	0.035362		91
92 OBSERVATION BEDS	1,769,548	24,790,816	0.071379		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	34,966,444	2,086,552,872			200

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/20/2012 10:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/20/2012 10:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	76,697		8,548		30
31 INTENSIVE CARE UNIT	5,891		747		31
32 CORONARY CARE UNIT	4,300		545		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	5,179		161		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	13,845		2,077		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	105,912		12,078		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	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 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
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 CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						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 CAMTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	PPS	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT	SVCES NOT
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.411993						50
51 RECOVERY ROOM	0.350365						51
52 DELIVERY ROOM & LABOR ROOM	0.422343						52
53 ANESTHESIOLOGY	0.068293						53
54 RADIOLOGY-DIAGNOSTIC	0.207449						54
55 RADIOLOGY-THERAPEUTIC	0.303470						55
56 RADIOISOTOPE	0.106716						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357						58
60 LABORATORY	0.121655						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.180331						65
66 PHYSICAL THERAPY	0.393394						66
67 OCCUPATIONAL THERAPY	0.258554						67
68 SPEECH PATHOLOGY	0.252150						68
69 ELECTROCARDIOLOGY	0.120439						69
70 ELECTROENCEPHALOGRAPHY	0.187526						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161						71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152						72
73 DRUGS CHARGED TO PATIENTS	0.166055						73
74 RENAL DIALYSIS	0.157954						74
75.01 CARDIAC REHAB	0.397512						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.271579						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	0.340923						90
90.01 PATIENT TREATMENT CENTER	0.588548						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.305972						90.04
90.05 WOMEN'S CLINIC							90.05
91 EMERGENCY	0.204174						91
92 OBSERVATION BEDS	0.383324						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	7,382,272	115,227,425	0.064067		50
51 RECOVERY ROOM	1,139,152	20,830,881	0.054686		51
52 DELIVERY ROOM & LABOR ROOM	2,363,984	34,914,670	0.067707		52
53 ANESTHESIOLOGY	178,797	23,286,113	0.007678		53
54 RADIOLOGY-DIAGNOSTIC	3,934,061	82,541,118	0.047662		54
55 RADIOLOGY-THERAPEUTIC	1,784,249	34,291,458	0.052032		55
56 RADIOISOTOPE	331,767	20,586,123	0.016116		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	395,779	117,609,946	0.003365		57
58 MAGNETIC RESONANCE IMAGING (M	404,369	55,990,979	0.007222		58
60 LABORATORY	2,469,481	385,489,427	0.006406		60
62 WHOLE BLOOD & PACKED RED BLOO	245,779	17,120,662	0.014356		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	351,976	28,525,714	0.012339		65
66 PHYSICAL THERAPY	711,748	16,541,140	0.043029		66
67 OCCUPATIONAL THERAPY	43,631	5,050,664	0.008639		67
68 SPEECH PATHOLOGY	51,436	4,903,148	0.010490		68
69 ELECTROCARDIOLOGY	2,260,603	149,570,496	0.015114		69
70 ELECTROENCEPHALOGRAPHY	444,297	15,669,384	0.028354		70
71 MEDICAL SUPPLIES CHRGD TO PA	579,077	275,766,160	0.002100		71
72 IMPL. DEV. CHARGED TO PATIENT	709,378	172,886,892	0.004103		72
73 DRUGS CHARGED TO PATIENTS	703,607	288,985,083	0.002435		73
74 RENAL DIALYSIS	8,049	357,540	0.022512		74
75.01 CARDIAC REHAB	4,046	2,143,546	0.001888		75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT	290,324	3,746,269	0.077497		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	1,427,331	57,713,115	0.024731		90
90.01 PATIENT TREATMENT CENTER	565,143	5,187,268	0.108948		90.01
90.02 REHAB SERVICES-BLOOMINGDALE	4,238	3,562,534	0.001190		90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P	509,362	12,893,872	0.039504		90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY	3,902,960	110,370,429	0.035362		91
92 OBSERVATION BEDS	1,769,548	24,790,816	0.071379		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	34,966,444	2,086,552,872			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 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 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
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 CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						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 CAMTERA						90.03
90.04 MENTAL HEALTH O/P						90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (14-S242)	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	115,227,425					50
51	RECOVERY ROOM	20,830,881					51
52	DELIVERY ROOM & LABOR ROOM	34,914,670					52
53	ANESTHESIOLOGY	23,286,113					53
54	RADIOLOGY-DIAGNOSTIC	82,541,118					54
55	RADIOLOGY-THERAPEUTIC	34,291,458					55
56	RADIOISOTOPE	20,586,123					56
57	COMPUTED TOMOGRAPHY (CT) SCA	117,609,946					57
58	MAGNETIC RESONANCE IMAGING (	55,990,979					58
60	LABORATORY	385,489,427					60
62	WHOLE BLOOD & PACKED RED BLO	17,120,662					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	28,525,714					65
66	PHYSICAL THERAPY	16,541,140					66
67	OCCUPATIONAL THERAPY	5,050,664					67
68	SPEECH PATHOLOGY	4,903,148					68
69	ELECTROCARDIOLOGY	149,570,496					69
70	ELECTROENCEPHALOGRAPHY	15,669,384					70
71	MEDICAL SUPPLIES CHRGED TO P	275,766,160					71
72	IMPL. DEV. CHARGED TO PATIEN	172,886,892					72
73	DRUGS CHARGED TO PATIENTS	288,985,083					73
74	RENAL DIALYSIS	357,540					74
75.01	CARDIAC REHAB	2,143,546					75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	3,746,269					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	57,713,115					90
90.01	PATIENT TREATMENT CENTER	5,187,268					90.01
90.02	REHAB SERVICES-BLOOMINGDALE	3,562,534					90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	12,893,872					90.04
90.05	WOMEN'S CLINIC						90.05
91	EMERGENCY	110,370,429					91
92	OBSERVATION BEDS	24,790,816					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	2,086,552,872					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S242) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.411993						50
51 RECOVERY ROOM	0.350365						51
52 DELIVERY ROOM & LABOR ROOM	0.422343						52
53 ANESTHESIOLOGY	0.068293						53
54 RADIOLOGY-DIAGNOSTIC	0.207449						54
55 RADIOLOGY-THERAPEUTIC	0.303470						55
56 RADIOISOTOPE	0.106716						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357						58
60 LABORATORY	0.121655						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.180331						65
66 PHYSICAL THERAPY	0.393394						66
67 OCCUPATIONAL THERAPY	0.258554						67
68 SPEECH PATHOLOGY	0.252150						68
69 ELECTROCARDIOLOGY	0.120439						69
70 ELECTROENCEPHALOGRAPHY	0.187526						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161						71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152						72
73 DRUGS CHARGED TO PATIENTS	0.166055						73
74 RENAL DIALYSIS	0.157954						74
75.01 CARDIAC REHAB	0.397512						75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.271579						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	0.340923						90
90.01 PATIENT TREATMENT CENTER	0.588548						90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644						90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.305972						90.04
90.05 WOMEN'S CLINIC							90.05
91 EMERGENCY	0.204174						91
92 OBSERVATION BEDS	0.383324						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	76,697	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	76,697	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68,934	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	26,818	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	93,887,071	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	93,887,071	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	175,829,766	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	175,829,766	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.533966	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)	2,550.70	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	93,887,071	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,224.13 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 32,828,718 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) 32,828,718 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12,135,803	5,891	2,060.06	3,103	6,392,366	43
44 CORONARY CARE UNIT	8,694,957	4,300	2,022.08	732	1,480,163	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					62,376,045	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					103,077,292	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 6,994,003 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,517,998 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 11,512,001 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 91,565,291 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,763 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,224.13 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 9,502,921 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	17,482,820	93,887,071	0.186211	9,502,921	1,769,548	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,179	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,179	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,179	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,029	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,244,599	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	8,244,599	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,073,102	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,073,102	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.512944	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)	3,103.51	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,244,599	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S242)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,591.93	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,638,096.39	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,638,096.41	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	259,709.48	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,897,805.49	
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	418,535.50	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	18,612.51	51
52 TOTAL PROGRAM EXCLUDABLE COST	437,147.52	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,460,658.53	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		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 (LINES 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (14-0242)  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX-INPT  IRF  NF  OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	76,697	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	76,697	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68,934	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,548	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	13,845	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,077	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)	93,780,283	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	93,780,283	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	175,829,766	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	175,829,766	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.533358	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)	2,550.70	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	93,780,283	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,222.74 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,451,982 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) 10,451,982 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)	11,568,823	13,845	835.60	2,077	1,735,541 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS  
 43 INTENSIVE CARE UNIT 12,135,803 5,891 2,060.06 747 1,538,865 43  
 44 CORONARY CARE UNIT 8,694,957 4,300 2,022.08 545 1,102,034 44  
 45 BURN INTENSIVE CARE UNIT 45  
 46 SURGICAL INTENSIVE CARE UNIT 46  
 47 OTHER SPECIAL CARE (SPECIFY) 47  
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48  
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 14,828,422 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,352,215 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 2,352,215 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,763 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,179	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,179	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,179	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	161	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,244,599	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	8,244,599	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,073,102	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,073,102	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.512944	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)	3,103.51	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,244,599	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S242)			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,591.93 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	256,301 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)	256,301 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	256,301 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	65,485 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	65,485 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	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 (LINES 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		69,465,218		30
31 INTENSIVE CARE UNIT		8,772,279		31
32 CORONARY CARE UNIT		9,506,237		32
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.412111	20,408,627	8,410,620	50
51 RECOVERY ROOM	0.350365	3,948,336	1,383,359	51
52 DELIVERY ROOM & LABOR ROOM	0.422343	91,169	38,505	52
53 ANESTHESIOLOGY	0.068293	3,867,734	264,139	53
54 RADIOLOGY-DIAGNOSTIC	0.207449	5,435,469	1,127,583	54
55 RADIOLOGY-THERAPEUTIC	0.304278	285,322	86,817	55
56 RADIOISOTOPE	0.106716	2,682,960	286,315	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616	16,980,731	570,824	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357	6,671,475	395,999	58
60 LABORATORY	0.121655	31,198,052	3,795,399	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146	4,584,413	1,435,591	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.180331	9,757,759	1,759,626	65
66 PHYSICAL THERAPY	0.393394	2,967,888	1,167,549	66
67 OCCUPATIONAL THERAPY	0.258554	1,352,785	349,768	67
68 SPEECH PATHOLOGY	0.252150	1,464,381	369,244	68
69 ELECTROCARDIOLOGY	0.121056	34,251,986	4,146,408	69
70 ELECTROENCEPHALOGRAPHY	0.187526	1,643,967	308,287	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161	71,258,697	8,206,223	71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152	58,613,106	13,607,150	72
73 DRUGS CHARGED TO PATIENTS	0.166055	57,412,623	9,533,653	73
74 RENAL DIALYSIS	0.157954	225,534	35,624	74
75.01 CARDIAC REHAB	0.397512	89,052	35,399	75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT	0.271579	31,420	8,533	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	0.340923	143,236	48,832	90
90.01 PATIENT TREATMENT CENTER	0.588548	308,204	181,393	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644	117	31	90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P	0.305972	2,209	676	90.04
90.05 WOMEN'S CLINIC				90.05
91 EMERGENCY	0.204397	15,459,009	3,159,775	91
92 OBSERVATION BEDS	0.383324	4,337,643	1,662,723	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		355,473,904	62,376,045	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		355,473,904		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF		3,018,690			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.412111				50
51 RECOVERY ROOM	0.350365	23,116	8,099		51
52 DELIVERY ROOM & LABOR ROOM	0.422343				52
53 ANESTHESIOLOGY	0.068293	11,204	765		53
54 RADIOLOGY-DIAGNOSTIC	0.207449	13,605	2,822		54
55 RADIOLOGY-THERAPEUTIC	0.304278				55
56 RADIOISOTOPE	0.106716				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616	52,457	1,763		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357	22,493	1,335		58
60 LABORATORY	0.121655	278,477	33,878		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.180331	33,338	6,012		65
66 PHYSICAL THERAPY	0.393394	2,066	813		66
67 OCCUPATIONAL THERAPY	0.258554	1,659	429		67
68 SPEECH PATHOLOGY	0.252150	527	133		68
69 ELECTROCARDIOLOGY	0.121056	18,377	2,225		69
70 ELECTROENCEPHALOGRAPHY	0.187526	233,729	43,830		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161	27,819	3,204		71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152				72
73 DRUGS CHARGED TO PATIENTS	0.166055	749,416	124,444		73
74 RENAL DIALYSIS	0.157954				74
75.01 CARDIAC REHAB	0.397512				75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT	0.271579				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	0.340923				90
90.01 PATIENT TREATMENT CENTER	0.588548				90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644				90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P	0.305972				90.04
90.05 WOMEN'S CLINIC					90.05
91 EMERGENCY	0.204397	146,563	29,957		91
92 OBSERVATION BEDS	0.383324				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,614,846	259,709		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,614,846			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.411993			50
51 RECOVERY ROOM	0.350365			51
52 DELIVERY ROOM & LABOR ROOM	0.422343			52
53 ANESTHESIOLOGY	0.068293			53
54 RADIOLOGY-DIAGNOSTIC	0.207449			54
55 RADIOLOGY-THERAPEUTIC	0.303470			55
56 RADIOISOTOPE	0.106716			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357			58
60 LABORATORY	0.121655			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.180331			65
66 PHYSICAL THERAPY	0.393394			66
67 OCCUPATIONAL THERAPY	0.258554			67
68 SPEECH PATHOLOGY	0.252150			68
69 ELECTROCARDIOLOGY	0.120439			69
70 ELECTROENCEPHALOGRAPHY	0.187526			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161			71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152			72
73 DRUGS CHARGED TO PATIENTS	0.166055			73
74 RENAL DIALYSIS	0.157954			74
75.01 CARDIAC REHAB	0.397512			75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT	0.271579			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	0.340923			90
90.01 PATIENT TREATMENT CENTER	0.588548			90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644			90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P	0.305972			90.04
90.05 WOMEN'S CLINIC				90.05
91 EMERGENCY	0.204174			91
92 OBSERVATION BEDS	0.383324			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S242) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.411993			50
51 RECOVERY ROOM	0.350365			51
52 DELIVERY ROOM & LABOR ROOM	0.422343			52
53 ANESTHESIOLOGY	0.068293			53
54 RADIOLOGY-DIAGNOSTIC	0.207449			54
55 RADIOLOGY-THERAPEUTIC	0.303470			55
56 RADIOISOTOPE	0.106716			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.033616			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.059357			58
60 LABORATORY	0.121655			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.313146			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.180331			65
66 PHYSICAL THERAPY	0.393394			66
67 OCCUPATIONAL THERAPY	0.258554			67
68 SPEECH PATHOLOGY	0.252150			68
69 ELECTROCARDIOLOGY	0.120439			69
70 ELECTROENCEPHALOGRAPHY	0.187526			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.115161			71
72 IMPL. DEV. CHARGED TO PATIENT	0.232152			72
73 DRUGS CHARGED TO PATIENTS	0.166055			73
74 RENAL DIALYSIS	0.157954			74
75.01 CARDIAC REHAB	0.397512			75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT	0.271579			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	0.340923			90
90.01 PATIENT TREATMENT CENTER	0.588548			90.01
90.02 REHAB SERVICES-BLOOMINGDALE	0.261644			90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P	0.305972			90.04
90.05 WOMEN'S CLINIC				90.05
91 EMERGENCY	0.204174			91
92 OBSERVATION BEDS	0.383324			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0242)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	64,422,014	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,029,574	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	289.79	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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0183	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1452	31
32	SUM OF LINES 30 AND 31	0.1635	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0338	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,177,464	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 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)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	71,629,052	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	71,629,052	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,148,741	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0242)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	77,777,793	59
60	PRIMARY PAYER PAYMENTS	32,031	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	77,745,762	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,288,892	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	62,505	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	334,861	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	234,403	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	208,400	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	71,628,768	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	71,628,768	71
72	INTERIM PAYMENTS	69,501,360	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	2,127,408	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	438,070	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0242) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		69,187,881		23,472,785	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		313,479		377,875	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.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		69,501,360		23,850,660	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.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM		2,127,408		6.01
				-44,396	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			71,628,768	23,806,264	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (14-S242) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

	INPATIENT		
	PART A	PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		905,185		943	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	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.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		905,185		943	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.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .06				6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		905,185		943	7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
11/20/2012 10:52

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0242) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	22,186	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	30,653	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,149	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	79,125	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,360,031,321	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	73,363,378	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S242)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	838,208	1
2	NET IPF PPS OUTLIER PAYMENT	150,581	2
3	NET IPF PPS ECT PAYMENT	9,216	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 §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 OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS 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)	14.150273	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	998,005	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	998,005	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	998,005	18
19	DEDUCTIBLES	90,556	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	907,449	20
21	COINSURANCE	2,264	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	905,185	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	905,185	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
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	905,185	31
32	INTERIM PAYMENTS	905,185	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0242) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	14,828,422	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	14,828,422	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	14,828,422	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))	14,828,422	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		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 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S242) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	256,301		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	256,301		4
5 INPATIENT PRIMARY PAYER PAYMENTS	739,598		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	-483,297		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))	256,301		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	-739,598		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)	-739,598		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	-739,598		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)	-739,598		40
41 INTERIM PAYMENTS	-739,598		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,984,252			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	211,284,235			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-55,735,163			6
7	INVENTORY	1,824,961			7
8	PREPAID EXPENSES	8,586,653			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	174,944,938			11
FIXED ASSETS					
12	LAND	4,350,967			12
13	LAND IMPROVEMENTS	24,547,932			13
14	ACCUMULATED DEPRECIATION	-9,647,279			14
15	BUILDINGS	470,649,815			15
16	ACCUMULATED DEPRECIATION	-118,986,065			16
17	LEASEHOLD IMPROVEMENTS	551,767			17
18	ACCUMULATED AMORTIZATION	-175,801			18
19	FIXED EQUIPMENT	107,095,397			19
20	ACCUMULATED DEPRECIATION	-32,475,808			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	278,605,606			23
24	ACCUMULATED DEPRECIATION	-170,647,497			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)	553,869,034			30
OTHER ASSETS					
31	INVESTMENTS	299,362,853			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)	299,362,853			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,028,176,825			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	12,150,036			37
38	SALARIES, WAGES & FEES PAYABLE	14,088,358			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	87,480,033			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	113,718,427			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	14,932,470			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	14,932,470			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	128,650,897			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	899,525,928			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				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 52-58)	899,525,928			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,028,176,825			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		804,060,215							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		174,911,389							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		978,971,604							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED									5
6 ROUNDING									6
7 CHANGE IN NET UNREALIZED G &									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		978,971,604							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		14,932,836							12
13 NET EQUITY TRANSFERS		62,994,840							13
14 CHANGE IN NET UNREALIZED G &		1,518,000							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		79,445,676							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		899,525,928							19

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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	220,829,204		220,829,204	2
3 SUBPROVIDER IPF	15,728,161		15,728,161	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	236,557,365		236,557,365	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	34,914,465		34,914,465	12
13 CORONARY CARE UNIT	26,242,557		26,242,557	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	61,157,022		61,157,022	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	297,714,387		297,714,387	17
18 ANCILLARY SERVICES	874,555,978		874,555,978	18
19 OUTPATIENT SERVICES		1,158,560,299	1,158,560,299	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 FESSIONAL CH	4,145,493	10,598,999	14,744,492	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,176,415,858	1,169,159,298	2,345,575,156	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		539,359,237	29
30 BAD DEBTS	50,021,188		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		50,021,188	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 WKST G-3, LINE 4)		589,380,425	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,345,575,156	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,600,687,979	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	744,887,177	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	589,380,425	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	155,506,752	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	178,784	6
7	INCOME FROM INVESTMENTS	7,495,104	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	507,719	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	75	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	2,620,634	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	75,262	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	4,202	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	102,203	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	15,392	21
22	RENTAL OF HOSPITAL SPACE	1,692,758	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PATIENT MEAL REVENUE)	411,906	24
24.01	OTHER (DIETARY OP INSTRUCTION)		24.01
24.02	OTHER (OS SERVICE REVENUE)	388,918	24.02
24.03	OTHER (RECOVERY LIVING REVENUE)	84,167	24.03
24.04	OTHER (REF LAB)	10,280,269	24.04
24.05	OTHER (OTHER OPERATING INCOME)	-4,452,756	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	19,404,637	25
26	TOTAL (LINE 5 PLUS LINE 25)	174,911,389	26
27	OTHER EXPENSES (TAX EXPENSE)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	174,911,389	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-024) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,216,272	1
2	CAPITAL DRG OUTLIER PAYMENTS	756,681	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	216.19	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0183	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1452	8
9	SUM OF LINES 7 AND 8	0.1635	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0337	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	175,788	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,148,741	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 FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (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 FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST 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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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 CASHIE						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 SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						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
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 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR)						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
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 CHRGED TO PAT						71
72 IMPL. DEV. CHARGED TO PATIENT						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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						99.30

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.01 KOFEE KORNER					190.01
191 RESEARCH					191
192.01 WSKF					192.01
193.01 DEVELOPMENT					193.01
193.02 MARKETING					193.02
193.04 PHYSICIAN ANSWERING SERVICE					193.04
193.05 CAR SEAT SAFETY PROGRAM					193.05
193.07 JOINT VENTURE					193.07
193.08 PARKINSONS CENTER					193.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	34.97		11.15				46.12 30
31 INTENSIVE CARE UNIT	52.67		12.68				65.35 31
32 CORONARY CARE UNIT	17.02		12.67				29.69 32
43 NURSERY			15.00				15.00 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	17.71	5.55					23.26 50
51 RECOVERY ROOM	18.95	4.90					23.85 51
52 DELIVERY ROOM & LABOR ROOM	0.26	0.21					0.47 52
53 ANESTHESIOLOGY	16.61	4.88					21.49 53
54 RADIOLOGY-DIAGNOSTIC	6.59	10.00					16.59 54
55 RADIOLOGY-THERAPEUTIC	0.83	23.24					24.07 55
56 RADIOISOTOPE	13.03	15.24					28.27 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	14.44	10.98					25.42 57
58 MAGNETIC RESONANCE IMAGING (MRI)	11.92	10.27					22.19 58
60 LABORATORY	8.09	16.85					24.94 60
62 WHOLE BLOOD & PACKED RED BLOOD	26.78	7.09					33.87 62
65 RESPIRATORY THERAPY	34.21	0.50					34.71 65
66 PHYSICAL THERAPY	17.94	11.50					29.44 66
67 OCCUPATIONAL THERAPY	26.78	3.64					30.42 67
68 SPEECH PATHOLOGY	29.87	3.43					33.30 68
69 ELECTROCARDIOLOGY	22.90	10.92					33.82 69
70 ELECTROENCEPHALOGRAPHY	10.49	6.96					17.45 70
71 MEDICAL SUPPLIES CHRGED TO PATI	25.84	4.81					30.65 71
72 IMPL. DEV. CHARGED TO PATIENT	33.90	6.18					40.08 72
73 DRUGS CHARGED TO PATIENTS	19.87	10.10					29.97 73
74 RENAL DIALYSIS	63.08	0.63					63.71 74
75.01 CARDIAC REHAB	4.15	23.57					27.72 75.01
75.04 PAIN MANAGEMENT	0.84	29.95					30.79 75.04
90 CLINIC	0.25	6.07					6.32 90
90.01 PATIENT TREATMENT CENTER	5.94	22.96					28.90 90.01
90.02 REHAB SERVICES-BLOOMINGDALE		14.10					14.10 90.02
90.04 MENTAL HEALTH O/P	0.02	0.01					0.03 90.04
91 EMERGENCY	14.01	6.77					20.78 91
92 OBSERVATION BEDS	17.50	11.12					28.62 92
200 TOTAL CHARGES	17.04	9.72					26.76 200

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	19.87		3.11				22.98 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
51 RECOVERY ROOM	0.11						0.11 51
53 ANESTHESIOLOGY	0.05						0.05 53
54 RADIOLOGY-DIAGNOSTIC	0.02						0.02 54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.04						0.04 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.04						0.04 58
60 LABORATORY	0.07						0.07 60
65 RESPIRATORY THERAPY	0.12						0.12 65
66 PHYSICAL THERAPY	0.01						0.01 66
67 OCCUPATIONAL THERAPY	0.03						0.03 67
68 SPEECH PATHOLOGY	0.01						0.01 68
69 ELECTROCARDIOLOGY	0.01						0.01 69
70 ELECTROENCEPHALOGRAPHY	1.49						1.49 70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.01						0.01 71
73 DRUGS CHARGED TO PATIENTS	0.26						0.26 73
90.04 MENTAL HEALTH O/P		0.08					0.08 90.04
91 EMERGENCY	0.13						0.13 91
200 TOTAL CHARGES	0.08						0.08 200



COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN	25,423	0.01	7,098		32,521	0.01	190
190.01	KOFEE KORNER							190.01
191	RESEARCH	443,659	0.09	213,951	0.09	657,610	0.13	191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER	56,329	0.01	52,741	0.02	109,070	0.02	193.08
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	502,686,043	100.00			502,686,043	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,382,272	115,227,425	0.064067	20,408,627	1,307,520	50
51 RECOVERY ROOM	1,139,152	20,830,881	0.054686	3,948,336	215,919	51
52 DELIVERY ROOM & LABOR ROOM	2,363,984	34,914,670	0.067707	91,169	6,173	52
53 ANESTHESIOLOGY	178,797	23,286,113	0.007678	3,867,734	29,696	53
54 RADIOLOGY-DIAGNOSTIC	3,934,061	82,541,118	0.047662	5,435,469	259,065	54
55 RADIOLOGY-THERAPEUTIC	1,784,249	34,291,458	0.052032	285,322	14,846	55
56 RADIOISOTOPE	331,767	20,586,123	0.016116	2,682,960	43,239	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	395,779	117,609,946	0.003365	16,980,731	57,140	57
58 MAGNETIC RESONANCE IMAGING (MRI)	404,369	55,990,979	0.007222	6,671,475	48,181	58
60 LABORATORY	2,469,481	385,489,427	0.006406	31,198,052	199,855	60
62 WHOLE BLOOD & PACKED RED BLOOD	245,779	17,120,662	0.014356	4,584,413	65,814	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	351,976	28,525,714	0.012339	9,757,759	120,401	65
66 PHYSICAL THERAPY	711,748	16,541,140	0.043029	2,967,888	127,705	66
67 OCCUPATIONAL THERAPY	43,631	5,050,664	0.008639	1,352,785	11,687	67
68 SPEECH PATHOLOGY	51,436	4,903,148	0.010490	1,464,381	15,361	68
69 ELECTROCARDIOLOGY	2,260,603	149,570,496	0.015114	34,251,986	517,685	69
70 ELECTROENCEPHALOGRAPHY	444,297	15,669,384	0.028354	1,643,967	46,613	70
71 MEDICAL SUPPLIES CHRGD TO PATI	579,077	275,766,160	0.002100	71,258,697	149,643	71
72 IMPL. DEV. CHARGED TO PATIENT	709,378	172,886,892	0.004103	58,613,106	240,490	72
73 DRUGS CHARGED TO PATIENTS	703,607	288,985,083	0.002435	57,412,623	139,800	73
74 RENAL DIALYSIS	8,049	357,540	0.022512	225,534	5,077	74
75.01 CARDIAC REHAB	4,046	2,143,546	0.001888	89,052	168	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	290,324	3,746,269	0.077497	31,420	2,435	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	1,427,331	57,713,115	0.024731	143,236	3,542	90
90.01 PATIENT TREATMENT CENTER	565,143	5,187,268	0.108948	308,204	33,578	90.01
90.02 REHAB SERVICES-BLOOMINGDALE	4,238	3,562,534	0.001190	117		90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	509,362	12,893,872	0.039504	2,209	87	90.04
90.05 WOMEN'S CLINIC						90.05
91 EMERGENCY	3,902,960	110,370,429	0.035362	15,459,009	546,661	91
92 OBSERVATION BEDS	1,769,548	24,790,816	0.071379	4,337,643	309,617	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	34,966,444	2,086,552,872		355,473,904	4,517,998	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	17,482,820		17,482,820	76,697	227.95	26,818	6,113,163 30
31 INTENSIVE CARE UNIT	1,348,687		1,348,687	5,891	228.94	3,103	710,401 31
32 CORONARY CARE UNIT	1,001,208		1,001,208	4,300	232.84	732	170,439 32
200 TOTAL	19,832,715		19,832,715	86,888		30,653	6,994,003 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	6,994,003
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4,517,998
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	11,512,001
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	7,452
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	30,653
PER DISCHARGE CAPITAL COSTS	1,544.82
PER DIEM CAPITAL COSTS	375.56

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	91,565,291
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	443,217,638
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.207

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,897,805
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	4,633,536
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.410

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	11,512,001
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	32,781,976
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	200,515,182
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.163