

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: 11-26-2013 TIME: 11:24  
 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 07/01/2012 AND ENDING 06/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE XVIII				
	TITLE V 1	PART A 2	PART B 3	HIT 4	TITLE XIX 5
1 HOSPITAL		26,364	-259,563		1
2 SUBPROVIDER - IPF		983	-3		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		27,347	-259,566		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												
6	SUBPROVIDER - (OTHER)												
7	SWING BEDS - SNF												
8	SWING BEDS - NF												
9	HOSPITAL-BASED SNF												
10	HOSPITAL-BASED NF												
11	HOSPITAL-BASED OLTC												
12	HOSPITAL-BASED HHA												
13	SEPARATELY CERTIFIED ASC												
14	HOSPITAL-BASED HOSPICE												
15	HOSPITAL-BASED HEALTH CLINIC - RHC												
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												
17	HOSPITAL-BASED (CMHC)												
18	RENAL DIALYSIS												
19	OTHER												
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2012 TO: 06/30/2013												
21	TYPE OF CONTROL												

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
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.											1	N 23

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO	OTHER MEDICAID
		MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID	MEDICAID		
		1	2	3	4	5	6		
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.	10,576				3,541			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
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 2 N N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1	2	3
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	Y	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64		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)

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.  
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF  
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS  
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER  
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.  
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).  
 (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66		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)

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
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INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

		V	XIX	
<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.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<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- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109
<b>MISCELLANEOUS COST REPORTING INFORMATION</b>				
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 15-1§ 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	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
<b>TRANSPLANT CENTER INFORMATION</b>				
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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 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	XIX
	1	2	3	4
155 HOSPITAL	N	N	N	N 155
156 SUBPROVIDER - IPF	N	N	N	N 156
157 SUBPROVIDER - IRF	N	N	N	157
158 SUBPROVIDER - (OTHER)	N	N	N	158
159 SNF	N	N	N	159
160 HHA	N	N	N	160
161 CMHC		N	N	161
161.10 CORF				161.10

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?  
 ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN  
 COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

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  
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169  
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE  
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 170

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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
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	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
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.	Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		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	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		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	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	10/10/2013	Y	10/10/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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? 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	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: JENNIFER	LAST NAME: STOGENTIN	TITLE: SYSTEM DIRECTOR OF F	41
42	EMPLOYER: CADENCE HEALTH			42
43	PHONE NUMBER: 630-933-6340	E-MAIL ADDRESS: JENNIFER.STOGENTIN@CADENCEHEAL		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	194,605,771	3,460,409	198,066,180	5,839,210.00	33.92
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE		484,130		484,130	5,129.00	94.39
4.01	PHYSICIAN-PART A - TEACHING						
5	PHYSICIAN-PART B		5,505,926		5,505,926	45,089.00	122.11
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,093,819	113,734	3,207,553	103,797.00	30.90
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,486,656		2,486,656	40,541.00	61.34
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		330,385		330,385	1,481.00	223.08
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		40,653,184		40,653,184	852,628.00	47.68
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		42,509,412		42,509,412		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		708,900		708,900		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE		110,931		110,931		
22.01	PHYSICIAN PART A - TEACHING						
23	PHYSICIAN PART B		1,261,596		1,261,596		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		2,557,480		2,557,480	86,146.00	29.69
27	ADMINISTRATIVE & GENERAL		28,682,887	212,416	28,895,303	564,582.00	51.18
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,381,745		1,381,745	3,152.00	438.37
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		2,978,367		2,978,367	91,434.00	32.57
31	LAUNDRY & LINEN SERVICE		124,645	17,885	142,530	11,845.00	12.03
32	HOUSEKEEPING		3,399,962	175,691	3,575,653	241,561.00	14.80
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		1,922,999	-948,288	974,711	56,236.00	17.33
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA			1,131,477	1,131,477	88,407.00	12.80
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		3,316,495		3,316,495	70,140.00	47.28
39	CENTRAL SERVICES AND SUPPLY		2,058,667	25,188	2,083,855	116,908.00	17.82
40	PHARMACY		4,927,874	61,609	4,989,483	115,728.00	43.11
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	190,481,590	3,460,409	193,941,999	5,797,273.00	33.45	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,093,819	113,734	3,207,553	103,797.00	30.90	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	187,387,771	3,346,675	190,734,446	5,693,476.00	33.50	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	43,470,225		43,470,225	894,650.00	48.59	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	42,620,343		42,620,343		22.35	5
6	TOTAL (SUM OF LINES 3 THRU 5)	273,478,339	3,346,675	276,825,014	6,588,126.00	42.02	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	51,351,121	675,978	52,027,099	1,446,139.00	35.98	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,017,545	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)	3,950,184	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)	19,045,937	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	974,771	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	1,119,631	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	463,298	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,448,876	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	12,789,406	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	261,197	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	1,519,994	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	44,590,839	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		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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) 0.211844 1

MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)

2 NET REVENUE FROM MEDICAID 39,705,184 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 271,745,218 6  
 7 MEDICAID COST (LINE 1 TIMES LINE 6) 57,567,594 7  
 8 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) 17,862,410 8  
 IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.

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) 12  
 IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.

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) 16  
 IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.

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) 17,862,410 19

	UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
	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	77,902,029	135,403,602	213,305,631	20
21 COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	16,503,077	28,684,441	45,187,518	21
22 PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	182,934	327,649	510,583	22
23 COST OF CHARITY CARE	16,320,143	28,356,792	44,676,935	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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				N 24
25				25
26 TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			46,136,088	26
27 MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				27
28 NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			46,136,088	28
29 COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			9,773,653	29
30 COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			54,450,588	30
31 TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			72,312,998	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				31,043,113	1
2	00200				28,267,919	2
3	00300					3
4	00400	2,557,480	801,252	3,358,732		4
5.10	00541		840,267	840,267	-12,550	5.10
5.30	00561					5.30
5.40	00571	1,138,904	336,685	1,475,589	-4,311	5.40
5.50	00581					5.50
5.60	00590	27,543,983	160,495,225	188,039,208	-40,113,607	5.60
6	00600					6
7	00700	2,978,367	19,974,329	22,952,696	-1,745,566	7
8	00800	124,645	-63,885	60,760	-11,814	8
9	00900	3,399,962	1,966,877	5,366,839	-47,243	9
10	01000	1,922,999	4,551,006	6,474,005	-4,982,562	10
11	01100				4,880,925	11
12	01200					12
13	01300	3,316,495	2,014,772	5,331,267	-687,747	13
14	01400	2,058,667	1,616,736	3,675,403	-582,058	14
15	01500	4,927,874	27,620,420	32,548,294	-26,204,772	15
16	01600					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	34,409,887	30,983,720	65,393,607	-6,926,050	30
31	03100	5,301,849	2,233,390	7,535,239	-628,212	31
32	03200	3,678,275	1,717,987	5,396,262	-393,888	32
35	02060	3,968,852	1,573,672	5,542,524		35
40	04000	2,622,846	1,269,610	3,892,456	-68,655	40
43	04300				2,442,486	43
ANCILLARY SERVICE COST CENTERS						
50	05000	10,867,595	54,058,981	64,926,576	-37,732,371	50
51	05100	2,869,968	1,316,632	4,186,600	-286,823	51
52	05200	5,827,962	3,277,663	9,105,625	-678,533	52
53	05300	222,371	2,179,544	2,401,915	-1,430,743	53
54	05400	5,221,232	4,330,407	9,551,639	-1,960,577	54
55	05500	3,603,815	4,982,670	8,586,485	-2,028,809	55
56	05600	470,834	1,026,210	1,497,044	-42,503	56
57	05700	1,143,152	1,137,011	2,280,163	-416,492	57
58	05800	1,314,377	1,271,944	2,586,321	-528,065	58
60	06000	19,936,673	28,264,008	48,200,681	-1,766,881	60
62	06200	686,477	3,147,131	3,833,608	-32,039	62
62.30	06250					62.30
65	06500	2,500,113	1,224,418	3,724,531	-432,573	65
66	06600	3,975,666	1,618,777	5,594,443	-111,067	66
67	06700	592,373	162,467	754,840	-11,059	67
68	06800	763,549	206,272	969,821	-12,243	68
69	06900	8,558,688	23,896,660	32,455,348	-14,159,791	69
70	07000	1,185,040	635,623	1,820,663	-116,430	70
71	07100				23,434,764	71
72	07200				28,865,950	72
73	07300				25,540,432	73
74	07400				458,299	74
75.01	07501	371,632	268,028	639,660	-20,024	75.01
75.02	07502					75.02
75.03	07503					75.03
75.04	07504	236,851	136,906	373,757	-50,271	75.04
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	13,456,407	6,426,680	19,883,087	-527,598	90
90.01	09001	1,165,233	674,285	1,839,518	-155,055	90.01
90.02	09002					90.02
90.03	09003					90.03
90.04	09004	813,661	277,149	1,090,810	1,460,563	90.04
90.05	09005					90.05
90.06	09006	66,536	36,750	103,286	-14,940	90.06
91	09100	8,333,508	4,975,958	13,309,466	-1,464,790	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 11:24

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	
99.20 09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	194,134,798	403,464,237	597,599,035	5,739	118
NONREIMBURSABLE COST CENTERS					
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		156,214	156,214		190
190.01 19001 KOFEE KORNER					190.01
191 19100 RESEARCH	315,773	138,342	454,115	-3,743	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	155,200	-42,652	112,548	-1,996	193.08
200 TOTAL (SUM OF LINES 118-199)	194,605,771	403,716,141	598,321,912		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	31,043,113	5,990,807	37,033,920	1
2	00200	28,267,919	4,471,134	32,739,053	2
3	00300				3
4	00400	3,358,732		3,358,732	4
5.10	00541	827,717	-383,188	444,529	5.10
5.30	00561		2,034,344	2,034,344	5.30
5.40	00571	1,471,278		1,471,278	5.40
5.50	00581				5.50
5.60	00590	147,925,601	-13,522,386	134,403,215	5.60
6	00600				6
7	00700	21,207,130	-238,128	20,969,002	7
8	00800	48,946		48,946	8
9	00900	5,319,596	-3,040	5,316,556	9
10	01000	1,491,443	-939,577	551,866	10
11	01100	4,880,925	-2,573,814	2,307,111	11
12	01200				12
13	01300	4,643,520	-137,776	4,505,744	13
14	01400	3,093,345		3,093,345	14
15	01500	6,343,522		6,343,522	15
16	01600		4,322,819	4,322,819	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	58,467,557	-16,432,148	42,035,409	30
31	03100	6,907,027	-24,747	6,882,280	31
32	03200	5,002,374	-72,707	4,929,667	32
35	02060	5,542,524	-210	5,542,314	35
40	04000	3,823,801	-652,794	3,171,007	40
43	04300	2,442,486		2,442,486	43
ANCILLARY SERVICE COST CENTERS					
50	05000	27,194,205	-248,530	26,945,675	50
51	05100	3,899,777		3,899,777	51
52	05200	8,427,092	-808,461	7,618,631	52
53	05300	971,172	-126,000	845,172	53
54	05400	7,591,062	-178,738	7,412,324	54
55	05500	6,557,676	1,351,610	7,909,286	55
56	05600	1,454,541	-167,905	1,286,636	56
57	05700	1,863,671	-123,450	1,740,221	57
58	05800	2,058,256	-2,225	2,056,031	58
60	06000	46,433,800	-10,989,148	35,444,652	60
62	06200	3,801,569		3,801,569	62
62.30	06250				62.30
65	06500	3,291,958	-392	3,291,566	65
66	06600	5,483,376		5,483,376	66
67	06700	743,781	-574	743,207	67
68	06800	957,578		957,578	68
69	06900	18,295,557	-7,236,796	11,058,761	69
70	07000	1,704,233	-70,352	1,633,881	70
71	07100	23,434,764		23,434,764	71
72	07200	28,865,950		28,865,950	72
73	07300	25,540,432		25,540,432	73
74	07400	458,299		458,299	74
75.01	07501	619,636	-1,426	618,210	75.01
75.02	07502				75.02
75.03	07503				75.03
75.04	07504	323,486		323,486	75.04
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	19,355,489	-7,715,284	11,640,205	90
90.01	09001	1,684,463	-357,260	1,327,203	90.01
90.02	09002				90.02
90.03	09003				90.03
90.04	09004	2,551,373	-138,846	2,412,527	90.04
90.05	09005				90.05
90.06	09006	88,346		88,346	90.06
91	09100	11,844,676	-909,914	10,934,762	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
99.10	09910				99.10

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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	
99.20 09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	597,604,774	-45,885,102	551,719,672	118
NONREIMBURSABLE COST CENTERS				
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,214		156,214	190
190.01 19001 KOFEE KORNER				190.01
191 19100 RESEARCH	450,372		450,372	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	110,552		110,552	193.08
200 TOTAL (SUM OF LINES 118-199)	598,321,912	-45,885,102	552,436,810	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		30,211,466
2		CAP REL COSTS-MVBLE EQUIP	2		27,046,383
3					
4					
5					
6					
7					
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36					
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38					
39					
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41					
500 TOTAL RECLASSIFICATIONS					57,257,849
CODE LETTER - A					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CHARGEABLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	71		23,434,764
2		IMPL. DEV. CHARGED TO PATIENT	72		28,865,950
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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23					
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26					
27					
28					
29					
30					
31					
500 TOTAL RECLASSIFICATIONS					52,300,714
CODE LETTER - B					500
1 CAFETERIA	C	CAFETERIA	11	1,131,477	3,749,448
500 TOTAL RECLASSIFICATIONS				1,131,477	3,749,448
CODE LETTER - C					500
1 DRUGS	D	DRUGS CHARGED TO PATIENTS	73		25,540,432
500 TOTAL RECLASSIFICATIONS					25,540,432
CODE LETTER - D					500
1 INSURANCE	E	CAP REL COSTS-BLDG & FIXT	1		831,647
500 TOTAL RECLASSIFICATIONS					831,647
CODE LETTER - E					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 RENTALS	F	CAP REL COSTS-MVBLE EQUIP	2		1,221,536	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
500 TOTAL RECLASSIFICATIONS					1,221,536	500
CODE LETTER - F						
1 BHS CHEMICAL DEPENDENCY	H	MENTAL HEALTH O/P	90.04	911,042	551,738	1
500 TOTAL RECLASSIFICATIONS				911,042	551,738	500
CODE LETTER - H						
1 NURSERY	I	NURSERY	43	1,964,268	821,445	1
500 TOTAL RECLASSIFICATIONS				1,964,268	821,445	500
CODE LETTER - I						
1 RENAL DIALYSIS	J	RENAL DIALYSIS	74		458,299	1
500 TOTAL RECLASSIFICATIONS					458,299	500
CODE LETTER - J						
1 TEMPORARY PERSONNEL	K	ADMINISTRATION & GENERAL	5.60	212,416		1
2		LAUNDRY & LINEN SERVICE	8	17,885		2
3		HOUSEKEEPING	9	175,691		3
4		DIETARY	10	183,189		4
5		CENTRAL SERVICES & SUPPLY	14	25,188		5
6		PHARMACY	15	61,609		6
7		ADULTS & PEDIATRICS	30	142,870		7
8		INTENSIVE CARE UNIT	31	34,584		8
9		CORONARY CARE UNIT	32	39,292		9
10		NEONATAL INTENSIVE CARE UNIT	35	57,741		10
11		SUBPROVIDER - IPF	40	62,465		11
12		OPERATING ROOM	50	1,185,527		12
13		RECOVERY ROOM	51	218,094		13
14		DELIVERY ROOM & LABOR ROOM	52	21,134		14
15		RADIOLOGY-THERAPEUTIC	55	60,172		15
16		LABORATORY	60	493,577		16
17		PHYSICAL THERAPY	66	35,446		17
18		ELECTROCARDIOLOGY	69	192,888		18
19		ELECTROENCEPHALOGRAPHY	70	188,175		19
20		EMERGENCY	91	1,197		20
21		RESEARCH	191	51,269		21
500 TOTAL RECLASSIFICATIONS				3,460,409		500
CODE LETTER - K						
GRAND TOTAL (INCREASES)				7,467,196	142,733,108	

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		12,550	9 1
2		ADMITTING	5.40		3,222	9 2
3		ADMINISTRATION & GENERAL	5.60		39,192,592	3
4		OPERATION OF PLANT	7		1,745,483	4
5		LAUNDRY & LINEN SERVICE	8		11,814	5
6		HOUSEKEEPING	9		46,979	6
7		DIETARY	10		97,066	7
8		NURSING ADMINISTRATION	13		686,392	8
9		CENTRAL SERVICES & SUPPLY	14		238,982	9
10		PHARMACY	15		419,614	10
11		ADULTS & PEDIATRICS	30		870,680	11
12		INTENSIVE CARE UNIT	31		158,511	12
13		CORONARY CARE UNIT	32		49,599	13
14		SUBPROVIDER - IPF	40		64,970	14
15		NURSERY	43		179,708	15
16		OPERATING ROOM	50		3,587,684	16
17		RECOVERY ROOM	51		25,810	17
18		DELIVERY ROOM & LABOR ROOM	52		428,151	18
19		ANESTHESIOLOGY	53		449,280	19
20		RADIOLOGY-DIAGNOSTIC	54		1,697,609	20
21		RADIOLOGY-THERAPEUTIC	55		1,831,073	21
22		RADIOISOTOPE	56		38,983	22
23		CT SCAN	57		176,799	23
24		MRI	58		480,756	24
25		LABORATORY	60		1,465,740	25
26		WHOLE BLOOD & PACKED RED BLOO	62		31,948	26
27		RESPIRATORY THERAPY	65		52,905	27
28		PHYSICAL THERAPY	66		76,809	28
29		OCCUPATIONAL THERAPY	67		962	29
30		SPEECH PATHOLOGY	68		7,817	30
31		ELECTROCARDIOLOGY	69		2,007,300	31
32		ELECTROENCEPHALOGRAPHY	70		91,777	32
33		CARDIAC REHAB	75.01		19,937	33
34		PAIN MANAGEMENT	75.04		5,974	34
35		CLINIC	90		312,720	35
36		PATIENT TREATMENT CENTER	90.01		17,378	36
37		CLINIC	90		19,147	37
38		MENTAL HEALTH O/P	90.04		2,217	38
39		EMERGENCY	91		645,172	39
40		RESEARCH	191		3,743	40
41		PARKINSONS CENTER	193.08		1,996	41
500 TOTAL RECLASSIFICATIONS					57,257,849	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 CHARGEABLE MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		343,063	1
2		PHARMACY	15		244,703	2
3		ADULTS & PEDIATRICS	30		1,049,550	3
4		INTENSIVE CARE UNIT	31		448,306	4
5		CORONARY CARE UNIT	32		297,205	5
6		SUBPROVIDER - IPF	40		3,665	6
7		NURSERY	43		157,781	7
8		OPERATING ROOM	50		33,864,645	8
9		RECOVERY ROOM	51		261,013	9
10		DELIVERY ROOM & LABOR ROOM	52		250,130	10
11		ANESTHESIOLOGY	53		981,273	11
12		RADIOLOGY-DIAGNOSTIC	54		262,655	12
13		RADIOLOGY-THERAPEUTIC	55		189,266	13
14		RADIOISOTOPE	56		3,481	14
15		CT SCAN	57		239,693	15
16		MRI	58		47,291	16
17		LABORATORY	60		113,252	17
18		WHOLE BLOOD & PACKED RED BLOO	62		91	18
19		RESPIRATORY THERAPY	65		171,834	19
20		PHYSICAL THERAPY	66		34,080	20
21		OCCUPATIONAL THERAPY	67		10,075	21
22		SPEECH PATHOLOGY	68		4,348	22
23		ELECTROCARDIOLOGY	69		12,140,528	23
24		ELECTROENCEPHALOGRAPHY	70		22,741	24
25		CARDIAC REHAB	75.01		83	25
26		PAIN MANAGEMENT	75.04		44,297	26
27		CLINIC	90		146,657	27
28		PATIENT TREATMENT CENTER	90.01		131,577	28
29		CLINIC	90		2,939	29
30		WOUND CARE	90.06		14,940	30
31		EMERGENCY	91		819,552	31
500 TOTAL RECLASSIFICATIONS					52,300,714	500
CODE LETTER - B						
1 CAFETERIA	C	DIETARY	10	1,131,477	3,749,448	1
500 TOTAL RECLASSIFICATIONS				1,131,477	3,749,448	500
CODE LETTER - C						
1 DRUGS	D	PHARMACY	15		25,540,432	1
500 TOTAL RECLASSIFICATIONS					25,540,432	500
CODE LETTER - D						
1 INSURANCE	E	ADMINISTRATION & GENERAL	5.60		831,647	9 1
500 TOTAL RECLASSIFICATIONS					831,647	500
CODE LETTER - E						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RENTALS	F	ADMITTING	5.40		1,089	9 1
2		ADMINISTRATION & GENERAL	5.60		89,368	2
3		OPERATION OF PLANT	7		83	3
4		HOUSEKEEPING	9		264	4
5		DIETARY	10		4,571	5
6		NURSING ADMINISTRATION	13		1,355	6
7		CENTRAL SERVICES & SUPPLY	14		13	7
8		PHARMACY	15		23	8
9		ADULTS & PEDIATRICS	30		299,028	9
10		INTENSIVE CARE UNIT	31		21,395	10
11		CORONARY CARE UNIT	32		47,084	11
12		SUBPROVIDER - IPF	40		20	12
13		NURSERY	43		5,738	13
14		OPERATING ROOM	50		280,042	14
15		DELIVERY ROOM & LABOR ROOM	52		252	15
16		ANESTHESIOLOGY	53		190	16
17		RADIOLOGY-DIAGNOSTIC	54		313	17
18		RADIOLOGY-THERAPEUTIC	55		8,470	18
19		RADIOISOTOPE	56		39	19
20		MRI	58		18	20
21		LABORATORY	60		187,889	21
22		RESPIRATORY THERAPY	65		207,834	22
23		PHYSICAL THERAPY	66		178	23
24		OCCUPATIONAL THERAPY	67		22	24
25		SPEECH PATHOLOGY	68		78	25
26		ELECTROCARDIOLOGY	69		11,963	26
27		ELECTROENCEPHALOGRAPHY	70		1,912	27
28		CARDIAC REHAB	75.01		4	28
29		CLINIC	90		46,135	29
30		PATIENT TREATMENT CENTER	90.01		6,100	30
31		EMERGENCY	91		66	31
500 TOTAL RECLASSIFICATIONS					1,221,536	500
CODE LETTER - F						
1 BHS CHEMICAL DEPENDENCY	H	ADULTS & PEDIATRICS	30	911,042	551,738	1
500 TOTAL RECLASSIFICATIONS				911,042	551,738	500
CODE LETTER - H						
1 NURSERY	I	ADULTS & PEDIATRICS	30	1,964,268	821,445	1
500 TOTAL RECLASSIFICATIONS				1,964,268	821,445	500
CODE LETTER - I						
1 RENAL DIALYSIS	J	ADULTS & PEDIATRICS	30		458,299	1
500 TOTAL RECLASSIFICATIONS					458,299	500
CODE LETTER - J						
1 TEMPORARY PERSONNEL	K	ADMINISTRATION & GENERAL	5.60		212,416	1
2		LAUNDRY & LINEN SERVICE	8		17,885	2
3		HOUSEKEEPING	9		175,691	3
4		DIETARY	10		183,189	4
5		CENTRAL SERVICES & SUPPLY	14		25,188	5
6		PHARMACY	15		61,609	6
7		ADULTS & PEDIATRICS	30		142,870	7
8		INTENSIVE CARE UNIT	31		34,584	8
9		CORONARY CARE UNIT	32		39,292	9
10		NEONATAL INTENSIVE CARE UNIT	35		57,741	10
11		SUBPROVIDER - IPF	40		62,465	11
12		OPERATING ROOM	50		1,185,527	12
13		RECOVERY ROOM	51		218,094	13
14		DELIVERY ROOM & LABOR ROOM	52		21,134	14
15		RADIOLOGY-THERAPEUTIC	55		60,172	15
16		LABORATORY	60		493,577	16
17		PHYSICAL THERAPY	66		35,446	17
18		ELECTROCARDIOLOGY	69		192,888	18
19		ELECTROENCEPHALOGRAPHY	70		188,175	19
20		EMERGENCY	91		1,197	20
21		RESEARCH	191		51,269	21
500 TOTAL RECLASSIFICATIONS					3,460,409	500
CODE LETTER - K						
GRAND TOTAL (DECREASES)				4,006,787	146,193,517	

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	4,916,541					4,916,541	1
2 LAND IMPROVEMENTS	24,547,932	359,970		359,970		24,907,902	2
3 BUILDINGS AND FIXTURES	471,201,582	13,459,544		13,459,544		484,661,126	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	107,095,397	4,992,858		4,992,858		112,088,255	5
6 MOVABLE EQUIPMENT	278,605,606	13,577,244		13,577,244		292,182,850	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	886,367,058	32,389,616		32,389,616		918,756,674	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	886,367,058	32,389,616		32,389,616		918,756,674	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
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		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL-RELATED COSTS	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	621,657,283		621,657,283	0.680269				1
2 CAP REL COSTS-MVBLE EQUIP	292,182,850		292,182,850	0.319731				2
3 TOTAL (SUM OF LINES 1-2)	913,840,133		913,840,133	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
1 CAP REL COSTS-BLDG & FIXT	37,033,920						37,033,920 1
2 CAP REL COSTS-MVBLE EQUIP	32,739,053						32,739,053 2
3 TOTAL	69,772,973						69,772,973 3

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	-383,188	NON PATIENT TELEPHONES	5.10	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-25,505	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-28,886,825			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-1,076	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	7,131,784			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-2,559,052	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-100,264	DELIVERY ROOM & LABOR ROOM	52	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-14,762	CAFETERIA	11	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
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A-8-3				
			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
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND	A-8-3				32
33					33
34					34
34.01 DAILY RECEIPTS	B	-206	ADMINISTRATION & GENERAL	5.60	34.01
34.02 NON-PT MEDICAL SUPP	B	-2,883	PATIENT TREATMENT CENTER	90.01	34.02
34.03 .XRAY SCRAP SALES	B	-372	CLINIC	90	34.03
35					35
35.04 MEALS REVENUE	B	-915,249	DIETARY	10	35.04
36					36
36.01 OTHER INCOME	B	-75,456	ADMINISTRATION & GENERAL	5.60	36.01
36.02 OTHER INCOME	B	-3,040	HOUSEKEEPING	9	36.02
36.03 OTHER INCOME	B	-24,230	DIETARY	10	36.03
36.04 OTHER INCORM	B	-1,553,060	ADULTS & PEDIATRICS	30	36.04
36.05 OTHER INCOME	B	-108,200	SUBPROVIDER - IPF	40	36.05
36.06 OTHER INCOME	B	-7,451,057	LABORATORY	60	36.06
36.07 OTHER INCOME	B	-2,407,699	LABORATORY	60	36.07
36.08 OTHER INCOME	B	-332,263	ELECTROCARDIOLOGY	69	36.08
36.09 OTHER INCOME	B	-151,626	ELECTROCARDIOLOGY	69	36.09
36.10 OTHER INCOME	B	-4,530	ELECTROCARDIOLOGY	69	36.10
36.11 OTHER INCOME	B	-9,033	PATIENT TREATMENT CENTER	90.01	36.11
37					37
38 TUITION INCOME	B	-16,417	NURSING ADMINISTRATION	13	38
38.01 TUITION INCOME	B	-225	EMERGENCY	91	38.01
38.02 TUITION INCOME	B	-1,200	EMERGENCY	91	38.02
39 RENTAL INCOME	B	-1,825,810	CLINIC	90	39
39.01 RENTAL INCOME	B	-12,247	SUBPROVIDER - IPF	40	39.01
39.02 RENTAL INCOME	B	-7,200	OPERATION OF PLANT	7	39.02
39.03 INTERCOMPANY RENTAL INCOME	B	-496,522	CLINIC	90	39.03
39.04 INTERCOMPANY RENTAL INCOME	B	-148,468	OPERATION OF PLANT	7	39.04
39.05 PROFESSIONAL RENTAL INCOME	B	-27,500	SUBPROVIDER - IPF	40	39.05

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
40 OTHER SERVICE REVENUE	B	-176,425	PATIENT TREATMENT CENTER	90.01	40
40.01 OTHER SERVICE REVENUE	B	-151,635	SUBPROVIDER - IPF	40	40.01
40.02 OTHER SERVICE REVENUE	B	-94,421	ADULTS & PEDIATRICS	30	40.02
40.03 OTHER SERVICE REVENUE	B	-102,843	MENTAL HEALTH O/P	90.04	40.03
40.04 OTHER SERVICE REVENUE	B	-574	OCCUPATIONAL THERAPY	67	40.04
40.05 OTHER SERVICE REVENUE	B	-90	CLINIC	90	40.05
40.06 OTHER SERVICE REVENUE	B	-5,206	RADIOLOGY-DIAGNOSTIC	54	40.06
40.07 OTHER SERVICE REVENUE	B	-98	DIETARY	10	40.07
40.08 OTHER SERVICE REVENUE	B	-13,367	ADMINISTRATION & GENERAL	5.60	40.08
41 INSTYMED REV	B	-454,012	CLINIC	90	41
41.01 WORK ORDER REV	B	-56,955	OPERATION OF PLANT	7	41.01
41.02 RECOVERY LIVING REV	B	-72,177	SUBPROVIDER - IPF	40	41.02
41.03 DUES REV	B	-59,900	ADMINISTRATION & GENERAL	5.60	41.03
42					42
42.03 ALCOHOLIC BEVERAGES	A	-2,000	ADMINISTRATION & GENERAL	5.60	42.03
42.04 ASSOCIATION LOBBYING DUES	A	-51,739	ADMINISTRATION & GENERAL	5.60	42.04
42.05 PHYSICIAN BILLING SVC	A	-124,245	ADULTS & PEDIATRICS	30	42.05
42.06 PHYSICIAN BILLING SVC	A	-48,389	ELECTROCARDIOLOGY	69	42.06
42.07 REAL ESTATE TAXES	A	-6,287	ADMINISTRATION & GENERAL	5.60	42.07
43					43
44 CHARITABLE CONTRIBUTIONS	A	-1,370,785	ADMINISTRATION & GENERAL	5.60	44
44.01 CHARITABLE CONTRIBUTIONS	A	-7,500	NURSING ADMINISTRATION	13	44.01
44.02 CHARITABLE CONTRIBUTIONS	A	-500	RADIOLOGY-THERAPEUTIC	55	44.02
44.03 CHARITABLE CONTRIBUTIONS	A	-36,500	LABORATORY	60	44.03
45					45
46 NON PHYSICIAN PART B	A	-112,609	NURSING ADMINISTRATION	13	46
46.01 NON PHYSICIAN PART B	A	-438,835	ADULTS & PEDIATRICS	30	46.01
46.02 NON PHYSICIAN PART B	A	-3,356	RADIOLOGY-DIAGNOSTIC	54	46.02
46.03 NON PHYSICIAN PART B	A	-108,981	RADIOLOGY-THERAPEUTIC	55	46.03
46.04 NON PHYSICIAN PART B	A	-532,766	ELECTROCARDIOLOGY	69	46.04
46.05 NON PHYSICIAN PART B	A	-1,302,833	CLINIC	90	46.05
46.06 NON PHYSICIAN PART B	A	-136,693	PATIENT TREATMENT CENTER	90.01	46.06
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-45,885,102			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	1	CAP REL COSTS-BLDG & FIXT	5,990,807		5,990,807	9 1
2	2	CAP REL COSTS-MVBLE EQUIP	4,471,134		4,471,134	9 2
3	5.30	PURCHASING AND STORES	2,034,344		2,034,344	3
3.01	5.60	ADMINISTRATION & GENERAL	81,017,505	92,199,511	-11,182,006	4.01
3.02	16	MEDICAL RECORDS & LIBRARY	4,322,819		4,322,819	4.02
3.03	55	RADIOLOGY-THERAPEUTIC	1,494,686		1,494,686	4.03
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	99,331,295	92,199,511	7,131,784	5

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.

		----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
6	B CADENCE HEALTH	100.00			
7					
8					
9					
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	760,640	760,640					
2	13 NURSING ADMINISTRATION	1,250	1,250					
3	30 ADULTS & PEDIATRICS	484,130		484,130	140,600	5,129	346,701	17,335
4	30 ADULTS & PEDIATRICS	14,084,158	14,084,158					
5	31 INTENSIVE CARE UNIT	24,747	24,747					
6	32 CORONARY CARE UNIT	72,707	72,707					
7	35 NEONATAL INTENSIVE CARE	210	210					
8	40 SUBPROVIDER - IPF	281,035	281,035					
9	50 OPERATING ROOM	45,030		45,030	208,000	250	25,000	1,250
10	50 OPERATING ROOM	228,500	228,500					
11	52 DELIVERY ROOM & LABOR RO	708,197	708,197					
12	53 ANESTHESIOLOGY	126,000	126,000					
13	54 RADIOLOGY-DIAGNOSTIC	169,100	169,100					
14	55 RADIOLOGY-THERAPEUTIC	59,375		59,375	225,300	238	25,780	1,289
15	56 RADIOISOTOPE	167,905	167,905					
16	57 CT SCAN	123,450	123,450					
17	58 MRI	2,225	2,225					
18	60 LABORATORY	1,093,892	1,093,892					
19	65 RESPIRATORY THERAPY	392	392					
20	69 ELECTROCARDIOLOGY	167,380		167,380	177,200	623	53,075	2,654
21	69 ELECTROCARDIOLOGY	6,052,917	6,052,917					
22	70 ELECTROENCEPHALOGRAPHY	70,352	70,352					
23	75.01 CARDIAC REHAB	1,426	1,426					
24	90 CLINIC	3,635,645	3,635,645					
25	90.01 PATIENT TREATMENT CENTER	32,226	32,226					
26	90.04 MENTAL HEALTH O/P	36,003	36,003					
27	91 EMERGENCY	58,600		58,600	177,200	370	31,521	1,576
28	91 EMERGENCY	881,410	881,410					
200	TOTAL	29,368,902	28,554,387	814,515		6,610	482,077	24,104

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						760,640	1
2	13 NURSING ADMINISTRATION	AGGREGATE						1,250	2
3	30 ADULTS & PEDIATRICS	AGGREGATE				346,701	137,429	137,429	3
4	30 ADULTS & PEDIATRICS	AGGREGATE						14,084,158	4
5	31 INTENSIVE CARE UNIT	AGGREGATE						24,747	5
6	32 CORONARY CARE UNIT	AGGREGATE						72,707	6
7	35 NEONATAL INTENSIVE CARE	AGGREGATE						210	7
8	40 SUBPROVIDER - IPF	AGGREGATE						281,035	8
9	50 OPERATING ROOM	AGGREGATE				25,000	20,030	20,030	9
10	50 OPERATING ROOM	AGGREGATE						228,500	10
11	52 DELIVERY ROOM & LABOR RO	AGGREGATE						708,197	11
12	53 ANESTHESIOLOGY	AGGREGATE						126,000	12
13	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						169,100	13
14	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				25,780	33,595	33,595	14
15	56 RADIOISOTOPE	AGGREGATE						167,905	15
16	57 CT SCAN	AGGREGATE						123,450	16
17	58 MRI	AGGREGATE						2,225	17
18	60 LABORATORY	AGGREGATE						1,093,892	18
19	65 RESPIRATORY THERAPY	AGGREGATE						392	19
20	69 ELECTROCARDIOLOGY	AGGREGATE				53,075	114,305	114,305	20
21	69 ELECTROCARDIOLOGY	AGGREGATE						6,052,917	21
22	70 ELECTROENCEPHALOGRAPHY	AGGREGATE						70,352	22
23	75.01 CARDIAC REHAB	AGGREGATE						1,426	23
24	90 CLINIC	AGGREGATE						3,635,645	24
25	90.01 PATIENT TREATMENT CENTER	AGGREGATE						32,226	25
26	90.04 MENTAL HEALTH O/P	AGGREGATE						36,003	26
27	91 EMERGENCY	AGGREGATE				31,521	27,079	27,079	27
28	91 EMERGENCY	AGGREGATE						881,410	28
200	TOTAL					482,077	332,438	28,886,825	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 DEPARTMENT 4	NON PATIENT TELEPHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	37,033,920	37,033,920				1
2 CAP REL COSTS-MVBLE EQUIP	32,739,053		32,739,053			2
4 EMPLOYEE BENEFITS DEPARTMENT	3,358,732			3,358,732		4
5.10 NON PATIENT TELEPHONES	444,529	328,369	290,287		1,063,185	5.10
5.30 PURCHASING AND STORES	2,034,344	167,307	147,904		6,183	5.30
5.40 ADMITTING	1,471,278	39,573	34,984	19,565	25,269	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL	134,403,215	935,253	826,790	476,827	69,625	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,969,002	22,582,938	19,963,969	51,165	33,871	7
8 LAUNDRY & LINEN SERVICE	48,946	105,586	93,341	2,449	806	8
9 HOUSEKEEPING	5,316,556	123,334	109,031	61,426	9,946	9
10 DIETARY	551,866	389,338	344,186	16,745	6,989	10
11 CAFETERIA	2,307,111	272,356	240,771	19,438	4,839	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,505,744	184,561	163,157	56,974	19,893	13
14 CENTRAL SERVICES & SUPPLY	3,093,345	219,477	194,024	35,799	25,000	14
15 PHARMACY	6,343,522	108,355	95,789	85,714	16,398	15
16 MEDICAL RECORDS & LIBRARY	4,322,819	56,913	50,313		13,979	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,035,409	3,124,684	2,762,310	544,274	155,916	30
31 INTENSIVE CARE UNIT	6,882,280	248,621	219,788	91,675	19,086	31
32 CORONARY CARE UNIT	4,929,667	187,179	165,472	63,864	13,441	32
35 NEONATAL INTENSIVE CARE UNIT	5,542,314	148,336	131,133	69,173	8,871	35
40 SUBPROVIDER - IPF	3,171,007	446,938	395,106	46,131	22,581	40
43 NURSERY	2,442,486	283,258	250,409	33,744	15,323	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	26,945,675	1,687,489	1,491,789	207,061	109,948	50
51 RECOVERY ROOM	3,899,777	256,604	226,846	53,050	2,957	51
52 DELIVERY ROOM & LABOR ROOM	7,618,631	532,738	470,955	100,482	46,775	52
53 ANESTHESIOLOGY	845,172			3,820	12,903	53
54 RADIOLOGY-DIAGNOSTIC	7,412,324	775,157	685,261	89,696	53,226	54
55 RADIOLOGY-THERAPEUTIC	7,909,286	584,071	516,336	62,944	53,495	55
56 RADIOISOTOPE	1,286,636	70,434	62,265	8,088	269	56
57 CT SCAN	1,740,221	83,911	74,180	19,638	1,075	57
58 MRI	2,056,031	90,671	80,156	22,580	1,882	58
60 LABORATORY	35,444,652	546,129	482,794	350,971	41,130	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,801,569	26,976	23,848	11,793	1,882	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,291,566	71,163	62,910	42,949	6,183	65
66 PHYSICAL THERAPY	5,483,376	175,397	155,056	68,907	20,430	66
67 OCCUPATIONAL THERAPY	743,207	6,782	5,995	10,176		67
68 SPEECH PATHOLOGY	957,578	9,850	8,708	13,117	806	68
69 ELECTROCARDIOLOGY	11,058,761	516,320	456,442	150,343	40,861	69
70 ELECTROENCEPHALOGRAPHY	1,633,881	100,092	88,484	23,590	4,570	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,434,764					71
72 IMPL. DEV. CHARGED TO PATIENTS	28,865,950					72
73 DRUGS CHARGED TO PATIENTS	25,540,432					73
74 RENAL DIALYSIS	458,299	27,856	24,625			74
75.01 CARDIAC REHAB	618,210			6,384		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	323,486	68,395	60,463	4,069	3,763	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	11,640,205	316,265	279,587	231,168	118,819	90
90.01 PATIENT TREATMENT CENTER	1,327,203	132,648	117,265	20,018	19,624	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	2,412,527	116,660	103,131	29,629		90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	88,346			1,143		90.06
91 EMERGENCY	10,934,762	885,936	783,193	143,182	52,689	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

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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 DEPARTMENT 4	NON PATIENT TELEPHONES 5.10	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	551,719,672	37,033,920	32,739,053	3,349,761	1,061,303	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,214					190
190.01 KOFEE KORNER						190.01
191 RESEARCH	450,372			6,305	1,882	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	110,552			2,666		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	552,436,810	37,033,920	32,739,053	3,358,732	1,063,185	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	SUBTOTAL (COLS.0-4) 4A	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 DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	2,355,738					5.30
5.40 ADMITTING	1,292	1,591,961				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL			136,711,710	136,711,710		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,743		63,609,688	20,918,209	84,527,897	7
8 LAUNDRY & LINEN SERVICE	482		251,610	82,742	687,569	8
9 HOUSEKEEPING	17,186		5,637,479	1,853,891	803,142	9
10 DIETARY	1,550		1,310,674	431,016	2,535,339	10
11 CAFETERIA	1,085		2,845,600	935,778	1,773,564	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,075		4,937,404	1,623,670	1,201,848	13
14 CENTRAL SERVICES & SUPPLY	5,377		3,573,022	1,174,992	1,429,220	14
15 PHARMACY	265		6,650,043	2,186,873	705,596	15
16 MEDICAL RECORDS & LIBRARY			4,444,024	1,461,422	370,616	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		125,134	48,747,727	16,030,739	20,347,700	30
31 INTENSIVE CARE UNIT	421	17,522	7,479,393	2,459,606	1,619,000	31
32 CORONARY CARE UNIT	358	12,991	5,372,972	1,766,907	1,218,897	32
35 NEONATAL INTENSIVE CARE UNIT	627	15,653	5,916,107	1,945,518	965,950	35
40 SUBPROVIDER - IPF	602	11,735	4,094,100	1,346,349	2,910,428	40
43 NURSERY	5,094	8,987	3,039,301	999,477	1,844,557	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	58,445	74,516	30,574,923	10,054,594	10,988,800	50
51 RECOVERY ROOM	269	13,605	4,453,108	1,464,409	1,670,987	51
52 DELIVERY ROOM & LABOR ROOM	1,540	19,816	8,790,937	2,890,908	3,469,147	52
53 ANESTHESIOLOGY	490	13,048	875,433	287,887		53
54 RADIOLOGY-DIAGNOSTIC	3,128	56,737	9,075,529	2,984,497	5,047,760	54
55 RADIOLOGY-THERAPEUTIC	5,699	29,322	9,161,153	3,012,654	3,803,428	55
56 RADIOISOTOPE	18,880	13,376	1,459,948	480,105	458,659	56
57 CT SCAN	42	77,881	1,996,948	656,698	546,421	57
58 MRI	78	37,749	2,289,147	752,788	590,443	58
60 LABORATORY	25,239	290,670	37,181,585	12,227,201	3,556,351	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	125	11,582	3,877,775	1,275,210	175,665	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,101	19,322	3,495,194	1,149,398	463,410	65
66 PHYSICAL THERAPY	313	15,437	5,918,916	1,946,441	1,142,174	66
67 OCCUPATIONAL THERAPY	12	2,988	769,160	252,939	44,161	67
68 SPEECH PATHOLOGY	7	3,484	993,550	326,730	64,145	68
69 ELECTROCARDIOLOGY	75,298	88,594	12,386,619	4,073,352	3,362,238	69
70 ELECTROENCEPHALOGRAPHY	141	9,976	1,860,734	611,904	651,793	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,287,753	185,530	24,908,047	8,191,036		71
72 IMPL. DEV. CHARGED TO PATIENTS	821,460	114,726	29,802,136	9,800,462		72
73 DRUGS CHARGED TO PATIENTS		201,076	25,741,508	8,465,121		73
74 RENAL DIALYSIS		2,880	513,660	168,918	181,395	74
75.01 CARDIAC REHAB	49	1,335	625,978	205,853		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	66	2,577	462,819	152,198	445,382	75.04
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,331	24,355	12,613,730	4,148,038	2,059,492	90
90.01 PATIENT TREATMENT CENTER	313	5,303	1,622,374	533,519	863,793	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	381	8,396	2,670,724	878,270	759,679	90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	8	209	89,706	29,500		90.06
91 EMERGENCY	1,201	75,449	12,876,412	4,234,421	5,769,148	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,355,526	1,591,961	551,708,607	136,472,240	84,527,897	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			156,214	51,371		190
190.01 KOFFEE KORNER						190.01
191 RESEARCH	201		458,760	150,864		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	11		113,229	37,235		193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,355,738	1,591,961	552,436,810	136,711,710	84,527,897	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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 DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,021,921					8
9 HOUSEKEEPING		8,294,512				9
10 DIETARY		253,253	4,530,282			10
11 CAFETERIA		177,160		5,732,102		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		120,052		92,510	7,975,484	13
14 CENTRAL SERVICES & SUPPLY	16,034	142,764		154,183		14
15 PHARMACY		70,481		152,642	346,611	15
16 MEDICAL RECORDS & LIBRARY		37,021				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	364,927	2,032,511	3,681,008	1,220,035	2,770,386	30
31 INTENSIVE CARE UNIT	25,570	161,721	312,756	184,442	418,819	31
32 CORONARY CARE UNIT	23,525	121,755	228,161	127,362	289,207	32
35 NEONATAL INTENSIVE CARE UNIT	5,114	96,488		132,314	300,450	35
40 SUBPROVIDER - IPF	10,229	290,720	299,560	119,688		40
43 NURSERY	31,215	184,251		68,990	156,659	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	185,120	1,097,662		428,053	971,997	50
51 RECOVERY ROOM	18,411	166,913		113,361	257,413	51
52 DELIVERY ROOM & LABOR ROOM	70,960	346,530		201,937	458,546	52
53 ANESTHESIOLOGY				14,827	33,668	53
54 RADIOLOGY-DIAGNOSTIC	69,552	504,216		216,103		54
55 RADIOLOGY-THERAPEUTIC	1,023	379,921		159,189		55
56 RADIOISOTOPE		45,815		15,349	34,855	56
57 CT SCAN	10,229	54,582		47,864		57
58 MRI		58,979		43,683		58
60 LABORATORY	1,023	355,241		1,194,180		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		17,547		29,351		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		46,290		114,241	259,412	65
66 PHYSICAL THERAPY	11,251	114,091		157,649	357,979	66
67 OCCUPATIONAL THERAPY		4,411		20,879	47,410	67
68 SPEECH PATHOLOGY		6,407		24,675	56,030	68
69 ELECTROCARDIOLOGY	33,212	335,851		174,841	397,019	69
70 ELECTROENCEPHALOGRAPHY	15,649	65,107		48,882	110,998	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		18,119				74
75.01 CARDIAC REHAB				14,442		75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	7,160	44,489		10,673		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	5,114	205,721				90
90.01 PATIENT TREATMENT CENTER	7,160	86,284		46,048		90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		75,884		77,848		90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE				3,494		90.06
91 EMERGENCY	109,443	576,275	8,797	311,804	708,025	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,021,921	8,294,512	4,530,282	5,721,539	7,975,484	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH				10,563		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)	1,021,921	8,294,512	4,530,282	5,732,102	7,975,484	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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 DEPARTMENT					4
5.10 NON PATIENT TELEPHONES					5.10
5.30 PURCHASING AND STORES					5.30
5.40 ADMITTING					5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY	6,490,215				14
15 PHARMACY		10,112,246			15
16 MEDICAL RECORDS & LIBRARY			6,313,083		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,148	495,835	95,695,016	30
31 INTENSIVE CARE UNIT		84	69,430	12,730,821	31
32 CORONARY CARE UNIT			51,475	9,200,261	32
35 NEONATAL INTENSIVE CARE UNIT		6	62,022	9,423,969	35
40 SUBPROVIDER - IPF		31	46,499	9,117,604	40
43 NURSERY		33	35,611	6,360,094	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		11,250	295,262	54,607,661	50
51 RECOVERY ROOM		9	53,908	8,198,519	51
52 DELIVERY ROOM & LABOR ROOM		1,244	78,520	16,308,729	52
53 ANESTHESIOLOGY		2,080	51,702	1,265,597	53
54 RADIOLOGY-DIAGNOSTIC		6,663	224,818	18,129,138	54
55 RADIOLOGY-THERAPEUTIC		577	116,186	16,634,131	55
56 RADIOISOTOPE		652	53,002	2,548,385	56
57 CT SCAN		11,377	308,595	3,632,714	57
58 MRI		78,405	149,577	3,963,022	58
60 LABORATORY		5,887	1,156,817	55,678,285	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			45,893	5,421,441	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		459	76,563	5,604,967	65
66 PHYSICAL THERAPY		408	61,166	9,710,075	66
67 OCCUPATIONAL THERAPY			11,841	1,150,801	67
68 SPEECH PATHOLOGY			13,807	1,485,344	68
69 ELECTROCARDIOLOGY		12,640	351,045	21,126,817	69
70 ELECTROENCEPHALOGRAPHY		185	39,531	3,404,783	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,908,114		735,148	36,742,345	71
72 IMPL. DEV. CHARGED TO PATIENTS	3,582,101		454,591	43,639,290	72
73 DRUGS CHARGED TO PATIENTS		9,802,711	796,747	44,806,087	73
74 RENAL DIALYSIS			11,411	893,503	74
75.01 CARDIAC REHAB		130	5,291	851,694	75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT		6	10,210	1,132,937	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		160,053	96,506	19,288,654	90
90.01 PATIENT TREATMENT CENTER		1,076	21,013	3,181,267	90.01
90.02 REHAB SERVICES-BLOOMINGDALE					90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P		3,412	33,270	4,499,087	90.04
90.05 WOMEN'S CLINIC					90.05
90.06 WOUND CARE		48	829	123,577	90.06
91 EMERGENCY		8,672	298,962	24,901,959	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
118 SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	6,490,215	10,112,246	6,313,083	551,458,574	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				207,585	190
190.01 KOFFEE KORNER					190.01
191 RESEARCH				620,187	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				150,464	193.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	6,490,215	10,112,246	6,313,083	552,436,810	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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 DEPARTMENT		4
5.10	NON PATIENT TELEPHONES		5.10
5.30	PURCHASING AND STORES		5.30
5.40	ADMITTING		5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS		5.50
5.60	ADMINISTRATION & GENERAL		5.60
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	95,695,016	30
31	INTENSIVE CARE UNIT	12,730,821	31
32	CORONARY CARE UNIT	9,200,261	32
35	NEONATAL INTENSIVE CARE UNIT	9,423,969	35
40	SUBPROVIDER - IPF	9,117,604	40
43	NURSERY	6,360,094	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	54,607,661	50
51	RECOVERY ROOM	8,198,519	51
52	DELIVERY ROOM & LABOR ROOM	16,308,729	52
53	ANESTHESIOLOGY	1,265,597	53
54	RADIOLOGY-DIAGNOSTIC	18,129,138	54
55	RADIOLOGY-THERAPEUTIC	16,634,131	55
56	RADIOISOTOPE	2,548,385	56
57	CT SCAN	3,632,714	57
58	MRI	3,963,022	58
60	LABORATORY	55,678,285	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,421,441	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	5,604,967	65
66	PHYSICAL THERAPY	9,710,075	66
67	OCCUPATIONAL THERAPY	1,150,801	67
68	SPEECH PATHOLOGY	1,485,344	68
69	ELECTROCARDIOLOGY	21,126,817	69
70	ELECTROENCEPHALOGRAPHY	3,404,783	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,742,345	71
72	IMPL. DEV. CHARGED TO PATIENTS	43,639,290	72
73	DRUGS CHARGED TO PATIENTS	44,806,087	73
74	RENAL DIALYSIS	893,503	74
75.01	CARDIAC REHAB	851,694	75.01
75.02	SLEEP LAB		75.02
75.03	INPATIENT DIALYSIS		75.03
75.04	PAIN MANAGEMENT	1,132,937	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	19,288,654	90
90.01	PATIENT TREATMENT CENTER	3,181,267	90.01
90.02	REHAB SERVICES-BLOOMINGDALE		90.02
90.03	CANTERA		90.03
90.04	MENTAL HEALTH O/P	4,499,087	90.04
90.05	WOMEN'S CLINIC		90.05
90.06	WOUND CARE	123,577	90.06
91	EMERGENCY	24,901,959	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94

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COST CENTER DESCRIPTION	TOTAL	
	26	
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	551,458,574	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	207,585	190
190.01 KOFEE KORNER		190.01
191 RESEARCH	620,187	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	150,464	193.08
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	552,436,810	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 DEPARTMENT						4
5.10 NON PATIENT TELEPHONES		328,369	290,287	618,656	618,656	5.10
5.30 PURCHASING AND STORES		167,307	147,904	315,211	3,598	5.30
5.40 ADMITTING		39,573	34,984	74,557	14,704	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL		935,253	826,790	1,762,043	40,514	5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		22,582,938	19,963,969	42,546,907	19,709	7
8 LAUNDRY & LINEN SERVICE		105,586	93,341	198,927	469	8
9 HOUSEKEEPING		123,334	109,031	232,365	5,788	9
10 DIETARY		389,338	344,186	733,524	4,067	10
11 CAFETERIA		272,356	240,771	513,127	2,816	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		184,561	163,157	347,718	11,575	13
14 CENTRAL SERVICES & SUPPLY		219,477	194,024	413,501	14,547	14
15 PHARMACY		108,355	95,789	204,144	9,542	15
16 MEDICAL RECORDS & LIBRARY		56,913	50,313	107,226	8,134	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,124,684	2,762,310	5,886,994	90,727	30
31 INTENSIVE CARE UNIT		248,621	219,788	468,409	11,106	31
32 CORONARY CARE UNIT		187,179	165,472	352,651	7,821	32
35 NEONATAL INTENSIVE CARE UNIT		148,336	131,133	279,469	5,162	35
40 SUBPROVIDER - IPF		446,938	395,106	842,044	13,140	40
43 NURSERY		283,258	250,409	533,667	8,916	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,687,489	1,491,789	3,179,278	63,977	50
51 RECOVERY ROOM		256,604	226,846	483,450	1,721	51
52 DELIVERY ROOM & LABOR ROOM		532,738	470,955	1,003,693	27,218	52
53 ANESTHESIOLOGY					7,508	53
54 RADIOLOGY-DIAGNOSTIC		775,157	685,261	1,460,418	30,972	54
55 RADIOLOGY-THERAPEUTIC		584,071	516,336	1,100,407	31,128	55
56 RADIOISOTOPE		70,434	62,265	132,699	156	56
57 CT SCAN		83,911	74,180	158,091	626	57
58 MRI		90,671	80,156	170,827	1,095	58
60 LABORATORY		546,129	482,794	1,028,923	23,933	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		26,976	23,848	50,824	1,095	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		71,163	62,910	134,073	3,598	65
66 PHYSICAL THERAPY		175,397	155,056	330,453	11,888	66
67 OCCUPATIONAL THERAPY		6,782	5,995	12,777		67
68 SPEECH PATHOLOGY		9,850	8,708	18,558	469	68
69 ELECTROCARDIOLOGY		516,320	456,442	972,762	23,776	69
70 ELECTROENCEPHALOGRAPHY		100,092	88,484	188,576	2,659	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		27,856	24,625	52,481		74
75.01 CARDIAC REHAB						75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT		68,395	60,463	128,858	2,190	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		316,265	279,587	595,852	69,139	90
90.01 PATIENT TREATMENT CENTER		132,648	117,265	249,913	11,419	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P		116,660	103,131	219,791		90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE						90.06
91 EMERGENCY		885,936	783,193	1,669,129	30,659	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

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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	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		37,033,920	32,739,053	69,772,973	617,561	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFFEE KORNER						190.01
191 RESEARCH					1,095	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						193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		37,033,920	32,739,053	69,772,973	618,656	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES	318,809					5.30
5.40 ADMITTING	175	89,436				5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL			1,802,557			5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,183		275,786	42,843,585		7
8 LAUNDRY & LINEN SERVICE	65		1,091	348,499	549,051	8
9 HOUSEKEEPING	2,326		24,444	407,078		9
10 DIETARY	210		5,683	1,285,055		10
11 CAFETERIA	147		12,339	898,944		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	957		21,409	609,165		13
14 CENTRAL SERVICES & SUPPLY	728		15,493	724,411	8,615	14
15 PHARMACY	36		28,835	357,637		15
16 MEDICAL RECORDS & LIBRARY			19,269	187,850		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		6,952	211,370	10,313,381	196,064	30
31 INTENSIVE CARE UNIT	57	973	32,431	820,602	13,738	31
32 CORONARY CARE UNIT	48	722	23,297	617,807	12,639	32
35 NEONATAL INTENSIVE CARE UNIT	85	870	25,652	489,599	2,748	35
40 SUBPROVIDER - IPF	81	652	17,752	1,475,172	5,496	40
43 NURSERY	689	499	13,178	934,927	16,771	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,909	4,140	132,573	5,569,754	99,460	50
51 RECOVERY ROOM	36	756	19,309	846,952	9,892	51
52 DELIVERY ROOM & LABOR ROOM	208	1,101	38,118	1,758,363	38,125	52
53 ANESTHESIOLOGY	66	725	3,796			53
54 RADIOLOGY-DIAGNOSTIC	423	3,152	39,351	2,558,494	37,369	54
55 RADIOLOGY-THERAPEUTIC	771	1,629	39,723	1,927,796	549	55
56 RADIOISOTOPE	2,555	743	6,330	232,474		56
57 CT SCAN	6	4,327	8,659	276,958	5,496	57
58 MRI	10	2,097	9,926	299,270		58
60 LABORATORY	3,415	17,141	161,219	1,802,563	549	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	17	643	16,814	89,037		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	149	1,073	15,155	234,883		65
66 PHYSICAL THERAPY	42	858	25,664	578,920	6,045	66
67 OCCUPATIONAL THERAPY	2	166	3,335	22,383		67
68 SPEECH PATHOLOGY	1	194	4,308	32,512		68
69 ELECTROCARDIOLOGY	10,190	4,922	53,708	1,704,175	17,844	69
70 ELECTROENCEPHALOGRAPHY	19	554	8,068	330,366	8,408	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	174,285	10,307	108,001			71
72 IMPL. DEV. CHARGED TO PATIENTS	111,164	6,374	129,222			72
73 DRUGS CHARGED TO PATIENTS		11,171	111,615			73
74 RENAL DIALYSIS		160	2,227	91,941		74
75.01 CARDIAC REHAB	7	74	2,714			75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	9	143	2,007	225,745	3,847	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	451	1,353	54,693	1,043,868	2,748	90
90.01 PATIENT TREATMENT CENTER	42	295	7,035	437,820	3,847	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	52	466	11,580	385,049		90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	1	12	389			90.06
91 EMERGENCY	163	4,192	55,832	2,924,135	58,801	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 11:24

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCHASING AND STORES 5.30	ADMITTING 5.40	ADMIN AND GENERAL 5.60	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	318,780	89,436	1,799,400	42,843,585	549,051	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			677			190
190.01 KOFEE KORNER						190.01
191 RESEARCH	27		1,989			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	2		491			193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	318,809	89,436	1,802,557	42,843,585	549,051	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINI-	SERVICES	
	9	10	11	STRATION	& SUPPLY	
				13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	672,001					9
10 DIETARY	20,518	2,049,057				10
11 CAFETERIA	14,353		1,441,726			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,726		23,268	1,023,818		13
14 CENTRAL SERVICES & SUPPLY	11,566		38,780		1,227,641	14
15 PHARMACY	5,710		38,392	44,495		15
16 MEDICAL RECORDS & LIBRARY	2,999					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	164,673	1,664,928	306,861	355,635		30
31 INTENSIVE CARE UNIT	13,102	141,460	46,390	53,764		31
32 CORONARY CARE UNIT	9,864	103,198	32,034	37,126		32
35 NEONATAL INTENSIVE CARE UNIT	7,817		33,279	38,569		35
40 SUBPROVIDER - IPF	23,553	135,492	30,104			40
43 NURSERY	14,928		17,352	20,110		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	88,930		107,663	124,776		50
51 RECOVERY ROOM	13,523		28,512	33,044		51
52 DELIVERY ROOM & LABOR ROOM	28,075		50,791	58,864		52
53 ANESTHESIOLOGY			3,729	4,322		53
54 RADIOLOGY-DIAGNOSTIC	40,850		54,354			54
55 RADIOLOGY-THERAPEUTIC	30,780		40,039			55
56 RADIOISOTOPE	3,712		3,861	4,474		56
57 CT SCAN	4,422		12,039			57
58 MRI	4,778		10,987			58
60 LABORATORY	28,781		300,358			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,422		7,382			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,750		28,734	33,301		65
66 PHYSICAL THERAPY	9,243		39,651	45,954		66
67 OCCUPATIONAL THERAPY	357		5,251	6,086		67
68 SPEECH PATHOLOGY	519		6,206	7,193		68
69 ELECTROCARDIOLOGY	27,210		43,976	50,966		69
70 ELECTROENCEPHALOGRAPHY	5,275		12,295	14,249		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					550,084	71
72 IMPL. DEV. CHARGED TO PATIENTS					677,557	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	1,468					74
75.01 CARDIAC REHAB			3,632			75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,604		2,684			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	16,667					90
90.01 PATIENT TREATMENT CENTER	6,990		11,582			90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	6,148		19,580			90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE			879			90.06
91 EMERGENCY	46,688	3,979	78,424	90,890		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SPECIAL PURPOSE COST CENTERS						
SUBTOTALS (SUM OF LINES 1-117)	672,001	2,049,057	1,439,069	1,023,818	1,227,641	118
190 NONREIMBURSABLE COST CENTERS						
GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH			2,657			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)	672,001	2,049,057	1,441,726	1,023,818	1,227,641	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	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 DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	688,791					15
16 MEDICAL RECORDS & LIBRARY		325,478				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	283	25,559	19,223,427		19,223,427	30
31 INTENSIVE CARE UNIT	6	3,579	1,605,617		1,605,617	31
32 CORONARY CARE UNIT		2,653	1,199,860		1,199,860	32
35 NEONATAL INTENSIVE CARE UNIT		3,197	886,447		886,447	35
40 SUBPROVIDER - IPF	2	2,397	2,545,885		2,545,885	40
43 NURSERY	2	1,836	1,562,875		1,562,875	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	766	15,220	9,394,446		9,394,446	50
51 RECOVERY ROOM	1	2,779	1,439,975		1,439,975	51
52 DELIVERY ROOM & LABOR ROOM	85	4,047	3,008,688		3,008,688	52
53 ANESTHESIOLOGY	142	2,665	22,953		22,953	53
54 RADIOLOGY-DIAGNOSTIC	454	11,589	4,237,426		4,237,426	54
55 RADIOLOGY-THERAPEUTIC	39	5,989	3,178,850		3,178,850	55
56 RADIOISOTOPE	44	2,732	389,780		389,780	56
57 CT SCAN	775	15,907	487,306		487,306	57
58 MRI	5,340	7,710	512,040		512,040	58
60 LABORATORY	401	59,689	3,426,972		3,426,972	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,366	169,600		169,600	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	31	3,947	458,694		458,694	65
66 PHYSICAL THERAPY	28	3,153	1,051,899		1,051,899	66
67 OCCUPATIONAL THERAPY		610	50,967		50,967	67
68 SPEECH PATHOLOGY		712	70,672		70,672	68
69 ELECTROCARDIOLOGY	861	18,095	2,928,485		2,928,485	69
70 ELECTROENCEPHALOGRAPHY	13	2,038	572,520		572,520	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		37,894	880,571		880,571	71
72 IMPL. DEV. CHARGED TO PATIENTS		23,433	947,750		947,750	72
73 DRUGS CHARGED TO PATIENTS	667,708	41,069	831,563		831,563	73
74 RENAL DIALYSIS		588	148,865		148,865	74
75.01 CARDIAC REHAB	9	273	6,709		6,709	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT		526	369,613		369,613	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	10,902	4,975	1,800,648		1,800,648	90
90.01 PATIENT TREATMENT CENTER	73	1,083	730,099		730,099	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	232	1,715	644,613		644,613	90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	3	43	1,327		1,327	90.06
91 EMERGENCY	591	15,410	4,978,893		4,978,893	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
118 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	688,791	325,478	69,766,035		69,766,035 118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			677		677 190
190.01 KOFFEE KORNER					190.01
191 RESEARCH			5,768		5,768 191
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			493		493 193.08
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	688,791	325,478	69,772,973		69,772,973 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT TELEPHONES (NONPT PHONES) 5.10	PURCHASING AND STORES (SUPPLIES EXPENSE) 5.30	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,725,671					1
2 CAP REL COSTS-MVBLE EQUIP		1,725,671				2
4 EMPLOYEE BENEFITS DEPARTMENT			195,508,700			4
5.10 NON PATIENT TELEPHONES	15,301	15,301		3,955		5.10
5.30 PURCHASING AND STORES	7,796	7,796		23	84,203,784	5.30
5.40 ADMITTING	1,844	1,844	1,138,904	94	46,182	5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL	43,580	43,580	27,756,399	259		5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,052,298	1,052,298	2,978,367	126	312,516	7
8 LAUNDRY & LINEN SERVICE	4,920	4,920	142,530	3	17,242	8
9 HOUSEKEEPING	5,747	5,747	3,575,653	37	614,299	9
10 DIETARY	18,142	18,142	974,711	26	55,416	10
11 CAFETERIA	12,691	12,691	1,131,477	18	38,766	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,600	8,600	3,316,495	74	252,877	13
14 CENTRAL SERVICES & SUPPLY	10,227	10,227	2,083,855	93	192,193	14
15 PHARMACY	5,049	5,049	4,989,483	61	9,486	15
16 MEDICAL RECORDS & LIBRARY	2,652	2,652		52		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	145,601	145,601	31,677,447	580		30
31 INTENSIVE CARE UNIT	11,585	11,585	5,336,433	71	15,051	31
32 CORONARY CARE UNIT	8,722	8,722	3,717,567	50	12,808	32
35 NEONATAL INTENSIVE CARE UNIT	6,912	6,912	4,026,593	33	22,417	35
40 SUBPROVIDER - IPF	20,826	20,826	2,685,311	84	21,518	40
43 NURSERY	13,199	13,199	1,964,268	57	182,094	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,632	78,632	12,053,122	409	2,089,023	50
51 RECOVERY ROOM	11,957	11,957	3,088,062	11	9,617	51
52 DELIVERY ROOM & LABOR ROOM	24,824	24,824	5,849,096	174	55,050	52
53 ANESTHESIOLOGY			222,371	48	17,513	53
54 RADIOLOGY-DIAGNOSTIC	36,120	36,120	5,221,232	198	111,801	54
55 RADIOLOGY-THERAPEUTIC	27,216	27,216	3,663,987	199	203,688	55
56 RADIOISOTOPE	3,282	3,282	470,834	4	674,841	56
57 CT SCAN	3,910	3,910	1,143,152	1	1,496	57
58 MRI	4,225	4,225	1,314,377	7	2,773	58
60 LABORATORY	25,448	25,448	20,430,250	153	902,139	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257	1,257	686,477	7	4,476	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,316	3,316	2,500,113	23	39,339	65
66 PHYSICAL THERAPY	8,173	8,173	4,011,112	76	11,181	66
67 OCCUPATIONAL THERAPY	316	316	592,373		429	67
68 SPEECH PATHOLOGY	459	459	763,549	3	259	68
69 ELECTROCARDIOLOGY	24,059	24,059	8,751,576	152	2,691,431	69
70 ELECTROENCEPHALOGRAPHY	4,664	4,664	1,373,215	17	5,049	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					46,030,114	71
72 IMPL. DEV. CHARGED TO PATIENTS					29,361,959	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	1,298	1,298				74
75.01 CARDIAC REHAB			371,632		1,743	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,187	3,187	236,851	14	2,368	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	13,456,407	442	119,066	90
90.01 PATIENT TREATMENT CENTER	6,181	6,181	1,165,233	73	11,173	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	5,436	5,436	1,724,703		13,603	90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE			66,536		272	90.06
91 EMERGENCY	41,282	41,282	8,334,705	196	42,931	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT TELEPHONES (NONPT PHONES) 5.10	PURCHASING AND STORES (SUPPLIES EXPENSE) 5.30	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,725,671	1,725,671	194,986,458	3,948	84,196,199	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH			367,042	7	7,179	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			155,200		406	193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	37,033,920	32,739,053	3,358,732	1,063,185	2,355,738	202
203 UNIT COST MULT-WS B PT I	21.460591	18.971781	0.017179	268.820480	0.027977	203
204 COST TO BE ALLOC PER B PT II				618,656	318,809	204
205 UNIT COST MULT-WS B PT II				156.423767	0.003786	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE	RECON-CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.40	5A.60	5.60	7	8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING	2,603,135,346					5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL		-136,711,710	415,725,100			5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			63,609,688	604,852		7
8 LAUNDRY & LINEN SERVICE			251,610	4,920	1,307,970	8
9 HOUSEKEEPING			5,637,479	5,747		9
10 DIETARY			1,310,674	18,142		10
11 CAFETERIA			2,845,600	12,691		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			4,937,404	8,600		13
14 CENTRAL SERVICES & SUPPLY			3,573,022	10,227	20,522	14
15 PHARMACY			6,650,043	5,049		15
16 MEDICAL RECORDS & LIBRARY			4,444,024	2,652		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	204,468,019		48,747,727	145,601	467,077	30
31 INTENSIVE CARE UNIT	28,630,728		7,479,393	11,585	32,728	31
32 CORONARY CARE UNIT	21,226,801		5,372,972	8,722	30,110	32
35 NEONATAL INTENSIVE CARE UNIT	25,576,033		5,916,107	6,912	6,546	35
40 SUBPROVIDER - IPF	19,174,948		4,094,100	20,826	13,092	40
43 NURSERY	14,684,960		3,039,301	13,199	39,953	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	121,757,389		30,574,923	78,632	236,937	50
51 RECOVERY ROOM	22,230,238		4,453,108	11,957	23,564	51
52 DELIVERY ROOM & LABOR ROOM	32,379,330		8,790,937	24,824	90,822	52
53 ANESTHESIOLOGY	21,320,231		875,433			53
54 RADIOLOGY-DIAGNOSTIC	92,708,289		9,075,529	36,120	89,021	54
55 RADIOLOGY-THERAPEUTIC	47,911,761		9,161,153	27,216	1,309	55
56 RADIOISOTOPE	21,856,354		1,459,948	3,282		56
57 CT SCAN	127,255,810		1,996,948	3,910	13,092	57
58 MRI	61,681,098		2,289,147	4,225		58
60 LABORATORY	476,840,880		37,181,585	25,448	1,309	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	18,924,886		3,877,775	1,257		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	31,572,374		3,495,194	3,316		65
66 PHYSICAL THERAPY	25,223,261		5,918,916	8,173	14,400	66
67 OCCUPATIONAL THERAPY	4,882,917		769,160	316		67
68 SPEECH PATHOLOGY	5,693,582		993,550	459		68
69 ELECTROCARDIOLOGY	144,760,626		12,386,619	24,059	42,508	69
70 ELECTROENCEPHALOGRAPHY	16,301,285		1,860,734	4,664	20,029	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	303,153,684		24,908,047			71
72 IMPL. DEV. CHARGED TO PATIENTS	187,460,411		29,802,136			72
73 DRUGS CHARGED TO PATIENTS	328,555,565		25,741,508			73
74 RENAL DIALYSIS	4,705,511		513,660	1,298		74
75.01 CARDIAC REHAB	2,181,794		625,978			75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	4,210,495		462,819	3,187	9,164	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	39,796,151		12,613,730	14,737	6,546	90
90.01 PATIENT TREATMENT CENTER	8,665,215		1,622,374	6,181	9,164	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	13,719,621		2,670,724	5,436		90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	341,698		89,706			90.06
91 EMERGENCY	123,283,401		12,876,412	41,282	140,077	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.40	5A.60	5.60	7	8	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,603,135,346	-136,711,710	414,996,897	604,852	1,307,970	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			156,214			190
190.01 KOFEE KORNER						190.01
191 RESEARCH			458,760			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			113,229			193.08
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,591,961		136,711,710	84,527,897	1,021,921	202
203 UNIT COST MULT-WS B PT I	0.000612		0.328851	139.749719	0.781303	203
204 COST TO BE ALLOC PER B PT II	89,436		1,802,557	42,843,585	549,051	204
205 UNIT COST MULT-WS B PT II	0.000034		0.004336	70.833171	0.419773	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTES SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.10 NON PATIENT TELEPHONES						5.10
5.30 PURCHASING AND STORES						5.30
5.40 ADMITTING						5.40
5.50 ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	594,185					9
10 DIETARY	18,142	265,728				10
11 CAFETERIA	12,691		208,379			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,600		3,363	127,682		13
14 CENTRAL SERVICES & SUPPLY	10,227		5,605		52,300,713	14
15 PHARMACY	5,049		5,549	5,549		15
16 MEDICAL RECORDS & LIBRARY	2,652					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	145,601	215,913	44,352	44,352		30
31 INTENSIVE CARE UNIT	11,585	18,345	6,705	6,705		31
32 CORONARY CARE UNIT	8,722	13,383	4,630	4,630		32
35 NEONATAL INTENSIVE CARE UNIT	6,912		4,810	4,810		35
40 SUBPROVIDER - IPF	20,826	17,571	4,351			40
43 NURSERY	13,199		2,508	2,508		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,632		15,561	15,561		50
51 RECOVERY ROOM	11,957		4,121	4,121		51
52 DELIVERY ROOM & LABOR ROOM	24,824		7,341	7,341		52
53 ANESTHESIOLOGY			539	539		53
54 RADIOLOGY-DIAGNOSTIC	36,120		7,856			54
55 RADIOLOGY-THERAPEUTIC	27,216		5,787			55
56 RADIOISOTOPE	3,282		558	558		56
57 CT SCAN	3,910		1,740			57
58 MRI	4,225		1,588			58
60 LABORATORY	25,448		43,412			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257		1,067			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,316		4,153	4,153		65
66 PHYSICAL THERAPY	8,173		5,731	5,731		66
67 OCCUPATIONAL THERAPY	316		759	759		67
68 SPEECH PATHOLOGY	459		897	897		68
69 ELECTROCARDIOLOGY	24,059		6,356	6,356		69
70 ELECTROENCEPHALOGRAPHY	4,664		1,777	1,777		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					23,434,764	71
72 IMPL. DEV. CHARGED TO PATIENTS					28,865,949	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	1,298					74
75.01 CARDIAC REHAB			525			75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	3,187		388			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					90
90.01 PATIENT TREATMENT CENTER	6,181		1,674			90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	5,436		2,830			90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE			127			90.06
91 EMERGENCY	41,282	516	11,335	11,335		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	SQUARE FEET	(MEALS SERVED)	(FTES SERVED)			
99.10 CORF		10	11	13	14	99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	594,185	265,728	207,995	127,682	52,300,713	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 KOFEE KORNER						190.01
191 RESEARCH			384			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	8,294,512	4,530,282	5,732,102	7,975,484	6,490,215	202
203 UNIT COST MULT-WS B PT I	13.959477	17.048568	27.508060	62.463652	0.124094	203
204 COST TO BE ALLOC PER B PT II	672,001	2,049,057	1,441,726	1,023,818	1,227,641	204
205 UNIT COST MULT-WS B PT II	1.130963	7.711107	6.918768	8.018499	0.023473	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	
	(COSTED	RECORDS &	
	REQUIS)	LIBRARY	
	15	16	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.10 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	26,346,915		15
16 MEDICAL RECORDS & LIBRARY		2,603,135,346	16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	10,808	204,468,019	30
31 INTENSIVE CARE UNIT	220	28,630,728	31
32 CORONARY CARE UNIT		21,226,801	32
35 NEONATAL INTENSIVE CARE UNIT	15	25,576,033	35
40 SUBPROVIDER - IPF	80	19,174,948	40
43 NURSERY	86	14,684,960	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	29,312	121,757,389	50
51 RECOVERY ROOM	24	22,230,238	51
52 DELIVERY ROOM & LABOR ROOM	3,241	32,379,330	52
53 ANESTHESIOLOGY	5,420	21,320,231	53
54 RADIOLOGY-DIAGNOSTIC	17,359	92,708,289	54
55 RADIOLOGY-THERAPEUTIC	1,504	47,911,761	55
56 RADIOISOTOPE	1,700	21,856,354	56
57 CT SCAN	29,643	127,255,810	57
58 MRI	204,279	61,681,098	58
60 LABORATORY	15,337	476,840,880	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		18,924,886	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	1,196	31,572,374	65
66 PHYSICAL THERAPY	1,063	25,223,261	66
67 OCCUPATIONAL THERAPY		4,882,917	67
68 SPEECH PATHOLOGY		5,693,582	68
69 ELECTROCARDIOLOGY	32,934	144,760,626	69
70 ELECTROENCEPHALOGRAPHY	483	16,301,285	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		303,153,684	71
72 IMPL. DEV. CHARGED TO PATIENTS		187,460,411	72
73 DRUGS CHARGED TO PATIENTS	25,540,432	328,555,565	73
74 RENAL DIALYSIS		4,705,511	74
75.01 CARDIAC REHAB	339	2,181,794	75.01
75.02 SLEEP LAB			75.02
75.03 INPATIENT DIALYSIS			75.03
75.04 PAIN MANAGEMENT	16	4,210,495	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	417,010	39,796,151	90
90.01 PATIENT TREATMENT CENTER	2,803	8,665,215	90.01
90.02 REHAB SERVICES-BLOOMINGDALE			90.02
90.03 CANTERA			90.03
90.04 MENTAL HEALTH O/P	8,891	13,719,621	90.04
90.05 WOMEN'S CLINIC			90.05
90.06 WOUND CARE	126	341,698	90.06
91 EMERGENCY	22,594	123,283,401	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 11:24

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	26,346,915	2,603,135,346	118
NONREIMBURSABLE COST CENTERS			
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	10,112,246	6,313,083	202
203 UNIT COST MULT-WS B PT I	0.383811	0.002425	203
204 COST TO BE ALLOC PER B PT II	688,791	325,478	204
205 UNIT COST MULT-WS B PT II	0.026143	0.000125	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	95,695,016		95,695,016	137,429	95,832,445	30
31 INTENSIVE CARE UNIT	12,730,821		12,730,821		12,730,821	31
32 CORONARY CARE UNIT	9,200,261		9,200,261		9,200,261	32
35 NEONATAL INTENSIVE CARE UNI	9,423,969		9,423,969		9,423,969	35
40 SUBPROVIDER - IPF	9,117,604		9,117,604		9,117,604	40
43 NURSERY	6,360,094		6,360,094		6,360,094	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	54,607,661		54,607,661	20,030	54,627,691	50
51 RECOVERY ROOM	8,198,519		8,198,519		8,198,519	51
52 DELIVERY ROOM & LABOR ROOM	16,308,729		16,308,729		16,308,729	52
53 ANESTHESIOLOGY	1,265,597		1,265,597		1,265,597	53
54 RADIOLOGY-DIAGNOSTIC	18,129,138		18,129,138		18,129,138	54
55 RADIOLOGY-THERAPEUTIC	16,634,131		16,634,131	33,595	16,667,726	55
56 RADIOISOTOPE	2,548,385		2,548,385		2,548,385	56
57 CT SCAN	3,632,714		3,632,714		3,632,714	57
58 MRI	3,963,022		3,963,022		3,963,022	58
60 LABORATORY	55,678,285		55,678,285		55,678,285	60
62 WHOLE BLOOD & PACKED RED BL	5,421,441		5,421,441		5,421,441	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,604,967		5,604,967		5,604,967	65
66 PHYSICAL THERAPY	9,710,075		9,710,075		9,710,075	66
67 OCCUPATIONAL THERAPY	1,150,801		1,150,801		1,150,801	67
68 SPEECH PATHOLOGY	1,485,344		1,485,344		1,485,344	68
69 ELECTROCARDIOLOGY	21,126,817		21,126,817	114,305	21,241,122	69
70 ELECTROENCEPHALOGRAPHY	3,404,783		3,404,783		3,404,783	70
71 MEDICAL SUPPLIES CHARGED TO	36,742,345		36,742,345		36,742,345	71
72 IMPL. DEV. CHARGED TO PATIE	43,639,290		43,639,290		43,639,290	72
73 DRUGS CHARGED TO PATIENTS	44,806,087		44,806,087		44,806,087	73
74 RENAL DIALYSIS	893,503		893,503		893,503	74
75.01 CARDIAC REHAB	851,694		851,694		851,694	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	1,132,937		1,132,937		1,132,937	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	19,288,654		19,288,654		19,288,654	90
90.01 PATIENT TREATMENT CENTER	3,181,267		3,181,267		3,181,267	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	4,499,087		4,499,087		4,499,087	90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	123,577		123,577		123,577	90.06
91 EMERGENCY	24,901,959		24,901,959	27,079	24,929,038	91
92 OBSERVATION BEDS (NON-DISTI	7,281,330		7,281,330		7,281,330	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	558,739,904		558,739,904	332,438	559,072,342	200
201 LESS OBSERVATION BEDS	7,281,330		7,281,330		7,281,330	201
202 TOTAL (SEE INSTRUCTIONS)	551,458,574		551,458,574		551,791,012	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	191,098,008		191,098,008			30
31 INTENSIVE CARE UNIT	28,630,728		28,630,728			31
32 CORONARY CARE UNIT	21,226,801		21,226,801			32
35 NEONATAL INTENSIVE CARE UNI	25,576,033		25,576,033			35
40 SUBPROVIDER - IPF	19,174,948		19,174,948			40
43 NURSERY	14,684,960		14,684,960			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,645,283	59,112,106	121,757,389	0.448496	0.448496	0.448660 50
51 RECOVERY ROOM	11,532,591	10,697,647	22,230,238	0.368800	0.368800	0.368800 51
52 DELIVERY ROOM & LABOR ROOM	26,629,254	5,750,076	32,379,330	0.503677	0.503677	0.503677 52
53 ANESTHESIOLOGY	11,066,462	10,253,769	21,320,231	0.059361	0.059361	0.059361 53
54 RADIOLOGY-DIAGNOSTIC	26,025,300	66,682,989	92,708,289	0.195550	0.195550	0.195550 54
55 RADIOLOGY-THERAPEUTIC	940,065	46,971,696	47,911,761	0.347183	0.347183	0.347884 55
56 RADIOISOTOPE	6,264,048	15,592,306	21,856,354	0.116597	0.116597	0.116597 56
57 CT SCAN	46,601,086	80,654,724	127,255,810	0.028547	0.028547	0.028547 57
58 MRI	18,156,224	43,524,874	61,681,098	0.064250	0.064250	0.064250 58
60 LABORATORY	83,359,215	393,481,665	476,840,880	0.116765	0.116765	0.116765 60
62 WHOLE BLOOD & PACKED RED BL	12,523,438	6,401,448	18,924,886	0.286472	0.286472	0.286472 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	30,362,630	1,209,744	31,572,374	0.177528	0.177528	0.177528 65
66 PHYSICAL THERAPY	6,849,128	18,374,133	25,223,261	0.384965	0.384965	0.384965 66
67 OCCUPATIONAL THERAPY	2,887,182	1,995,735	4,882,917	0.235679	0.235679	0.235679 67
68 SPEECH PATHOLOGY	3,286,575	2,407,007	5,693,582	0.260880	0.260880	0.260880 68
69 ELECTROCARDIOLOGY	74,961,022	69,799,604	144,760,626	0.145943	0.145943	0.146733 69
70 ELECTROENCEPHALOGRAPHY	6,024,281	10,277,004	16,301,285	0.208866	0.208866	0.208866 70
71 MEDICAL SUPPLIES CHARGED TO	199,619,220	103,534,464	303,153,684	0.121200	0.121200	0.121200 71
72 IMPL. DEV. CHARGED TO PATIE	145,611,479	41,848,932	187,460,411	0.232792	0.232792	0.232792 72
73 DRUGS CHARGED TO PATIENTS	176,051,403	152,504,162	328,555,565	0.136373	0.136373	0.136373 73
74 RENAL DIALYSIS	4,602,414	103,097	4,705,511	0.189884	0.189884	0.189884 74
75.01 CARDIAC REHAB	217,336	1,964,458	2,181,794	0.390364	0.390364	0.390364 75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	75,799	4,134,696	4,210,495	0.269075	0.269075	0.269075 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	139,595	39,656,556	39,796,151	0.484686	0.484686	0.484686 90
90.01 PATIENT TREATMENT CENTER	1,108,039	7,557,176	8,665,215	0.367131	0.367131	0.367131 90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	4,373	13,715,248	13,719,621	0.327931	0.327931	0.327931 90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	3,300	338,398	341,698	0.361656	0.361656	0.361656 90.06
91 EMERGENCY	42,002,166	81,281,235	123,283,401	0.201990	0.201990	0.202209 91
92 OBSERVATION BEDS (NON-DISTI	2,365,793	11,004,218	13,370,011	0.544602	0.544602	0.544602 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	1,302,306,179	1,300,829,167	2,603,135,346			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,302,306,179	1,300,829,167	2,603,135,346			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) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 + COL.4) 5	PGM 6	(COL.5 x COL.6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	19,223,427		19,223,427	246.81	29,025	7,163,660	30
31 INTENSIVE CARE UNIT	1,605,617		1,605,617	262.57	3,987	1,046,867	31
32 CORONARY CARE UNIT	1,199,860		1,199,860	268.97			32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	886,447		886,447	147.20			35
40 SUBPROVIDER - IPF	2,545,885		2,545,885	434.67	1,465	636,792	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	1,562,875		1,562,875	226.27			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	27,024,111		27,024,111		34,477	8,847,319	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	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,394,446	121,757,389	0.077157	22,923,780	1,768,730	50
51 RECOVERY ROOM	1,439,975	22,230,238	0.064776	4,414,847	285,976	51
52 DELIVERY ROOM & LABOR ROOM	3,008,688	32,379,330	0.092920	73,028	6,786	52
53 ANESTHESIOLOGY	22,953	21,320,231	0.001077	3,739,253	4,027	53
54 RADIOLOGY-DIAGNOSTIC	4,237,426	92,708,289	0.045707	10,615,088	485,184	54
55 RADIOLOGY-THERAPEUTIC	3,178,850	47,911,761	0.066348	337,979	22,424	55
56 RADIOISOTOPE	389,780	21,856,354	0.017834	2,593,384	46,250	56
57 CT SCAN	487,306	127,255,810	0.003829	18,893,603	72,344	57
58 MRI	512,040	61,681,098	0.008301	6,055,100	50,263	58
60 LABORATORY	3,426,972	476,840,880	0.007187	34,698,682	249,379	60
62 WHOLE BLOOD & PACKED RED BLOO	169,600	18,924,886	0.008962	5,471,183	49,033	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	458,694	31,572,374	0.014528	12,539,309	182,171	65
66 PHYSICAL THERAPY	1,051,899	25,223,261	0.041704	3,630,076	151,389	66
67 OCCUPATIONAL THERAPY	50,967	4,882,917	0.010438	1,568,024	16,367	67
68 SPEECH PATHOLOGY	70,672	5,693,582	0.012413	1,881,884	23,360	68
69 ELECTROCARDIOLOGY	2,928,485	144,760,626	0.020230	31,554,492	638,347	69
70 ELECTROENCEPHALOGRAPHY	572,520	16,301,285	0.035121	1,767,803	62,087	70
71 MEDICAL SUPPLIES CHARGED TO P	880,571	303,153,684	0.002905	79,527,282	231,027	71
72 IMPL. DEV. CHARGED TO PATIENT	947,750	187,460,411	0.005056	63,452,925	320,818	72
73 DRUGS CHARGED TO PATIENTS	831,563	328,555,565	0.002531	72,819,857	184,307	73
74 RENAL DIALYSIS	148,865	4,705,511	0.031636	3,209,937	101,550	74
75.01 CARDIAC REHAB	6,709	2,181,794	0.003075	91,507	281	75.01
75.02 SLEEP LAB						75.02
75.03 INPATIENT DIALYSIS						75.03
75.04 PAIN MANAGEMENT	369,613	4,210,495	0.087784	27,863	2,446	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	1,800,648	39,796,151	0.045247	120,551	5,455	90
90.01 PATIENT TREATMENT CENTER	730,099	8,665,215	0.084256	516,342	43,505	90.01
90.02 REHAB SERVICES-BLOOMINGDALE						90.02
90.03 CANTERA						90.03
90.04 MENTAL HEALTH O/P	644,613	13,719,621	0.046985	56	3	90.04
90.05 WOMEN'S CLINIC						90.05
90.06 WOUND CARE	1,327	341,698	0.003884	3,194	12	90.06
91 EMERGENCY	4,978,893	123,283,401	0.040386	17,148,584	692,563	91
92 OBSERVATION BEDS (NON-DISTINC	1,460,591	13,370,011	0.109244	1,392,420	152,114	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	44,202,515	2,302,743,868		401,068,033	5,848,198	200

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 11:24

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 NEONATAL INTENSIVE CARE UNIT					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 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/26/2013 11:24

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	77,889		29,025		30
31 INTENSIVE CARE UNIT	6,115		3,987		31
32 CORONARY CARE UNIT	4,461				32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	6,022				35
40 SUBPROVIDER - IPF	5,857		1,465		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	6,907				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	107,251		34,477		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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(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	CT SCAN					57
58	MRI					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 CHARGED TO P					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
90.06	WOUND CARE					90.06
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)					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	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 PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	121,757,389		22,923,780	10,729,194	50
51	RECOVERY ROOM	22,230,238		4,414,847	1,834,566	51
52	DELIVERY ROOM & LABOR ROOM	32,379,330		73,028	45,863	52
53	ANESTHESIOLOGY	21,320,231		3,739,253	1,815,405	53
54	RADIOLOGY-DIAGNOSTIC	92,708,289		10,615,088	11,755,648	54
55	RADIOLOGY-THERAPEUTIC	47,911,761		337,979	17,275,952	55
56	RADIOISOTOPE	21,856,354		2,593,384	5,646,850	56
57	CT SCAN	127,255,810		18,893,603	22,452,333	57
58	MRI	61,681,098		6,055,100	10,197,702	58
60	LABORATORY	476,840,880		34,698,682	6,064,303	60
62	WHOLE BLOOD & PACKED RED BLO	18,924,886		5,471,183	885,493	62
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	31,572,374		12,539,309	256,982	65
66	PHYSICAL THERAPY	25,223,261		3,630,076	1,122	66
67	OCCUPATIONAL THERAPY	4,882,917		1,568,024		67
68	SPEECH PATHOLOGY	5,693,582		1,881,884		68
69	ELECTROCARDIOLOGY	144,760,626		31,554,492	26,886,238	69
70	ELECTROENCEPHALOGRAPHY	16,301,285		1,767,803	1,941,328	70
71	MEDICAL SUPPLIES CHARGED TO	303,153,684		79,527,282	23,310,124	71
72	IMPL. DEV. CHARGED TO PATIEN	187,460,411		63,452,925	16,640,071	72
73	DRUGS CHARGED TO PATIENTS	328,555,565		72,819,857	45,828,048	73
74	RENAL DIALYSIS	4,705,511		3,209,937	83,682	74
75.01	CARDIAC REHAB	2,181,794		91,507	887,041	75.01
75.02	SLEEP LAB					75.02
75.03	INPATIENT DIALYSIS					75.03
75.04	PAIN MANAGEMENT	4,210,495		27,863	1,747,331	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	39,796,151		120,551	4,352,772	90
90.01	PATIENT TREATMENT CENTER	8,665,215		516,342	2,822,082	90.01
90.02	REHAB SERVICES-BLOOMINGDALE					90.02
90.03	CANTERA					90.03
90.04	MENTAL HEALTH O/P	13,719,621		56	1,215	90.04
90.05	WOMEN'S CLINIC					90.05
90.06	WOUND CARE	341,698		3,194	175,396	90.06
91	EMERGENCY	123,283,401		17,148,584	13,088,514	91
92	OBSERVATION BEDS (NON-DISTIN	13,370,011		1,392,420	3,070,936	92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	2,302,743,868		401,068,033	229,796,191	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	0.448496	10,729,194			4,812,001		50
51 RECOVERY ROOM	0.368800	1,834,566			676,588		51
52 DELIVERY ROOM & LABOR ROOM	0.503677	45,863			23,100		52
53 ANESTHESIOLOGY	0.059361	1,815,405			107,764		53
54 RADIOLOGY-DIAGNOSTIC	0.195550	11,755,648			2,298,817		54
55 RADIOLOGY-THERAPEUTIC	0.347183	17,275,952			5,997,917		55
56 RADIOISOTOPE	0.116597	5,646,850			658,406		56
57 CT SCAN	0.028547	22,452,333			640,947		57
58 MRI	0.064250	10,197,702			655,202		58
60 LABORATORY	0.116765	6,064,303	149,263		708,098	17,429	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.286472	885,493			253,669		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.177528	256,982			45,622		65
66 PHYSICAL THERAPY	0.384965	1,122			432		66
67 OCCUPATIONAL THERAPY	0.235679						67
68 SPEECH PATHOLOGY	0.260880						68
69 ELECTROCARDIOLOGY	0.145943	26,886,238			3,923,858		69
70 ELECTROENCEPHALOGRAPHY	0.208866	1,941,328			405,477		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.121200	23,310,124			2,825,187		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.232792	16,640,071	69,873		3,873,675	16,266	72
73 DRUGS CHARGED TO PATIENTS	0.136373	45,828,048		68,911	6,249,708		9,398 73
74 RENAL DIALYSIS	0.189884	83,682			15,890		74
75.01 CARDIAC REHAB	0.390364	887,041			346,269		75.01
75.02 SLEEP LAB							75.02
75.03 INPATIENT DIALYSIS							75.03
75.04 PAIN MANAGEMENT	0.269075	1,747,331			470,163		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	0.484686	4,352,772			2,109,728		90
90.01 PATIENT TREATMENT CENTER	0.367131	2,822,082			1,036,074		90.01
90.02 REHAB SERVICES-BLOOMINGDALE							90.02
90.03 CANTERA							90.03
90.04 MENTAL HEALTH O/P	0.327931	1,215			398		90.04
90.05 WOMEN'S CLINIC							90.05
90.06 WOUND CARE	0.361656	175,396			63,433		90.06
91 EMERGENCY	0.201990	13,088,514			2,643,749		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.544602	3,070,936			1,672,438		92
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		229,796,191	219,136	68,911	42,514,610	33,695	9,398 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		229,796,191	219,136	68,911	42,514,610	33,695	9,398 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S242) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
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	9,394,446	121,757,389	0.077157	24,159	1,864	50
51	RECOVERY ROOM	1,439,975	22,230,238	0.064776	105,912	6,861	51
52	DELIVERY ROOM & LABOR ROOM	3,008,688	32,379,330	0.092920	77	7	52
53	ANESTHESIOLOGY	22,953	21,320,231	0.001077	1,255	1	53
54	RADIOLOGY-DIAGNOSTIC	4,237,426	92,708,289	0.045707	30,764	1,406	54
55	RADIOLOGY-THERAPEUTIC	3,178,850	47,911,761	0.066348	185	12	55
56	RADIOISOTOPE	389,780	21,856,354	0.017834			56
57	CT SCAN	487,306	127,255,810	0.003829	86,857	333	57
58	MRI	512,040	61,681,098	0.008301	26,504	220	58
60	LABORATORY	3,426,972	476,840,880	0.007187	305,924	2,199	60
62	WHOLE BLOOD & PACKED RED BLOO	169,600	18,924,886	0.008962	24,216	217	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	458,694	31,572,374	0.014528	17,383	253	65
66	PHYSICAL THERAPY	1,051,899	25,223,261	0.041704	3,157	132	66
67	OCCUPATIONAL THERAPY	50,967	4,882,917	0.010438	1,251	13	67
68	SPEECH PATHOLOGY	70,672	5,693,582	0.012413	1,599	20	68
69	ELECTROCARDIOLOGY	2,928,485	144,760,626	0.020230	54,840	1,109	69
70	ELECTROENCEPHALOGRAPHY	572,520	16,301,285	0.035121	7,089	249	70
71	MEDICAL SUPPLIES CHARGED TO P	880,571	303,153,684	0.002905	71,069	206	71
72	IMPL. DEV. CHARGED TO PATIENT	947,750	187,460,411	0.005056			72
73	DRUGS CHARGED TO PATIENTS	831,563	328,555,565	0.002531	1,042,165	2,638	73
74	RENAL DIALYSIS	148,865	4,705,511	0.031636			74
75.01	CARDIAC REHAB	6,709	2,181,794	0.003075			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	369,613	4,210,495	0.087784	18	2	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	1,800,648	39,796,151	0.045247	171	8	90
90.01	PATIENT TREATMENT CENTER	730,099	8,665,215	0.084256	654	55	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	644,613	13,719,621	0.046985	93	4	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	1,327	341,698	0.003884	5		90.06
91	EMERGENCY	4,978,893	123,283,401	0.040386	189,961	7,672	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		13,370,011	13,370,011			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	42,741,924	2,302,743,868		1,995,308	25,481	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	CT SCAN					57
58	MRI					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 CHARGED TO P					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
90.06	WOUND CARE					90.06
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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	[ ] HOSPITAL [XX] IPF (14-S242) [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA						
COST CENTER DESCRIPTION	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	121,757,389			24,159						50
51	RECOVERY ROOM	22,230,238			105,912						51
52	DELIVERY ROOM & LABOR ROOM	32,379,330			77						52
53	ANESTHESIOLOGY	21,320,231			1,255						53
54	RADIOLOGY-DIAGNOSTIC	92,708,289			30,764						54
55	RADIOLOGY-THERAPEUTIC	47,911,761			185						55
56	RADIOISOTOPE	21,856,354									56
57	CT SCAN	127,255,810			86,857						57
58	MRI	61,681,098			26,504						58
60	LABORATORY	476,840,880			305,924						60
62	WHOLE BLOOD & PACKED RED BLO	18,924,886			24,216						62
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	31,572,374			17,383						65
66	PHYSICAL THERAPY	25,223,261			3,157						66
67	OCCUPATIONAL THERAPY	4,882,917			1,251						67
68	SPEECH PATHOLOGY	5,693,582			1,599						68
69	ELECTROCARDIOLOGY	144,760,626			54,840						69
70	ELECTROENCEPHALOGRAPHY	16,301,285			7,089						70
71	MEDICAL SUPPLIES CHARGED TO	303,153,684			71,069						71
72	IMPL. DEV. CHARGED TO PATIEN	187,460,411									72
73	DRUGS CHARGED TO PATIENTS	328,555,565			1,042,165						73
74	RENAL DIALYSIS	4,705,511									74
75.01	CARDIAC REHAB	2,181,794									75.01
75.02	SLEEP LAB										75.02
75.03	INPATIENT DIALYSIS										75.03
75.04	PAIN MANAGEMENT	4,210,495			18						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	39,796,151			171						90
90.01	PATIENT TREATMENT CENTER	8,665,215			654						90.01
90.02	REHAB SERVICES-BLOOMINGDALE										90.02
90.03	CANTERA										90.03
90.04	MENTAL HEALTH O/P	13,719,621			93	8,455					90.04
90.05	WOMEN'S CLINIC										90.05
90.06	WOUND CARE	341,698			5						90.06
91	EMERGENCY	123,283,401			189,961						91
92	OBSERVATION BEDS (NON-DISTIN	13,370,011									92
OTHER REIMBURSABLE COST CENTERS											
94	HOME PROGRAM DIALYSIS										94
200	TOTAL (SUM OF LINES 50-199)	2,302,743,868			1,995,308	8,455					200



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)	77,889	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	77,889	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71,971	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)	29,025	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)	95,832,445	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	95,832,445	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	95,832,445	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) 1,230.37 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 35,711,489 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 35,711,489 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	12,730,821	6,115	2,081.90	3,987	8,300,535	43
44 CORONARY CARE UNIT	9,200,261	4,461	2,062.38			44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	9,423,969	6,022	1,564.92			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					70,166,856	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					114,178,880	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 8,210,527 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,848,198 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 14,058,725 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 100,120,155 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) 5,918 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,230.37 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,281,330 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	19,223,427	95,832,445	0.200594	7,281,330	1,460,591	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)	5,857	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,857	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,857	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)	1,465	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)	9,117,604	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	9,117,604	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,117,604	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)	1,556.70 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,280,566 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,280,566 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	306,983 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,587,549 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	636,792 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	25,481 51
52 TOTAL PROGRAM EXCLUDABLE COST	662,273 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,925,276 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		90,187,625		30
31 INTENSIVE CARE UNIT		8,846,702		31
32 CORONARY CARE UNIT				32
35 NEONATAL INTENSIVE CARE UNIT				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.448660	22,923,780	10,284,983	50
51 RECOVERY ROOM	0.368800	4,414,847	1,628,196	51
52 DELIVERY ROOM & LABOR ROOM	0.503677	73,028	36,783	52
53 ANESTHESIOLOGY	0.059361	3,739,253	221,966	53
54 RADIOLOGY-DIAGNOSTIC	0.195550	10,615,088	2,075,780	54
55 RADIOLOGY-THERAPEUTIC	0.347884	337,979	117,577	55
56 RADIOISOTOPE	0.116597	2,593,384	302,381	56
57 CT SCAN	0.028547	18,893,603	539,356	57
58 MRI	0.064250	6,055,100	389,040	58
60 LABORATORY	0.116765	34,698,682	4,051,592	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.286472	5,471,183	1,567,341	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177528	12,539,309	2,226,078	65
66 PHYSICAL THERAPY	0.384965	3,630,076	1,397,452	66
67 OCCUPATIONAL THERAPY	0.235679	1,568,024	369,550	67
68 SPEECH PATHOLOGY	0.260880	1,881,884	490,946	68
69 ELECTROCARDIOLOGY	0.146733	31,554,492	4,630,085	69
70 ELECTROENCEPHALOGRAPHY	0.208866	1,767,803	369,234	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.121200	79,527,282	9,638,707	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.232792	63,452,925	14,771,333	72
73 DRUGS CHARGED TO PATIENTS	0.136373	72,819,857	9,930,662	73
74 RENAL DIALYSIS	0.189884	3,209,937	609,516	74
75.01 CARDIAC REHAB	0.390364	91,507	35,721	75.01
75.02 SLEEP LAB				75.02
75.03 INPATIENT DIALYSIS				75.03
75.04 PAIN MANAGEMENT				75.04
76.97 CARDIAC REHABILITATION	0.269075	27,863	7,497	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.484686	120,551	58,429	90
90.01 PATIENT TREATMENT CENTER	0.367131	516,342	189,565	90.01
90.02 REHAB SERVICES-BLOOMINGDALE				90.02
90.03 CANTERA				90.03
90.04 MENTAL HEALTH O/P	0.327931	56	18	90.04
90.05 WOMEN'S CLINIC				90.05
90.06 WOUND CARE	0.361656	3,194	1,155	90.06
91 EMERGENCY	0.202209	17,148,584	3,467,598	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.544602	1,392,420	758,315	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		401,068,033	70,166,856	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		401,068,033		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
35 NEONATAL INTENSIVE CARE UNIT					35
40 SUBPROVIDER - IPF		4,939,866			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.448660	24,159	10,839		50
51 RECOVERY ROOM	0.368800	105,912	39,060		51
52 DELIVERY ROOM & LABOR ROOM	0.503677	77	39		52
53 ANESTHESIOLOGY	0.059361	1,255	74		53
54 RADIOLOGY-DIAGNOSTIC	0.195550	30,764	6,016		54
55 RADIOLOGY-THERAPEUTIC	0.347884	185	64		55
56 RADIOISOTOPE	0.116597				56
57 CT SCAN	0.028547	86,857	2,480		57
58 MRI	0.064250	26,504	1,703		58
60 LABORATORY	0.116765	305,924	35,721		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.286472	24,216	6,937		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.177528	17,383	3,086		65
66 PHYSICAL THERAPY	0.384965	3,157	1,215		66
67 OCCUPATIONAL THERAPY	0.235679	1,251	295		67
68 SPEECH PATHOLOGY	0.260880	1,599	417		68
69 ELECTROCARDIOLOGY	0.146733	54,840	8,047		69
70 ELECTROENCEPHALOGRAPHY	0.208866	7,089	1,481		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.121200	71,069	8,614		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.232792				72
73 DRUGS CHARGED TO PATIENTS	0.136373	1,042,165	142,123		73
74 RENAL DIALYSIS	0.189884				74
75.01 CARDIAC REHAB	0.390364				75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT	0.269075	18	5		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	0.484686	171	83		90
90.01 PATIENT TREATMENT CENTER	0.367131	654	240		90.01
90.02 REHAB SERVICES-BLOOMINGDALE					90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P	0.327931	93	30		90.04
90.05 WOMEN'S CLINIC					90.05
90.06 WOUND CARE	0.361656	5	2		90.06
91 EMERGENCY	0.202209	189,961	38,412		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.544602				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,995,308	306,983		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,995,308			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	68,545,030	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,017,895	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,712,513	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	293.79	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)	0.0190	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1452	31
32	SUM OF LINES 30 AND 31	0.1642	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0342	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,344,240	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)	74,907,165	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)	74,907,165	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,370,656	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	81,277,821	59
60	PRIMARY PAYER PAYMENTS	17,078	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	81,260,743	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,641,304	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	135,716	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	74,483,723	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.01	OTHER ADJUSTMENT PER PS&R	-25,965	70.01
70.02	SEQUESTRATION ADJUSTMENT		70.02
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	73,059	70.93
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	74,530,817	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	372,654	71.01
72	INTERIM PAYMENTS	74,131,799	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	26,364	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	678,596	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 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		73,107,673		25,398,783	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 01/15/2013	1,024,126	01/15/2013	27,606	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,024,126		27,606	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		74,131,799		25,426,389	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	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	399,018			6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06			-133,097	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		74,530,817		25,293,292	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

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,372,179		799
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
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		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)		1,372,179		799

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		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	7,883		1 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,380,062		800
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0242 CENTRAL DUPAGE HOSPITAL  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/26/2013 11:24

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	21,960	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	33,012	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,808	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	88,569	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,603,135,346	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	213,305,631	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
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)		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)	1,201,034	1
2	NET IPF PPS OUTLIER PAYMENT	275,549	2
3	NET IPF PPS ECT PAYMENT	39,052	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.046575	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,515,635	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)	1,515,635	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,515,635	18
19	DEDUCTIBLES	127,348	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,388,287	20
21	COINSURANCE	8,225	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,380,062	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,380,062	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)	1,380,062	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	6,900	31.01
32	INTERIM PAYMENTS	1,372,179	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	983	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

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	2,690,364			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	253,941,736			4
5	OTHER RECEIVABLES	47,401,702			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-139,402,458			6
7	INVENTORY	2,133,239			7
8	PREPAID EXPENSES	9,600,867			8
9	OTHER CURRENT ASSETS	495,922			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	176,861,372			11
FIXED ASSETS					
12	LAND	4,916,541			12
13	LAND IMPROVEMENTS	24,907,902			13
14	ACCUMULATED DEPRECIATION	-11,112,475			14
15	BUILDINGS	483,325,852			15
16	ACCUMULATED DEPRECIATION	-141,947,154			16
17	LEASEHOLD IMPROVEMENTS	1,335,274			17
18	ACCUMULATED AMORTIZATION	-311,269			18
19	FIXED EQUIPMENT	112,088,255			19
20	ACCUMULATED DEPRECIATION	-38,122,935			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	292,182,850			23
24	ACCUMULATED DEPRECIATION	-187,334,753			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)	539,928,088			30
OTHER ASSETS					
31	INVESTMENTS	331,633,136			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	9,105,286			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	340,738,422			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,057,527,882			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	10,050,613			37
38	SALARIES, WAGES & FEES PAYABLE				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	45,652,836			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	55,703,449			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	86,655,315			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	86,655,315			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	142,358,764			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	915,169,118			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)	915,169,118			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,057,527,882			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		922,987,831							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		184,085,287							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		1,107,073,118							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED		501,000							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		501,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		1,107,574,118							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET EQUITY TRANSFERS		184,014,000							13
14 CHANGE INNETH UNREALIZED G & L		8,391,000							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		192,405,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		915,169,118							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	251,137,035		251,137,035	2
3 SUBPROVIDER IPF	18,837,239		18,837,239	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)	269,974,274		269,974,274	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	37,937,269		37,937,269	12
13 CORONARY CARE UNIT	28,580,179		28,580,179	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT	30,026,370		30,026,370	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	96,543,818		96,543,818	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	366,518,092		366,518,092	18
19 ANCILLARY SERVICES	935,919,215		935,919,215	19
20 OUTPATIENT SERVICES		1,323,133,649	1,323,133,649	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,302,437,307	1,323,133,649	2,625,570,956	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		598,321,912	29
30 BAD DEBTS	46,136,088		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		46,136,088	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)		644,458,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,625,570,956	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,821,265,692	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	804,305,264	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	644,458,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	159,847,264	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,793,135	6
7	INCOME FROM INVESTMENTS	6,623,710	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,725,021	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	103,146	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	17,842	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	14,762	21
22	RENTAL OF HOSPITAL SPACE	2,517,747	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PATIENT MEAL REVENUE)	915,249	24
24.01	OTHER (DUES REV)	59,900	24.01
24.02	OTHER (INSTYMEDS REV)	454,012	24.02
24.03	OTHER (INTEREST INCOME MISC)	437,879	24.03
24.04	OTHER (OTHER INCOME)	14,642,582	24.04
24.05	OTHER (OTHER SERVICE REV)	544,659	24.05
24.06	OTHER (RECOVERY LIVING REV)	72,177	24.06
24.07	OTHER (RESEARCH INCOME)	29,370	24.07
24.08	OTHER (WATZEK FUND)	73,144	24.08
24.09	OTHER (WORK ORDER REV)	56,955	24.09
24.10	OTHER (XRAY SCRAP SALES)	1,448	24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	32,082,738	25
26	TOTAL (LINE 5 PLUS LINE 25)	191,930,002	26
27	OTHER EXPENSES (FEDERAL TAX EXP)	6,192,954	27
27.01	OTHER EXPENSES (STATE INCOME TAX EXP)	1,651,761	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	7,844,715	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	184,085,287	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX:             [ XX ] RENAL DIALYSIS DEPARTMENT             [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				9
10 EMPLOYEE BENEFITS		SALARY		10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME		13
14 SUPPLIES		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				27
28 LABORATORY		CHARGES		28
29 RESPIRATORY THERAPY		CHARGES		29
30 OTHER ANCILLARY (SPECIFY)		CHARGES		30
30.97 CARDIAC REHABILITATION		CHARGES		30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES		30.98
30.99 LITHOTRIPSY		CHARGES		30.99
31 TOTAL COSTS (SUM OF LINES 27-30)				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs 3	SALARY OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
	BUILDING 1	EQUIPMENT 2					
1 TOTAL RENAL DEPT COSTS							1
2 MAINTENANCE							2
3 HEMODIALYSIS							3
4 INTERMITTENT PERITONEAL TRAINING							4
5 HEMODIALYSIS							5
6 INTERMITTENT PERITONEAL							6
7 CAPD							7
8 CCPD							8
9 HOME							9
10 HEMODIALYSIS							10
11 INTERMITTENT PERITONEAL							11
12 CAPD							12
13 CCPD							13
14 OTHER BILLABLE SERVICES							14
15 INPATIENT DIALYSIS							15
16 METHOD II HOME PATIENT							16
17 EPO (INCL IN RENAL DEPT)							17
18 ARANESP (INCL IN RENAL DEPT)							18
19 OTHER							19
20 TOTAL (SUM OF LINES 2-16)							20
21 MEDICAL EDUC PGM COSTS							21
22 TOTAL RENAL COSTS (LINES 17+18)							22

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNS (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)				
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS						1
2 MAINTENANCE						2
3 HEMODIALYSIS						3
4 INTERMITTENT PERITONEAL TRAINING						4
5 HEMODIALYSIS						5
6 INTERMITTENT PERITONEAL						6
7 CAPD						7
8 CCPD						8
9 HOME						9
10 HEMODIALYSIS						10
11 INTERMITTENT PERITONEAL						11
12 CAPD						12
13 CCPD						13
14 OTHER BILLABLE SERVICES						14
15 INPT DIAL TRTMNTS						15
16 METHOD II HOME PATIENT						16
17 EPO						17
18 ARANESP						18
19 OTHER						19
20 TOTAL STATISTICAL BASIS						20
21 UNIT COST MULTIPLIER						21
(LINE 1 ÷ LINE 20)						22





COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4  
 (CONTINUED)

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	6	6.01	6.02	7	7.01	7.02	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

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

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	5,472,382		1	
3	CAPITAL DRG OUTLIER PAYMENTS	712,760		2	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	242.65		3	
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4	
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5	
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6	
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0190		7	
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1452		8	
10	SUM OF LINES 7 AND 8	0.1642		9	
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0339		10	
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	185,514		11	
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,370,656		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 DEPARTMENT					4
5.10 NON PATIENT TELEPHONES					5.10
5.30 PURCHASING AND STORES					5.30
5.40 ADMITTING					5.40
5.50 ACCOUNTS RECEIVABLE AND 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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
35 NEONATAL INTENSIVE CARE UNIT					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIC					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 CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.01 CARDIAC REHAB					75.01
75.02 SLEEP LAB					75.02
75.03 INPATIENT DIALYSIS					75.03
75.04 PAIN MANAGEMENT					75.04
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PATIENT TREATMENT CENTER					90.01
90.02 REHAB SERVICES-BLOOMINGDALE					90.02
90.03 CANTERA					90.03
90.04 MENTAL HEALTH O/P					90.04
90.05 WOMEN'S CLINIC					90.05
90.06 WOUND CARE					90.06
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94

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
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.01 KOFFEE 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

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

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	09/30/2017	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2012	06/30/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2011	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2014	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2011	9
10	Ending date of averaging period from Line 5	07/01/2014	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		06/30/2012	4,555,644 11.01
11.02		06/30/2013	3,647,460 11.02
11.03		06/30/2014	3,647,460 11.03
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	11,850,564	13
14	Average monthly contribution (Line 13 divided by Line 12)	329,182	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	3,950,184	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)		17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	3,950,184	19