



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**WORKSHEET S
PARTS I, II & III**

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE:	TIME:
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> 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. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ELMHURST MEMORIAL HOSPITAL (14-0200) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		-95,347	592,978	-248,025	2,987,900	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY		-17,885	-9,361			9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-113,232	583,617	-248,025	2,987,900	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



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PARTS I, II & III**

INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 200 BERTEAU AVENUE	P.O. Box:								1	
2	City: ELMHURST	State: IL	ZIP Code: 60126	County: DUPAGE						2	
Hospital and Hospital-Based Component Identification:											
										Payment System (P, T, O, or N)	
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX		
	0	1	2	3	4	5	6	7	8		
3	Hospital	ELMHURST MEMORIAL HOSPITAL	14-0200	16974	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF									4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF									9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA	ELMHURST HOME HEALTH AGENCY	14-7408	16974		12/04/1984	N	P	N	12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice	ELMHURST MEMORIAL HOSPICE	14-1577	16974		12/19/1994				14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis									18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014								20
21	Type of control (see instructions)	2									21
Inpatient PPS Information								1	2		
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							N	N	22	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01	
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							1	N	23	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1	2	3	4	5	6				
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	5,973				300				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		



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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



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WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V 1	XVIII 2	XIX 3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		I 1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			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)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital 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



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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		1	2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91	
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92	
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93	
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94	
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95	
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96	
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97	
Rural Providers		1	2		
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		Y	N	Y
Miscellaneous Cost Reporting Information					
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	N		115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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.		1	118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
Transplant Center Information					
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129	
130	If this is a Medicare 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	



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WORKSHEET S-2
PART I

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 (see instructions)	1	2		140
		Y			
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:	Contractor's Name:		Contractor's Number:	
142	Street:	P.O. Box:			
143	City:	State:	ZIP Code:		
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)					
		Title XVIII			
		Part A	Part B	Title V	Title XIX
			1	2	3
155	Hospital	N	N	N	N
156	Subprovider - IPF	N	N		
157	Subprovider - IRF	N	N		
158	Subprovider - Other				
159	SNF	N	N		
160	HHA	N	N	N	N
161	CMHC		N		
161.10	CORF				
Multicampus					
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N			165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.				166
	Name	County	State	ZIP Code	CBSA
	0	1	2	3	4
					FTE/Campus
					5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.75			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	12/28/2013		170



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.**

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
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.	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?	N		2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
PART A					
PART B					
PS&R REPORT DATA		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	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	10/25/2012	N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: MICHAEL	LAST NAME: CADDICK	TITLE: VCIE PRESIDENT
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.		
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	256	93,440			27,975	3,999	47,421	1
2	HMO AND OTHER (see instructions)						241	674		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		256	93,440			27,975	3,999	47,421	7
8	INTENSIVE CARE UNIT	31	26	9,490			2,729	573	9,359	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						1,497	4,522	13
14	TOTAL (see instructions)		282	102,930			30,704	6,069	61,302	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					18,009		24,236	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		282							27
28	OBSERVATION BED DAYS								7,527	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,973	1,416	13,561	1
2	HMO AND OTHER (see instructions)								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		2,517.01			5,973	1,416	13,561	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		69.94						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		11.28						24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		2,598.23						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	144,448,390	2,992,386	147,440,776	5,217,258.00	28.26	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE		219,726		219,726	2,102.00	104.53	4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		523,785		523,785	6,049.00	86.59	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		5,710,292	395,227	6,105,519	248,040.00	24.62	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		865,709		865,709	13,319.00	65.00	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		322,626		322,626	3,120.00	103.41	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		32,582,443		32,582,443			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		454,896		454,896			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		28,811		28,811			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		41,546		41,546			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		3,386,053		3,386,053	31,846.00	106.33	26
27	ADMINISTRATIVE & GENERAL		27,981,992	2,758,729	30,740,721	1,054,628.00	29.15	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		1,025,761		1,025,761	3,924.00	261.41	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,583,499	-98,322	2,485,177	73,106.00	33.99	30
31	LAUNDRY & LINEN SERVICE		626,692		626,692	35,457.00	17.67	31
32	HOUSEKEEPING		3,401,408	-63,248	3,338,160	278,662.00	11.98	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		2,609,725	-1,691,112	918,613	67,423.00	13.62	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA		99,734	1,691,112	1,790,846	89,139.00	20.09	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,917,307		1,917,307	31,077.00	61.70	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		3,209,913		3,209,913	96,986.00	33.10	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,856,867		1,856,867	109,384.00	16.98	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		144,950,366	2,992,386	147,942,752	5,215,133.00	28.37	1
2	EXCLUDED AREA SALARIES (see instructions)		5,710,292	395,227	6,105,519	248,040.00	24.62	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		139,240,074	2,597,159	141,837,233	4,967,093.00	28.56	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		1,188,335		1,188,335	16,439.00	72.29	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		32,611,254		32,611,254		22.99%	5



COMPU-MAX

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		173,039,663	2,597,159	175,636,822	4,983,532.00	35.24	6
7	TOTAL OVERHEAD COST (see instructions)		48,698,951	2,597,159	51,296,110	1,871,632.00	27.41	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	1,736,441	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	749,479	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	8,173,076	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES	429,978	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	51,767	7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	14,810,655	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	1,105,169	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	208,860	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	477,016	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)	19,230	14
15	WORKERS' COMPENSATION INSURANCE	1,055,983	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	9,671,153	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	481,304	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	518,233	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	39,488,344	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL		25



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

EXHIBIT 3

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

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

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



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		1,748		382	2,130	1
2	UNDULICATED CENSUS COUNT (see instructions)		1,456.00		408.00	2,066.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.78		2.78	4
5	OTHER ADMINISTRATIVE PERSONNEL	26.16		26.16	5
6	DIRECT NURSING SERVICE	24.15		24.15	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE		13.25	13.25	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		0.72	0.72	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE		0.75	0.92	12
13	SPEECH PATHOLOGY SUPERVISOR			0.17	13
14	MEDICAL SOCIAL SERVICE		0.30	0.30	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE		0.83	0.83	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	PARISH NURSE				18

HOME HEALTH AGENCY - CBSA CODES

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

PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21	SKILLED NURSING VISITS	9,828	22	607	146	10,603	21
22	SKILLED NURSING VISIT CHARGES	1,573,609	3,675	75,953	22,750	1,675,987	22
23	PHYSICAL THERAPY VISITS	5,799	9	117	120	6,045	23
24	PHYSICAL THERAPY VISIT CHARGES	861,222	1,323	18,169	17,206	897,920	24
25	OCCUPATIONAL THERAPY VISITS	576		1	8	585	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	109,825		191	1,528	111,544	26
27	SPEECH PATHOLOGY VISITS	180		3	1	184	27
28	SPEECH PATHOLOGY VISIT CHARGES	34,380		382	191	34,953	28
29	MEDICAL SOCIAL SERVICE VISITS	106		5	4	115	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	24,102		1,170	936	26,208	30
31	HOME HEALTH AIDE VISITS	473			4	477	31
32	HOME HEALTH AIDE VISIT CHARGES	64,774			417	65,191	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	16,962	31	733	283	18,009	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,667,912	4,998	95,865	43,028	2,811,803	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	1,089		203	24	1,316	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38



COMPU-MAX

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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1577

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	14,672				944	15,616	2
3	INPATIENT RESPITE CARE	30				2	32	3
4	GENERAL INPATIENT CARE	443				29	472	4
5	TOTAL HOSPICE DAYS	15,145				975	16,120	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	771				50	821	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	19.64				19.50	19.63	8
9	UNDUPLICATED CENSUS COUNT	338				22	360	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.



COMPU-MAX

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.215961	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	8,344,218	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	147,835,878	6
7	MEDICAID COST (line 1 times line 6)	31,926,784	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.	23,582,566	8

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

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

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

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

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17	
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18	
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)	23,582,566			19	
			UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	36,627,077	2,248,296		38,875,373	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	7,910,020	485,544		8,395,564	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,840,649	292,445		2,133,094	22
23	COST OF CHARITY CARE (line 21 minus line 22)	6,069,371	193,099		6,262,470	23

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?	N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)		25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	19,307,662	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	983,416	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	18,324,246	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	3,957,322	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	10,219,792	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	33,802,358	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT				452,926	452,926	253,414	706,340	1
1.01	00101	DEPR NEW BUILDING		12,772,948	12,772,948		12,772,948	-3,205,997	9,566,951	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP		25,749,084	25,749,084	811,067	26,560,151	-5,707	26,554,444	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	3,386,053	34,109,109	37,495,162	847,058	38,342,220	-3,326,118	35,016,102	4
5	00500	ADMINISTRATIVE & GENERAL	27,981,992	45,141,208	73,123,200	-3,940,070	69,183,130	-8,748,970	60,434,160	5
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	2,583,499	13,676,795	16,260,294	-1,132,025	15,128,269		15,128,269	7
7.01	00701	PLANT OPER OLD BUILDING				435,602	435,602		435,602	7.01
8	00800	LAUNDRY & LINEN SERVICE	626,692	1,360,110	1,986,802		1,986,802		1,986,802	8
9	00900	HOUSEKEEPING	3,401,408	768,739	4,170,147	-93,269	4,076,878	-40,258	4,036,620	9
9.01	00901	HOUSEKEEPING OLD BUILD				17,425	17,425		17,425	9.01
10	01000	DIETARY	2,609,725	1,576,595	4,186,320	-2,712,752	1,473,568	-618,854	854,714	10
11	01100	CAFETERIA	99,734	76,639	176,373	2,712,752	2,889,125	-1,529,258	1,359,867	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,917,307	34,169	1,951,476		1,951,476		1,951,476	13
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY	3,209,913	24,396,663	27,606,576	-23,886,488	3,720,088	-351,325	3,368,763	15
16	01600	MEDICAL RECORDS & LIBRARY	1,856,867	230,876	2,087,743		2,087,743	-1,769	2,085,974	16
17	01700	SOCIAL SERVICE								17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PASTORAL CARE				285,569	285,569	-2,550	283,019	23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	24,498,785	2,434,386	26,933,171	-162,093	26,771,078	-1,188,807	25,582,271	30
31	03100	INTENSIVE CARE UNIT	6,019,153	691,022	6,710,175	44,884	6,755,059	-44,799	6,710,260	31
43	04300	NURSERY				1,597,440	1,597,440	-656,200	941,240	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	10,157,646	24,673,376	34,831,022	-21,759,680	13,071,342	-450,963	12,620,379	50
53	05300	ANESTHESIOLOGY	140,492	466,949	607,441		607,441		607,441	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,447,098	2,311,413	6,758,511	-2,878,959	3,879,552	-82	3,879,470	54
54.01	03630	ULTRASOUND	1,359,411	84,702	1,444,113	114,462	1,558,575		1,558,575	54.01
55	05500	RADIOLOGY-THERAPEUTIC	2,187,993	397,851	2,585,844	204,956	2,790,800	-1,450	2,789,350	55
55.01	05501	CYBERKNIFE	296,793	3,112,515	3,409,308	270,224	3,679,532		3,679,532	55.01
56	05600	RADIOISOTOPE	618,915	643,531	1,262,446	100,062	1,362,508		1,362,508	56
57	05700	CT SCAN	919,120	755,319	1,674,439	132,717	1,807,156		1,807,156	57
58	05800	MRI	673,649	179,024	852,673	67,584	920,257		920,257	58
59	05900	CARDIAC CATHETERIZATION	1,234,038	6,056,142	7,290,180	-5,843,121	1,447,059		1,447,059	59
60	06000	LABORATORY	6,302,346	7,896,743	14,199,089	4,050	14,203,139	-198,705	14,004,434	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	1,843,801	535,189	2,378,990	11,249	2,390,239	-11,164	2,379,075	65
65.01	06501	SLEEP LAB	486,156	82,752	568,908	60,295	629,203	-60,210	568,993	65.01
66	06600	PHYSICAL THERAPY	2,601,871	419,448	3,021,319	-89,440	2,931,879	-210	2,931,669	66
67	06700	OCCUPATIONAL THERAPY	291,658	2,036	293,694	57,050	350,744		350,744	67
68	06800	SPEECH PATHOLOGY	164,841	1,903	166,744	32,390	199,134		199,134	68
69	06900	ELECTROCARDIOLOGY	720,938	1,626,601	2,347,539		2,347,539	-1,384,660	962,879	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				9,871,128	9,871,128		9,871,128	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				19,852,375	19,852,375		19,852,375	72
73	07300	DRUGS CHARGED TO PATIENTS				23,886,488	23,886,488		23,886,488	73
74	07400	RENAL DIALYSIS		697,144	697,144		697,144		697,144	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	18,554,008	10,360,350	28,914,358	-147,145	28,767,213	-910,754	27,856,459	90
91	09100	EMERGENCY	4,701,529	1,155,860	5,857,389	571,144	6,428,533	-602,642	5,825,891	91
91.01	09101	OUTPATIENT CLINICS	2,434,595	928,793	3,363,388	572,158	3,935,546	-221,639	3,713,907	91.01
91.02	09102	CARDIAC REHAB	410,072	10,184	420,256		420,256	-215	420,041	91.02
91.03	09103	CENTRAL ADMISSION								91.03



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	HOME HEALTH AGENCY	3,339,723	2,032,996	5,372,719	-1,068,241	4,304,478	-210,390	4,094,088	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	HOSPICE	483,716	446,297	930,013	188,043	1,118,056		1,118,056	116
118		SUBTOTALS (sum of lines 1-117)	142,561,537	227,895,461	370,456,998	-512,185	369,944,813	-23,520,282	346,424,531	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	323,270	499,675	822,945		822,945		822,945	190
192	19200	PHYSICIANS' PRIVATE OFFICES	757,210	2,201,831	2,959,041	512,185	3,471,226		3,471,226	192
192.0 1	19201	MEALS ON WHEELS	806,373	40	806,413		806,413		806,413	192.0 1
192.0 2	19202	GUEST MEALS								192.0 2
194	07950	OTHER NONREIMBURSABLE								194
200		TOTAL (sum of lines 118-199)	144,448,390	230,597,007	375,045,397		375,045,397	-23,520,282	351,525,115	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS CAFETERIA	A	CAFETERIA	11	1,691,112	1,021,640	1
500	TOTAL RECLASSIFICATIONS				1,691,112	1,021,640	500
	CODE LETTER - A						
1	RECLASS DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		393,497	1
2			CAP REL COSTS-MVBLE EQUIP	2		811,067	2
500	TOTAL RECLASSIFICATIONS					1,204,564	500
	CODE LETTER - B						
1	RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	73		23,886,488	1
500	TOTAL RECLASSIFICATIONS					23,886,488	500
	CODE LETTER - C						
1	RECLASS PHYSICIAN ADMIN TIMES	D	ADULTS & PEDIATRICS	30		1,318,233	1
2			INTENSIVE CARE UNIT	31		44,884	2
3			NURSERY	43		656,200	3
4			OPERATING ROOM	50		131,748	4
5			LABORATORY	60		4,050	5
6			RESPIRATORY THERAPY	65		11,249	6
7			EMERGENCY	91		571,144	7
8			SLEEP LAB	65.01		60,295	8
9			OUTPATIENT CLINICS	91.01		33,072	9
500	TOTAL RECLASSIFICATIONS					2,830,875	500
	CODE LETTER - D						
1	RECLASS HHA OVERHEAD COSTS	E	EMPLOYEE BENEFITS DEPARTMENT	4		847,058	1
2			ADMINISTRATIVE & GENERAL	5	33,140		2
500	TOTAL RECLASSIFICATIONS				33,140	847,058	500
	CODE LETTER - E						
1	RECLASS RADIOLOGY SUPPORT COSTS	F	ULTRASOUND	54.01	110,323	4,139	1
2			RADIOLOGY-THERAPEUTIC	55	197,545	7,411	2
3			CYBERKNIFE	55.01	260,453	9,771	3
4			RADIOISOTOPE	56	96,444	3,618	4
5			CT SCAN	57	127,918	4,799	5
6			MRI	58	65,140	2,444	6
500	TOTAL RECLASSIFICATIONS				857,823	32,182	500
	CODE LETTER - F						
1	MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO P	71		9,871,128	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS					9,871,128	500
	CODE LETTER - G						
1	PSYCH ADMIN COSTS	H	OUTPATIENT CLINICS	91.01	537,816	1,270	1
500	TOTAL RECLASSIFICATIONS				537,816	1,270	500
	CODE LETTER - H						
1	RECLASS NURSERY COSTS	I	NURSERY	43	844,278	96,962	1
500	TOTAL RECLASSIFICATIONS				844,278	96,962	500
	CODE LETTER - I						
1	HHA ADMIN COSTS	K	HOSPICE	116	188,043		1
500	TOTAL RECLASSIFICATIONS				188,043		500
	CODE LETTER - K						
1	PASTORAL CARE ALLIED HEALTH PROGRA	L	PASTORAL CARE	23	266,797	18,772	1
500	TOTAL RECLASSIFICATIONS				266,797	18,772	500
	CODE LETTER - L						
1	RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	67	18,426	38,624	1
2			SPEECH PATHOLOGY	68	10,461	21,929	2
500	TOTAL RECLASSIFICATIONS				28,887	60,553	500
	CODE LETTER - M						
1	RECLASS PROPERTY INSURANCE TO BLDG	N	CAP REL COSTS-BLDG & FIXT	1		374,675	1
500	TOTAL RECLASSIFICATIONS					374,675	500
	CODE LETTER - N						



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		19,852,375	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS					19,852,375	500
	CODE LETTER - P						
1	RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES	192	95,798	139,468	1
2							2
500	TOTAL RECLASSIFICATIONS				95,798	139,468	500
	CODE LETTER - Q						
1	RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES	192	65,772	211,147	1
2			ADMINISTRATIVE & GENERAL	5		575,328	2
500	TOTAL RECLASSIFICATIONS				65,772	786,475	500
	CODE LETTER - R						
1	PLANT OP/HSKG OLD BLG	T	PLANT OPER OLD BUILDING	7.01	114,455	321,147	1
2			HOUSEKEEPING OLD BUILD	9.01	895	16,530	2
500	TOTAL RECLASSIFICATIONS				115,350	337,677	500
	CODE LETTER - T						
1	SALARY TRANSFERS	U	ADMINISTRATIVE & GENERAL	5	2,992,386		1
500	TOTAL RECLASSIFICATIONS				2,992,386		500
	CODE LETTER - U						
	GRAND TOTAL (INCREASES)				7,717,202	61,362,162	

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



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
1	RECLASS CAFETERIA	1	6	7	8	9		
500	TOTAL RECLASSIFICATIONS	A	DIETARY	10	1,691,112	1,021,640	1	
	CODE LETTER - A				1,691,112	1,021,640	500	
1	RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		1,057,419	9	
2			CLINIC	90		147,145	9	
500	TOTAL RECLASSIFICATIONS					1,204,564	500	
	CODE LETTER - B							
1	RECLASS DRUGS SOLD	C	PHARMACY	15		23,886,488	1	
500	TOTAL RECLASSIFICATIONS					23,886,488	500	
	CODE LETTER - C							
1	RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	5		2,830,875	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
500	TOTAL RECLASSIFICATIONS					2,830,875	500	
	CODE LETTER - D							
1	RECLASS HHA OVERHEAD COSTS	E	HOME HEALTH AGENCY	101	33,140	847,058	1	
2							2	
500	TOTAL RECLASSIFICATIONS				33,140	847,058	500	
	CODE LETTER - E							
1	RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	54	857,823	32,182	1	
2							2	
3							3	
4							4	
5							5	
6							6	
500	TOTAL RECLASSIFICATIONS				857,823	32,182	500	
	CODE LETTER - F							
1	MEDICAL SUPPLIES	G	OPERATING ROOM	50		7,622,338	1	
2			RADIOLOGY-DIAGNOSTIC	54		885,892	2	
3			CARDIAC CATHETERIZATION	59		1,362,898	3	
500	TOTAL RECLASSIFICATIONS					9,871,128	500	
	CODE LETTER - G							
1	PSYCH ADMIN COSTS	H	ADULTS & PEDIATRICS	30	537,816	1,270	1	
500	TOTAL RECLASSIFICATIONS				537,816	1,270	500	
	CODE LETTER - H							
1	RECLASS NURSERY COSTS	I	ADULTS & PEDIATRICS	30	844,278	96,962	1	
500	TOTAL RECLASSIFICATIONS				844,278	96,962	500	
	CODE LETTER - I							
1	HHA ADMIN COSTS	K	HOME HEALTH AGENCY	101	188,043		1	
500	TOTAL RECLASSIFICATIONS				188,043		500	
	CODE LETTER - K							
1	PASTORAL CARE ALLIED HEALTH PROGRA	L	ADMINISTRATIVE & GENERAL	5	266,797	18,772	1	
500	TOTAL RECLASSIFICATIONS				266,797	18,772	500	
	CODE LETTER - L							
1	RECLASS REHAB ADMIN EXPENSES	M	PHYSICAL THERAPY	66	28,887	60,553	1	
2							2	
500	TOTAL RECLASSIFICATIONS				28,887	60,553	500	
	CODE LETTER - M							
1	RECLASS PROPERTY INSURANCE TO BLDG	N	ADMINISTRATIVE & GENERAL	5		374,675	9	
500	TOTAL RECLASSIFICATIONS					374,675	500	



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10
	CODE LETTER - N	1	6	7	8	9	
1	IMPLANT SUPPLIES	P	OPERATING ROOM	50		14,269,090	1
2			RADIOLOGY-DIAGNOSTIC	54		1,103,062	2
3			CARDIAC CATHETERIZATION	59		4,480,223	3
500	TOTAL RECLASSIFICATIONS					19,852,375	500
	CODE LETTER - P						
1	RECLASS LOMBARD POB COSTS	Q	OPERATION OF PLANT	7	32,550	126,872	1
2			HOUSEKEEPING	9	63,248	12,596	2
500	TOTAL RECLASSIFICATIONS				95,798	139,468	500
	CODE LETTER - Q						
1	RECLASS POB BUILDING COSTS	R	CAP REL COSTS-BLDG & FIXT	1		315,246	9
2			OPERATION OF PLANT	7	65,772	471,229	2
500	TOTAL RECLASSIFICATIONS				65,772	786,475	500
	CODE LETTER - R						
1	PLANT OP/HSKG OLD BLG	T	OPERATION OF PLANT	7	114,455	321,147	1
2			HOUSEKEEPING	9	895	16,530	2
500	TOTAL RECLASSIFICATIONS				115,350	337,677	500
	CODE LETTER - T						
1	SALARY TRANSFERS	U	ADMINISTRATIVE & GENERAL	5		2,992,386	1
500	TOTAL RECLASSIFICATIONS					2,992,386	500
	CODE LETTER - U						
	GRAND TOTAL (DECREASES)				4,724,816	64,354,548	

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



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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	31,276,956	922,591		922,591	276,354	31,923,193		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	262,445,554	167,627,017		167,627,017	260,622	429,811,949		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	409,408,815	10,445,882		10,445,882	234,317,941	185,536,756		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	703,131,325	178,995,490		178,995,490	234,854,917	647,271,898		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	703,131,325	178,995,490		178,995,490	234,854,917	647,271,898		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT								1	
1.01	DEPR NEW BUILDING	12,772,948						12,772,948	1.01	
2	CAP REL COSTS-MVBLE EQUIP	25,749,084						25,749,084	2	
3	TOTAL (sum of lines 1-2)	38,522,032						38,522,032	3	

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
1.01	DEPR NEW BUILDING				0.000000					1.01
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	706,340						706,340	1	
1.01	DEPR NEW BUILDING	9,566,951						9,566,951	1.01	
2	CAP REL COSTS-MVBLE EQUIP	26,554,444						26,554,444	2	
3	TOTAL (sum of lines 1-2)	36,827,735						36,827,735	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
1.01	INV INC-BLDGS AND FIXT	B	-1,066,851	DEPR NEW BUILDING	1.01	9 1.01
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)	B	-35,739	ADMINISTRATIVE & GENERAL	5	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	-123,734	ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,730,274			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	22,067,672			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-1,529,258	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,769	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-25,592	DIETARY	10	20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33	COMMUNITY ED REVENUE	B	-22,174	ADMINISTRATIVE & GENERAL	5	33
33.03	ADVERTISING OFFSET	A	-1,948,089	ADMINISTRATIVE & GENERAL	5	33.03
33.08	FOUNDATION SALARIES CONTRA	B	-589,680	ADMINISTRATIVE & GENERAL	5	33.08
33.15	OFFSET ANSWERING SVC REVENUES	B	-227,746	ADMINISTRATIVE & GENERAL	5	33.15
33.16	OTHER REVENUE COMMUNICATION	B	-16,622	ADMINISTRATIVE & GENERAL	5	33.16
33.17	OTHER REVENUE	B	-82	RADIOLOGY-DIAGNOSTIC	54	33.17
33.18	OTHER REVENUE	B	-111,019	OUTPATIENT CLINICS	91.01	33.18
33.19	OTHER REVENUE	B	-215	CARDIAC REHAB	91.02	33.19
33.26	OFFSET MGMT FEES FOUNDATION	B	-74,012	ADMINISTRATIVE & GENERAL	5	33.26
34	ADVERTISING BENEFITS	A	-119,566	EMPLOYEE BENEFITS DEPARTMENT	4	34
35	UNFUNDED MALPRACTICE COSTS	A	-2,342,806	ADMINISTRATIVE & GENERAL	5	35
36	PASTORAL CARE REVENUE	B	-2,550	PASTORAL CARE	23	36
36.20	PHYSICAL THERAPY OTHER REVENUE	B	-210	PHYSICAL THERAPY	66	36.20
36.21	PATIENT PHONE BENEFITS	A	12,613	EMPLOYEE BENEFITS DEPARTMENT	4	36.21
36.22	PATIENT PHONE DEPR	A	-5,707	CAP REL COSTS-MVBLE EQUIP	2	9 36.22
37	COMMUNITY WELLNESS REVENUE	B	-1,920	ADMINISTRATIVE & GENERAL	5	37
38	DIETARY LEASED EMPLOYEES	B	-45,864	DIETARY	10	38
39						39
40	OFFSET PERINATAL ED REVENUES	B	-37,145	ADULTS & PEDIATRICS	30	40
41	NON-ALLOWABLE INTEREST EXPENSE	A	-15,994,194	DEPR NEW BUILDING	1.01	9 41
42						42
43						43
43.01	LOBBYING PORTION OF DUES	A	-54,971	ADMINISTRATIVE & GENERAL	5	43.01



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
43.02	HHA RENT	A	-210,390	HOME HEALTH AGENCY	101	43.02
43.03	MGMT FEES	B	-176,756	ADMINISTRATIVE & GENERAL	5	43.03
43.09	OTHER REVENUE	B	-40,258	HOUSEKEEPING	9	43.09
43.10	PENSION COSTS	A	-3,217,725	EMPLOYEE BENEFITS DEPARTMENT	4	43.10
44	PHARMACY OTHER REVENUE	B	-1,000	PHARMACY	15	44
45	OFFSET INFUSION THERAPY COST	A	-350,325	PHARMACY	15	45
45.08	DONATIONS	A	-49,969	ADMINISTRATIVE & GENERAL	5	45.08
45.12	REVERSE CREDIT OF UN-REST CONTR	A	984,450	ADMINISTRATIVE & GENERAL	5	45.12
45.14	DIETARY PAT. REVENUE	B	-479,386	DIETARY	10	45.14
45.16	CLINICAL NUTRITION REVENUE	B	-68,012	DIETARY	10	45.16
45.18	BREAST PUMP RENTAL REVENUE	B	-10,940	ADULTS & PEDIATRICS	30	45.18
45.19	EDUCATION REVENUE	B	-1,440	EMPLOYEE BENEFITS DEPARTMENT	4	45.19
45.22	ER OTHER OPER REVENUE	B	-75,748	EMERGENCY	91	45.22
45.29	ACCESS HEALTH SUBSIDY	A	-525,000	ADMINISTRATIVE & GENERAL	5	45.29
45.32	CANCER CENTER OTHER REVENUE	B	-1,450	RADIOLOGY-THERAPEUTIC	55	45.32
45.33	MEDICAID TAX	A	-11,268,829	ADMINISTRATIVE & GENERAL	5	45.33
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-23,520,282			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	ESHC EXPENSE	7,608,632	3,539,597	4,069,035	1
2	1.01	DEPR NEW BUILDING	INTEREST EXPENSE	13,855,048		13,855,048	9
3	5	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD	42,279	384,000	-341,721	3
3.01	5	ADMINISTRATIVE & GENERAL	EMH CORPORATE COSTS	4,231,896		4,231,896	3.01
4	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	253,414		253,414	9
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			25,991,269	3,923,597	22,067,672	5

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
6	B	ELMHURST PARENT CORP	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:



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1 5	ADMINISTRATIVE & GEN AGGREGATE	394,309	226,338	167,791	177,000	1,877	159,726	7,986	1
2 30	ADULTS & PEDIATRICS BIRTHING CENTER	1,318,233	1,107,613	210,620	177,000	2,086	177,511	8,876	2
3 31	INTENSIVE CARE UNIT AGGREGATE	44,884		44,884	177,000	1	85	4	3
4 43	NURSERY AGGREGATE	656,200	656,200						4
5									5
6 50	OPERATING ROOM AGGREGATE	451,048		451,048	177,000	1	85	4	6
7 60	LABORATORY AGGREGATE	392,705	168,517	224,188	194,000	2,080	194,000	9,700	7
8 65	RESPIRATORY THERAPY AGGREGATE	11,249		11,249	177,000	1	85	4	8
9 65.01	SLEEP LAB AGGREGATE	60,295		60,295	177,000	1	85	4	9
10 69	ELECTROCARDIOLOGY AGGREGATE	1,384,660	1,384,660						10
11 90	CLINIC AGGREGATE	910,754	910,754						11
12 91	EMERGENCY AGGREGATE	571,144		571,144	177,000	520	44,250	2,213	12
13 91.01	OUTPATIENT CLINICS AGRREGATE	143,693	110,620	33,073	177,000	520	44,250	2,213	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
200	TOTAL	6,339,174	4,564,702	1,774,292		7,087	620,077	31,004	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1 5	ADMINISTRATIVE & GEN AGGREGATE					159,726	8,065	234,583	1
2 30	ADULTS & PEDIATRICS BIRTHING CENTER					177,511	33,109	1,140,722	2
3 31	INTENSIVE CARE UNIT AGGREGATE					85	44,799	44,799	3
4 43	NURSERY AGGREGATE							656,200	4
5									5
6 50	OPERATING ROOM AGGREGATE					85	450,963	450,963	6
7 60	LABORATORY AGGREGATE					194,000	30,188	198,705	7
8 65	RESPIRATORY THERAPY AGGREGATE					85	11,164	11,164	8
9 65.01	SLEEP LAB AGGREGATE					85	60,210	60,210	9
10 69	ELECTROCARDIOLOGY AGGREGATE							1,384,660	10
11 90	CLINIC AGGREGATE							910,754	11
12 91	EMERGENCY AGGREGATE					44,250	526,894	526,894	12
13 91.01	OUTPATIENT CLINICS AGRREGATE					44,250		110,620	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
200	TOTAL					620,077	1,165,392	5,730,274	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	706,340	706,340					1
1.01	DEPR NEW BUILDING	9,566,951		9,566,951				1.01
2	CAP REL COSTS-MVBLE EQUIP	26,554,444			26,554,444			2
4	EMPLOYEE BENEFITS DEPARTMENT	35,016,102		46,750	66,194	35,129,046		4
5	ADMINISTRATIVE & GENERAL	60,434,160		1,277,341	8,068,378	7,496,408	77,276,287	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	15,128,269	106,226	493,255	6,180,168	578,122	22,486,040	7
7.01	PLANT OPER OLD BUILDING	435,602				27,911	463,513	7.01
8	LAUNDRY & LINEN SERVICE	1,986,802	18,051	23,483	23,569	152,824	2,204,729	8
9	HOUSEKEEPING	4,036,620		21,699	44,366	813,822	4,916,507	9
9.01	HOUSEKEEPING OLD BUILD	17,425				218	17,643	9.01
10	DIETARY	854,714		184,956	75,328	224,012	1,339,010	10
11	CAFETERIA	1,359,867		259,405	138,938	436,714	2,194,924	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,951,476		12,691	160,587	467,553	2,592,307	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,368,763		36,145	153,726	782,766	4,341,400	15
16	MEDICAL RECORDS & LIBRARY	2,085,974		26,289	2,195	452,814	2,567,272	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	PASTORAL CARE	283,019		14,878	81	65,061	363,039	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	25,582,271		3,150,746	2,712,679	5,637,213	37,082,909	30
31	INTENSIVE CARE UNIT	6,710,260		451,009	162,980	1,467,825	8,792,074	31
43	NURSERY	941,240				205,885	1,147,125	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,620,379		908,839	2,683,605	2,477,033	18,689,856	50
53	ANESTHESIOLOGY	607,441		5,698	267,833	34,260	915,232	53
54	RADIOLOGY-DIAGNOSTIC	3,879,470		267,708	1,145,398	875,277	6,167,853	54
54.01	ULTRASOUND	1,558,575		26,015	174,510	358,408	2,117,508	54.01
55	RADIOLOGY-THERAPEUTIC	2,789,350	4,446	444,146	875,740	581,735	4,695,417	55
55.01	CYBERKNIFE	3,679,532	1,610		92	135,889	3,817,123	55.01
56	RADIOISOTOPE	1,362,508		59,686	56,220	174,447	1,652,861	56
57	CT SCAN	1,807,156		38,606	440,701	255,330	2,541,793	57
58	MRI	920,257		39,944	429,821	180,160	1,570,182	58
59	CARDIAC CATHETERIZATION	1,447,059		179,805	1,009,050	300,931	2,936,845	59
60	LABORATORY	14,004,434		422,951	630,070	1,536,884	16,594,339	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,379,075		90,881	75,922	449,627	2,995,505	65
65.01	SLEEP LAB	568,993			112,385	118,554	799,932	65.01
66	PHYSICAL THERAPY	2,931,669	2,587	23,195	15,786	627,445	3,600,682	66
67	OCCUPATIONAL THERAPY	350,744	2,028	23,166	2,316	75,617	453,871	67
68	SPEECH PATHOLOGY	199,134				42,749	241,883	68
69	ELECTROCARDIOLOGY	962,879		161,488	177,312	175,807	1,477,486	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,871,128					9,871,128	71
72	IMPL. DEV. CHARGED TO PATIENTS	19,852,375					19,852,375	72
73	DRUGS CHARGED TO PATIENTS	23,886,488					23,886,488	73
74	RENAL DIALYSIS	697,144		12,662	500		710,306	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	27,856,459	9,020		294,895	4,524,562	32,684,936	90
91	EMERGENCY	5,825,891		475,140	169,685	1,146,510	7,617,226	91
91.01	OUTPATIENT CLINICS	3,713,907			133,082	724,849	4,571,838	91.01
91.02	CARDIAC REHAB	420,041		158,193	41,925	100,000	720,159	91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	4,094,088	8,633			760,484	4,863,205	101



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,118,056	2,874			163,814	1,284,744	116
118	SUBTOTALS (sum of lines 1-117)	346,424,531	155,475	9,336,770	26,526,037	34,629,520	345,115,552	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822,945		114,824	28,407	78,832	1,045,008	190
192	PHYSICIANS' PRIVATE OFFICES	3,471,226		115,357		224,053	3,810,636	192
192.0 1	MEALS ON WHEELS	806,413				196,641	1,003,054	192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE		550,865				550,865	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	351,525,115	706,340	9,566,951	26,554,444	35,129,046	351,525,115	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI OL. BUILD	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL	77,276,287						5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	6,335,981	28,822,021					7
7.01	PLANT OPER OLD BUILDING	130,606		594,119				7.01
8	LAUNDRY & LINEN SERVICE	621,235	92,646	17,870	2,936,480			8
9	HOUSEKEEPING	1,385,344	85,607		22,200	6,409,658		9
9.01	HOUSEKEEPING OLD BUILD	4,971					22,614	9.01
10	DIETARY	377,298	729,703			163,287		10
11	CAFETERIA	618,473	1,023,424			229,013		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	730,445	50,070			11,204		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	1,223,294	142,603			31,910		15
16	MEDICAL RECORDS & LIBRARY	723,391	103,716			23,209		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	PASTORAL CARE	102,295	58,699			13,135		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,449,099	13,054,665		593,112	2,921,263		30
31	INTENSIVE CARE UNIT	2,477,378	1,779,354		153,456	398,169		31
43	NURSERY	323,230						43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,266,315	3,585,616		276,787	802,358		50
53	ANESTHESIOLOGY	257,889	22,480			5,030		53
54	RADIOLOGY-DIAGNOSTIC	1,737,941	1,056,179		109,715	236,343		54
54.01	ULTRASOUND	596,659	102,638		1,634	22,967		54.01
55	RADIOLOGY-THERAPEUTIC	1,323,046		4,402	4,238		173	55
55.01	CYBERKNIFE	1,075,566		1,594			63	55.01
56	RADIOISOTOPE	465,733	235,476		21,435	52,693		56
57	CT SCAN	716,211	152,310		14,340	34,083		57
58	MRI	442,436	157,590		37,565	35,264		58
59	CARDIAC CATHETERIZATION	827,527	709,380		39,845	158,739		59
60	LABORATORY	4,675,853	1,668,655		520	373,397		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	844,055	358,550			80,233		65
65.01	SLEEP LAB	225,400			7,185			65.01
66	PHYSICAL THERAPY	1,014,579	91,511	2,561	6,173	20,478	101	66
67	OCCUPATIONAL THERAPY	127,889	91,397	2,008		20,452	79	67
68	SPEECH PATHOLOGY	68,156						68
69	ELECTROCARDIOLOGY	416,317	637,114			142,568		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,781,427						71
72	IMPL. DEV. CHARGED TO PATIENTS	5,593,883						72
73	DRUGS CHARGED TO PATIENTS	6,730,591						73
74	RENAL DIALYSIS	200,146	49,956		3,402	11,179		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,209,765			26,335			90
91	EMERGENCY	2,146,336	1,874,555		268,990	419,472		91
91.01	OUTPATIENT CLINICS	1,288,225		8,929	32,975		350	91.01
91.02	CARDIAC REHAB	202,922			850			91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	1,370,325		8,547			335	101
	SPECIAL PURPOSE COST CENTERS							



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI OL BUILD	
		5	7	7.01	8	9	9.01	
116	HOSPICE	362,007		2,846			112	116
118	SUBTOTALS (sum of lines 1-117)	75,470,239	27,913,894	48,757	1,620,757	6,206,446	1,213	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	294,456	453,013		15,938	101,371		190
192	PHYSICIANS' PRIVATE OFFICES	1,073,738	455,114		1,299,785	101,841		192
192.0 1	MEALS ON WHEELS	282,635						192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE	155,219		545,362			21,401	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	77,276,287	28,822,021	594,119	2,936,480	6,409,658	22,614	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	PASTORAL CARE	
		10	11	13	15	16	23	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	PLANT OPER OLD BUILDING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
9.01	HOUSEKEEPING OLD BUILD							9.01
10	DIETARY	2,609,298						10
11	CAFETERIA		4,065,834					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		49,094	3,433,120				13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY		129,290		5,868,497			15
16	MEDICAL RECORDS & LIBRARY		173,548			3,591,136		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	PASTORAL CARE		20,359				557,527	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,179,205	1,166,366	1,595,101	4,383	465,077	304,406	30
31	INTENSIVE CARE UNIT	430,093	262,104	358,447	1,057	81,767	82,719	31
43	NURSERY		35,982	49,208		20,842		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		499,947	683,717	82,478	252,451		50
53	ANESTHESIOLOGY		11,759	16,082	1,099	116,887		53
54	RADIOLOGY-DIAGNOSTIC		169,928		12,920	129,771		54
54.01	ULTRASOUND		60,330		413	53,562		54.01
55	RADIOLOGY-THERAPEUTIC		109,559	149,831	30	67,610		55
55.01	CYBERKNIFE		27,475	37,574		30,550		55.01
56	RADIOISOTOPE		29,161		125,537	39,410		56
57	CT SCAN		45,727		60,622	198,061		57
58	MRI		29,953		22,909	99,908		58
59	CARDIAC CATHETERIZATION		49,879		15,025	93,864		59
60	LABORATORY		373,552			299,340		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		96,267		9,868	83,827		65
65.01	SLEEP LAB		26,597			11,851		65.01
66	PHYSICAL THERAPY		137,664		256	41,214		66
67	OCCUPATIONAL THERAPY		12,851			4,242		67
68	SPEECH PATHOLOGY		7,545			3,519		68
69	ELECTROCARDIOLOGY		35,321			49,080		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					178,243		71
72	IMPL. DEV. CHARGED TO PATIENTS					167,524		72
73	DRUGS CHARGED TO PATIENTS				4,849,353	725,946		73
74	RENAL DIALYSIS					5,220		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC				673,242	161,747		90
91	EMERGENCY		235,928	322,650	8,301	150,252	82,719	91
91.01	OUTPATIENT CLINICS		141,470	193,472	1,004	21,149	54,595	91.01
91.02	CARDIAC REHAB		19,771	27,038		4,642		91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY					26,936		101
	SPECIAL PURPOSE COST CENTERS							



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	PASTORAL CARE	
		10	11	13	15	16	23	
116	HOSPICE					6,644	33,088	116
118	SUBTOTALS (sum of lines 1-117)	2,609,298	3,957,427	3,433,120	5,868,497	3,591,136	557,527	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,399					190
192	PHYSICIANS' PRIVATE OFFICES		18,048					192
192.0 1	MEALS ON WHEELS		60,960					192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,609,298	4,065,834	3,433,120	5,868,497	3,591,136	557,527	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DEPR NEW BUILDING						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	PLANT OPER OLD BUILDING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
9.01	HOUSEKEEPING OLD BUILD						9.01
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	PASTORAL CARE						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	69,815,586		69,815,586			30
31	INTENSIVE CARE UNIT	14,816,618		14,816,618			31
43	NURSERY	1,576,387		1,576,387			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	30,139,525		30,139,525			50
53	ANESTHESIOLOGY	1,346,458		1,346,458			53
54	RADIOLOGY-DIAGNOSTIC	9,620,650		9,620,650			54
54.01	ULTRASOUND	2,955,711		2,955,711			54.01
55	RADIOLOGY-THERAPEUTIC	6,354,306		6,354,306			55
55.01	CYBERKNIFE	4,989,945		4,989,945			55.01
56	RADIOISOTOPE	2,622,306		2,622,306			56
57	CT SCAN	3,763,147		3,763,147			57
58	MRI	2,395,807		2,395,807			58
59	CARDIAC CATHETERIZATION	4,831,104		4,831,104			59
60	LABORATORY	23,985,656		23,985,656			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,468,305		4,468,305			65
65.01	SLEEP LAB	1,070,965		1,070,965			65.01
66	PHYSICAL THERAPY	4,915,219		4,915,219			66
67	OCCUPATIONAL THERAPY	712,789		712,789			67
68	SPEECH PATHOLOGY	321,103		321,103			68
69	ELECTROCARDIOLOGY	2,757,886		2,757,886			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,830,798		12,830,798			71
72	IMPL. DEV. CHARGED TO PATIENTS	25,613,782		25,613,782			72
73	DRUGS CHARGED TO PATIENTS	36,192,378		36,192,378			73
74	RENAL DIALYSIS	980,209		980,209			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	42,756,025		42,756,025			90
91	EMERGENCY	13,126,429		13,126,429			91
91.01	OUTPATIENT CLINICS	6,314,007		6,314,007			91.01
91.02	CARDIAC REHAB	975,382		975,382			91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	6,269,348		6,269,348			101
	SPECIAL PURPOSE COST CENTERS						



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
116	HOSPICE	1,689,441		1,689,441			116
118	SUBTOTALS (sum of lines 1-117)	340,207,272		340,207,272			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,939,185		1,939,185			190
192	PHYSICIANS' PRIVATE OFFICES	6,759,162		6,759,162			192
192.0 1	MEALS ON WHEELS	1,346,649		1,346,649			192.0 1
192.0 2	GUEST MEALS						192.0 2
194	OTHER NONREIMBURSABLE	1,272,847		1,272,847			194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	351,525,115		351,525,115			202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	
		0	1	1.01	2	2A	4	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	238,890		46,750	66,194	351,834	351,834	4
5	ADMINISTRATIVE & GENERAL	4,318,000		1,277,341	8,068,378	13,663,719	75,123	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		106,226	493,255	6,180,168	6,779,649	5,789	7
7.01	PLANT OPER OLD BUILDING						279	7.01
8	LAUNDRY & LINEN SERVICE		18,051	23,483	23,569	65,103	1,530	8
9	HOUSEKEEPING			21,699	44,366	66,065	8,150	9
9.01	HOUSEKEEPING OLD BUILD						2	9.01
10	DIETARY	15,758		184,956	75,328	276,042	2,243	10
11	CAFETERIA			259,405	138,938	398,343	4,373	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			12,691	160,587	173,278	4,682	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	207,969		36,145	153,726	397,840	7,839	15
16	MEDICAL RECORDS & LIBRARY			26,289	2,195	28,484	4,534	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	PASTORAL CARE			14,878	81	14,959	652	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	243		3,150,746	2,712,679	5,863,668	56,451	30
31	INTENSIVE CARE UNIT			451,009	162,980	613,989	14,699	31
43	NURSERY						2,062	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	332,409		908,839	2,683,605	3,924,853	24,805	50
53	ANESTHESIOLOGY			5,698	267,833	273,531	343	53
54	RADIOLOGY-DIAGNOSTIC			267,708	1,145,398	1,413,106	8,765	54
54.01	ULTRASOUND			26,015	174,510	200,525	3,589	54.01
55	RADIOLOGY-THERAPEUTIC		4,446	444,146	875,740	1,324,332	5,825	55
55.01	CYBERKNIFE		1,610		92	1,702	1,361	55.01
56	RADIOISOTOPE			59,686	56,220	115,906	1,747	56
57	CT SCAN			38,606	440,701	479,307	2,557	57
58	MRI			39,944	429,821	469,765	1,804	58
59	CARDIAC CATHETERIZATION			179,805	1,009,050	1,188,855	3,014	59
60	LABORATORY	74,920		422,951	630,070	1,127,941	15,390	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	385		90,881	75,922	167,188	4,503	65
65.01	SLEEP LAB	809			112,385	113,194	1,187	65.01
66	PHYSICAL THERAPY		2,587	23,195	15,786	41,568	6,283	66
67	OCCUPATIONAL THERAPY		2,028	23,166	2,316	27,510	757	67
68	SPEECH PATHOLOGY						428	68
69	ELECTROCARDIOLOGY			161,488	177,312	338,800	1,761	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS			12,662	500	13,162		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,668,635	9,020		294,895	2,972,550	45,309	90
91	EMERGENCY			475,140	169,685	644,825	11,481	91
91.01	OUTPATIENT CLINICS	249,399			133,082	382,481	7,259	91.01
91.02	CARDIAC REHAB			158,193	41,925	200,118	1,001	91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		8,633			8,633	7,615	101



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	
		0	1	1.01	2	2A	4	
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE		2,874			2,874	1,640	116
118	SUBTOTALS (sum of lines 1-117)	8,107,417	155,475	9,336,770	26,526,037	44,125,699	346,832	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			114,824	28,407	143,231	789	190
192	PHYSICIANS' PRIVATE OFFICES			115,357		115,357	2,244	192
192.0 1	MEALS ON WHEELS						1,969	192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE		550,865			550,865		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	8,107,417	706,340	9,566,951	26,554,444	44,935,152	351,834	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI OL BUILD	
		5	7	7.01	8	9	9.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL	13,738,842						5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,126,461	7,911,899					7
7.01	PLANT OPER OLD BUILDING	23,220		23,499				7.01
8	LAUNDRY & LINEN SERVICE	110,448	25,432	707	203,220			8
9	HOUSEKEEPING	246,297	23,500		1,536	345,548		9
9.01	HOUSEKEEPING OLD BUILD	884					886	9.01
10	DIETARY	67,079	200,310			8,803		10
11	CAFETERIA	109,957	280,939			12,346		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	129,864	13,745			604		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	217,487	39,146			1,720		15
16	MEDICAL RECORDS & LIBRARY	128,610	28,471			1,251		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	PASTORAL CARE	18,187	16,113			708		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,857,775	3,583,622		41,046	157,488		30
31	INTENSIVE CARE UNIT	440,448	488,448		10,620	21,465		31
43	NURSERY	57,466						43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	936,287	984,283		19,155	43,256		50
53	ANESTHESIOLOGY	45,849	6,171			271		53
54	RADIOLOGY-DIAGNOSTIC	308,985	289,930		7,593	12,741		54
54.01	ULTRASOUND	106,079	28,175		113	1,238		54.01
55	RADIOLOGY-THERAPEUTIC	235,222		174	293			55
55.01	CYBERKNIFE	191,223		63				55.01
56	RADIOISOTOPE	82,802	64,640		1,483	2,841		56
57	CT SCAN	127,334	41,810		992	1,837		57
58	MRI	78,660	43,260		2,600	1,901		58
59	CARDIAC CATHETERIZATION	147,124	194,731		2,757	8,558		59
60	LABORATORY	831,310	458,061		36	20,130		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	150,063	98,425			4,325		65
65.01	SLEEP LAB	40,073			497			65.01
66	PHYSICAL THERAPY	180,380	25,121	101	427	1,104		66
67	OCCUPATIONAL THERAPY	22,737	25,089	79		1,103		67
68	SPEECH PATHOLOGY	12,117						68
69	ELECTROCARDIOLOGY	74,016	174,893			7,686		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	494,504						71
72	IMPL. DEV. CHARGED TO PATIENTS	994,525						72
73	DRUGS CHARGED TO PATIENTS	1,196,618						73
74	RENAL DIALYSIS	35,583	13,713		235	603		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,637,385			1,822			90
91	EMERGENCY	381,593	514,582		18,615	22,614		91
91.01	OUTPATIENT CLINICS	229,031		353	2,282			91.01
91.02	CARDIAC REHAB	36,077			59			91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY	243,627		338				13
	SPECIAL PURPOSE COST CENTERS							



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI OL BUILD	
		5	7	7.01	8	9	9.01	
116	HOSPICE	64,361		113				4 116
118	SUBTOTALS (sum of lines 1-117)	13,417,748	7,662,610	1,928	112,161	334,593	47	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,351	124,356		1,103	5,465		190
192	PHYSICIANS' PRIVATE OFFICES	190,898	124,933		89,956	5,490		192
192.0 1	MEALS ON WHEELS	50,249						192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE	27,596		21,571			839	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	13,738,842	7,911,899	23,499	203,220	345,548	886	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	PASTORAL CARE	
		10	11	13	15	16	23	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
7.01	PLANT OPER OLD BUILDING							7.01
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
9.01	HOUSEKEEPING OLD BUILD							9.01
10	DIETARY	554,477						10
11	CAFETERIA		805,958					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		9,732	331,905				13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY		25,629		689,661			15
16	MEDICAL RECORDS & LIBRARY		34,402			225,752		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	PASTORAL CARE		4,036				54,655	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	463,082	231,205	154,210	515	29,169		30
31	INTENSIVE CARE UNIT	91,395	51,956	34,654	124	5,128		31
43	NURSERY		7,133	4,757		1,307		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		99,103	66,100	9,693	15,834		50
53	ANESTHESIOLOGY		2,331	1,555	129	7,331		53
54	RADIOLOGY-DIAGNOSTIC		33,684		1,518	8,139		54
54.01	ULTRASOUND		11,959		49	3,359		54.01
55	RADIOLOGY-THERAPEUTIC		21,718	14,485	4	4,240		55
55.01	CYBERKNIFE		5,446	3,633		1,916		55.01
56	RADIOISOTOPE		5,780		14,753	2,472		56
57	CT SCAN		9,064		7,124	12,422		57
58	MRI		5,937		2,692	6,266		58
59	CARDIAC CATHETERIZATION		9,887		1,766	5,887		59
60	LABORATORY		74,048			18,774		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		19,083		1,160	5,258		65
65.01	SLEEP LAB		5,272			743		65.01
66	PHYSICAL THERAPY		27,289		30	2,585		66
67	OCCUPATIONAL THERAPY		2,547			266		67
68	SPEECH PATHOLOGY		1,496			221		68
69	ELECTROCARDIOLOGY		7,002			3,078		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					11,179		71
72	IMPL. DEV. CHARGED TO PATIENTS					10,507		72
73	DRUGS CHARGED TO PATIENTS				569,892	46,052		73
74	RENAL DIALYSIS					327		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC				79,118	10,145		90
91	EMERGENCY		46,767	31,193	976	9,424		91
91.01	OUTPATIENT CLINICS		28,043	18,704	118	1,326		91.01
91.02	CARDIAC REHAB		3,919	2,614		291		91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY					1,689		101
	SPECIAL PURPOSE COST CENTERS							



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	PASTORAL CARE	
		10	11	13	15	16	23	
116	HOSPICE					417		116
118	SUBTOTALS (sum of lines 1-117)	554,477	784,468	331,905	689,661	225,752		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,828					190
192	PHYSICIANS' PRIVATE OFFICES		3,578					192
192.0 1	MEALS ON WHEELS		12,084					192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE							194
200	CROSS FOOT ADJUSTMENTS						54,655	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	554,477	805,958	331,905	689,661	225,752	54,655	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DEPR NEW BUILDING						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	PLANT OPER OLD BUILDING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
9.01	HOUSEKEEPING OLD BUILD						9.01
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	PASTORAL CARE						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	12,438,231		12,438,231			30
31	INTENSIVE CARE UNIT	1,772,926		1,772,926			31
43	NURSERY	72,725		72,725			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,123,369		6,123,369			50
53	ANESTHESIOLOGY	337,511		337,511			53
54	RADIOLOGY-DIAGNOSTIC	2,084,461		2,084,461			54
54.01	ULTRASOUND	355,086		355,086			54.01
55	RADIOLOGY-THERAPEUTIC	1,606,300		1,606,300			55
55.01	CYBERKNIFE	205,346		205,346			55.01
56	RADIOISOTOPE	292,424		292,424			56
57	CT SCAN	682,447		682,447			57
58	MRI	612,885		612,885			58
59	CARDIAC CATHETERIZATION	1,562,579		1,562,579			59
60	LABORATORY	2,545,690		2,545,690			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	450,005		450,005			65
65.01	SLEEP LAB	160,966		160,966			65.01
66	PHYSICAL THERAPY	284,892		284,892			66
67	OCCUPATIONAL THERAPY	80,091		80,091			67
68	SPEECH PATHOLOGY	14,262		14,262			68
69	ELECTROCARDIOLOGY	607,236		607,236			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	505,683		505,683			71
72	IMPL. DEV. CHARGED TO PATIENTS	1,005,032		1,005,032			72
73	DRUGS CHARGED TO PATIENTS	1,812,562		1,812,562			73
74	RENAL DIALYSIS	63,623		63,623			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,746,329		4,746,329			90
91	EMERGENCY	1,682,070		1,682,070			91
91.01	OUTPATIENT CLINICS	669,611		669,611			91.01
91.02	CARDIAC REHAB	244,079		244,079			91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	261,915		261,915			101
	SPECIAL PURPOSE COST CENTERS						



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
116	HOSPICE	69,409		69,409			116
118	SUBTOTALS (sum of lines 1-117)	43,349,745		43,349,745			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	333,123		333,123			190
192	PHYSICIANS' PRIVATE OFFICES	532,456		532,456			192
192.0 1	MEALS ON WHEELS	64,302		64,302			192.0 1
192.0 2	GUEST MEALS						192.0 2
194	OTHER NONREIMBURSABLE	600,871		600,871			194
200	CROSS FOOT ADJUSTMENTS	54,655		54,655			200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	44,935,152		44,935,152			202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	614,357						1
1.01	DEPR NEW BUILDING		664,879					1.01
2	CAP REL COSTS-MVBLE EQUIP			26,400,224				2
4	EMPLOYEE BENEFITS DEPARTMENT		3,249	65,810	144,054,723			4
5	ADMINISTRATIVE & GENERAL		88,772	8,021,531	30,740,721	-77,276,287	274,248,828	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	92,393	34,280	6,144,273	2,370,722		22,486,040	7
7.01	PLANT OPER OLD BUILDING				114,455		463,513	7.01
8	LAUNDRY & LINEN SERVICE	15,700	1,632	23,432	626,692		2,204,729	8
9	HOUSEKEEPING		1,508	44,108	3,337,265		4,916,507	9
9.01	HOUSEKEEPING OLD BUILD				895		17,643	9.01
10	DIETARY		12,854	74,890	918,613		1,339,010	10
11	CAFETERIA		18,028	138,131	1,790,846		2,194,924	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		882	159,654	1,917,307		2,592,307	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY		2,512	152,833	3,209,913		4,341,400	15
16	MEDICAL RECORDS & LIBRARY		1,827	2,182	1,856,867		2,567,272	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	PASTORAL CARE		1,034	81	266,797		363,039	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		218,969	2,696,924	23,116,691		37,082,909	30
31	INTENSIVE CARE UNIT		31,344	162,033	6,019,153		8,792,074	31
43	NURSERY				844,278		1,147,125	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		63,162	2,668,018	10,157,646		18,689,856	50
53	ANESTHESIOLOGY		396	266,277	140,492		915,232	53
54	RADIOLOGY-DIAGNOSTIC		18,605	1,138,745	3,589,275		6,167,853	54
54.01	ULTRASOUND		1,808	173,496	1,469,734		2,117,508	54.01
55	RADIOLOGY-THERAPEUTIC	3,867	30,867	870,654	2,385,538		4,695,417	55
55.01	CYBERKNIFE	1,400		91	557,246		3,817,123	55.01
56	RADIOISOTOPE		4,148	55,893	715,359		1,652,861	56
57	CT SCAN		2,683	438,141	1,047,038		2,541,793	57
58	MRI		2,776	427,325	738,789		1,570,182	58
59	CARDIAC CATHETERIZATION		12,496	1,003,189	1,234,038		2,936,845	59
60	LABORATORY		29,394	626,411	6,302,346		16,594,339	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		6,316	75,481	1,843,801		2,995,505	65
65.01	SLEEP LAB			111,732	486,156		799,932	65.01
66	PHYSICAL THERAPY	2,250	1,612	15,694	2,572,984		3,600,682	66
67	OCCUPATIONAL THERAPY	1,764	1,610	2,303	310,084		453,871	67
68	SPEECH PATHOLOGY				175,302		241,883	68
69	ELECTROCARDIOLOGY		11,223	176,282	720,938		1,477,486	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						9,871,128	71
72	IMPL. DEV. CHARGED TO PATIENTS						19,852,375	72
73	DRUGS CHARGED TO PATIENTS						23,886,488	73
74	RENAL DIALYSIS		880	497			710,306	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	7,845		293,182	18,554,008		32,684,936	90
91	EMERGENCY		33,021	168,699	4,701,529		7,617,226	91
91.01	OUTPATIENT CLINICS			132,309	2,972,411		4,571,838	91.01
91.02	CARDIAC REHAB		10,994	41,681	410,072		720,159	91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	5A	5	
101	HOME HEALTH AGENCY	7,509			3,118,540		4,863,205	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	2,500			671,759		1,284,744	116
118	SUBTOTALS (sum of lines 1-117)	135,228	648,882	26,371,982	142,006,300	-77,276,287	267,839,265	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,980	28,242	323,270		1,045,008	190
192	PHYSICIANS' PRIVATE OFFICES		8,017		918,780		3,810,636	192
192.0 1	MEALS ON WHEELS				806,373		1,003,054	192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE	479,129					550,865	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	706,340	9,566,951	26,554,444	35,129,046		77,276,287	202
203	UNIT COST MULT-WS B PT I	1.149722	14.389011	1.005842	0.243859		0.281774	203
204	COST TO BE ALLOC PER B PT II				351,834		13,738,842	204
205	UNIT COST MULT-WS B PT II				0.002442		0.050096	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING OLD BUILD SQ FT	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DEPR NEW BUILDING							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	507,711						7
7.01	PLANT OPER OLD BUILDING		521,964					7.01
8	LAUNDRY & LINEN SERVICE	1,632	15,700	3,863,915				8
9	HOUSEKEEPING	1,508		29,212	504,571			9
9.01	HOUSEKEEPING OLD BUILD					506,264		9.01
10	DIETARY	12,854			12,854		181,780	10
11	CAFETERIA	18,028			18,028			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	882			882			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	2,512			2,512			15
16	MEDICAL RECORDS & LIBRARY	1,827			1,827			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	PASTORAL CARE	1,034			1,034			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	229,963		780,436	229,963		151,817	30
31	INTENSIVE CARE UNIT	31,344		201,922	31,344		29,963	31
43	NURSERY							43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	63,162		364,206	63,162			50
53	ANESTHESIOLOGY	396			396			53
54	RADIOLOGY-DIAGNOSTIC	18,605		144,366	18,605			54
54.01	ULTRASOUND	1,808		2,150	1,808			54.01
55	RADIOLOGY-THERAPEUTIC		3,867	5,577		3,867		55
55.01	CYBERKNIFE		1,400			1,400		55.01
56	RADIOISOTOPE	4,148		28,205	4,148			56
57	CT SCAN	2,683		18,869	2,683			57
58	MRI	2,776		49,429	2,776			58
59	CARDIAC CATHETERIZATION	12,496		52,429	12,496			59
60	LABORATORY	29,394		684	29,394			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	6,316			6,316			65
65.01	SLEEP LAB			9,454				65.01
66	PHYSICAL THERAPY	1,612	2,250	8,123	1,612	2,250		66
67	OCCUPATIONAL THERAPY	1,610	1,764		1,610	1,764		67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY	11,223			11,223			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	880		4,477	880			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			34,652				90
91	EMERGENCY	33,021		353,946	33,021			91
91.01	OUTPATIENT CLINICS		7,845	43,390		7,845		91.01
91.02	CARDIAC REHAB			1,119				91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		7,509			7,509		101



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING SQ FT	DIETARY MEALS SERVED	
		7	7.01	8	9	9.01	10	
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE		2,500			2,500		116
118	SUBTOTALS (sum of lines 1-117)	491,714	42,835	2,132,646	488,574	27,135	181,780	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,980		20,972	7,980			190
192	PHYSICIANS' PRIVATE OFFICES	8,017		1,710,297	8,017			192
192.0 1	MEALS ON WHEELS							192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE		479,129			479,129		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	28,822,021	594,119	2,936,480	6,409,658	22,614	2,609,298	202
203	UNIT COST MULT-WS B PT I	56,768,557	1,138,238	0,759,975	12,703,183	0,044,668	14,354,153	203
204	COST TO BE ALLOC PER B PT II	7,911,899	23,499	203,220	345,548	886	554,477	204
205	UNIT COST MULT-WS B PT II	15,583,470	0,045,020	0,052,594	0,684,835	0,001,750	3,050,264	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PASTORAL CARE ASSIGNED TIME		
	11	13	15	16	23		

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DEPR NEW BUILDING						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	PLANT OPER OLD BUILDING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
9.01	HOUSEKEEPING OLD BUILD						9.01
10	DIETARY						10
11	CAFETERIA	2,510,543					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	30,314	1,550,082				13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	79,833		28,906,511			15
16	MEDICAL RECORDS & LIBRARY	107,161			1,575,315,149		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	PASTORAL CARE	12,571				337	23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	720,201	720,201	21,587	203,981,091	184	30
31	INTENSIVE CARE UNIT	161,842	161,842	5,205	35,862,797	50	31
43	NURSERY	22,218	22,218		9,141,038		43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	308,704	308,704	406,264	110,723,935		50
53	ANESTHESIOLOGY	7,261	7,261	5,413	51,266,390		53
54	RADIOLOGY-DIAGNOSTIC	104,926		63,638	56,917,267		54
54.01	ULTRASOUND	37,252		2,033	23,492,238		54.01
55	RADIOLOGY-THERAPEUTIC	67,650	67,650	150	29,653,418		55
55.01	CYBERKNIFE	16,965	16,965		13,399,096		55.01
56	RADIOISOTOPE	18,006		618,362	17,285,189		56
57	CT SCAN	28,235		298,609	86,868,651		57
58	MRI	18,495		112,842	43,819,095		58
59	CARDIAC CATHETERIZATION	30,799		74,011	41,168,513		59
60	LABORATORY	230,658			131,289,692		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	59,442		48,606	36,766,192		65
65.01	SLEEP LAB	16,423			5,197,959		65.01
66	PHYSICAL THERAPY	85,004		1,260	18,076,286		66
67	OCCUPATIONAL THERAPY	7,935			1,860,429		67
68	SPEECH PATHOLOGY	4,659			1,543,487		68
69	ELECTROCARDIOLOGY	21,810		1	21,526,423		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				78,176,641		71
72	IMPL. DEV. CHARGED TO PATIENTS				73,475,388		72
73	DRUGS CHARGED TO PATIENTS			23,886,488	318,653,205		73
74	RENAL DIALYSIS			1	2,289,419		74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			3,316,203	70,941,460		90
91	EMERGENCY	145,679	145,679	40,889	65,899,786	50	91
91.01	OUTPATIENT CLINICS	87,354	87,354	4,947	9,275,769	33	91.01
91.02	CARDIAC REHAB	12,208	12,208	2	2,036,068		91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PASTORAL CARE ASSIGNED TIME		
		11	13	15	16	23		
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY				11,814,129			101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE				2,914,098	20		116
118	SUBTOTALS (sum of lines 1-117)	2,443,605	1,550,082	28,906,511	1,575,315,149	337		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,153						190
192	PHYSICIANS' PRIVATE OFFICES	11,144						192
192.0 1	MEALS ON WHEELS	37,641						192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,065,834	3,433,120	5,868,497	3,591,136	557,527		202
203	UNIT COST MULT-WS B PT I	1.619504	2.214799	0.203016	0.002280	1,654.382789		203
204	COST TO BE ALLOC PER B PT II	805,958	331,905	689,661	225,752	54,655		204
205	UNIT COST MULT-WS B PT II	0.321029	0.214121	0.023858	0.000143	162.181009		205



COMPU-MAX

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
				1	2	3	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	69,815,586		69,815,586	33,109	69,848,695	30
31	INTENSIVE CARE UNIT	14,816,618		14,816,618	44,799	14,861,417	31
43	NURSERY	1,576,387		1,576,387		1,576,387	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	30,139,525		30,139,525	450,963	30,590,488	50
53	ANESTHESIOLOGY	1,346,458		1,346,458		1,346,458	53
54	RADIOLOGY-DIAGNOSTIC	9,620,650		9,620,650		9,620,650	54
54.01	ULTRASOUND	2,955,711		2,955,711		2,955,711	54.01
55	RADIOLOGY-THERAPEUTIC	6,354,306		6,354,306		6,354,306	55
55.01	CYBERKNIFE	4,989,945		4,989,945		4,989,945	55.01
56	RADIOISOTOPE	2,622,306		2,622,306		2,622,306	56
57	CT SCAN	3,763,147		3,763,147		3,763,147	57
58	MRI	2,395,807		2,395,807		2,395,807	58
59	CARDIAC CATHETERIZATION	4,831,104		4,831,104		4,831,104	59
60	LABORATORY	23,985,656		23,985,656	30,188	24,015,844	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,468,305		4,468,305	11,164	4,479,469	65
65.01	SLEEP LAB	1,070,965		1,070,965	60,210	1,131,175	65.01
66	PHYSICAL THERAPY	4,915,219		4,915,219		4,915,219	66
67	OCCUPATIONAL THERAPY	712,789		712,789		712,789	67
68	SPEECH PATHOLOGY	321,103		321,103		321,103	68
69	ELECTROCARDIOLOGY	2,757,886		2,757,886		2,757,886	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,830,798		12,830,798		12,830,798	71
72	IMPL. DEV. CHARGED TO PATIENTS	25,613,782		25,613,782		25,613,782	72
73	DRUGS CHARGED TO PATIENTS	36,192,378		36,192,378		36,192,378	73
74	RENAL DIALYSIS	980,209		980,209		980,209	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	42,756,025		42,756,025		42,756,025	90
91	EMERGENCY	13,126,429		13,126,429	526,894	13,653,323	91
91.01	OUTPATIENT CLINICS	6,314,007		6,314,007		6,314,007	91.01
91.02	CARDIAC REHAB	975,382		975,382		975,382	91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	9,568,172		9,568,172		9,568,172	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	6,269,348		6,269,348		6,269,348	101
116	HOSPICE	1,689,441		1,689,441		1,689,441	116
200	SUBTOTAL (SEE INSTRUCTIONS)	349,775,444		349,775,444	1,157,327	350,932,771	200
201	LESS OBSERVATION BEDS	9,568,172		9,568,172		9,568,172	201
202	TOTAL (SEE INSTRUCTIONS)	340,207,272		340,207,272		341,364,599	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	184,021,752		184,021,752				30
31	INTENSIVE CARE UNIT	35,862,797		35,862,797				31
43	NURSERY	9,141,038		9,141,038				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	52,512,338	58,211,597	110,723,935	0.272204	0.272204	0.276277	50
53	ANESTHESIOLOGY	26,083,292	25,183,098	51,266,390	0.026264	0.026264	0.026264	53
54	RADIOLOGY-DIAGNOSTIC	16,600,986	40,316,281	56,917,267	0.169029	0.169029	0.169029	54
54.01	ULTRASOUND	3,527,654	19,964,584	23,492,238	0.125816	0.125816	0.125816	54.01
55	RADIOLOGY-THERAPEUTIC	353,809	29,299,609	29,653,418	0.214286	0.214286	0.214286	55
55.01	CYBERKNIFE	68,412	13,330,684	13,399,096	0.372409	0.372409	0.372409	55.01
56	RADIOISOTOPE	3,618,437	13,666,752	17,285,189	0.151708	0.151708	0.151708	56
57	CT SCAN	17,446,316	69,422,335	86,868,651	0.043320	0.043320	0.043320	57
58	MRI	6,161,374	37,657,721	43,819,095	0.054675	0.054675	0.054675	58
59	CARDIAC CATHETERIZATION	18,416,962	22,751,551	41,168,513	0.117349	0.117349	0.117349	59
60	LABORATORY	44,341,192	86,948,500	131,289,692	0.182693	0.182693	0.182923	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	32,254,296	4,511,896	36,766,192	0.121533	0.121533	0.121837	65
65.01	SLEEP LAB	13,061	5,184,898	5,197,959	0.206036	0.206036	0.217619	65.01
66	PHYSICAL THERAPY	6,738,003	11,338,283	18,076,286	0.271915	0.271915	0.271915	66
67	OCCUPATIONAL THERAPY	1,673,832	186,597	1,860,429	0.383132	0.383132	0.383132	67
68	SPEECH PATHOLOGY	1,471,866	71,621	1,543,487	0.208037	0.208037	0.208037	68
69	ELECTROCARDIOLOGY	8,889,823	12,636,600	21,526,423	0.128116	0.128116	0.128116	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,112,291	37,064,350	78,176,641	0.164126	0.164126	0.164126	71
72	IMPL. DEV. CHARGED TO PATIENTS	53,103,870	20,371,518	73,475,388	0.348604	0.348604	0.348604	72
73	DRUGS CHARGED TO PATIENTS	164,667,051	153,986,154	318,653,205	0.113579	0.113579	0.113579	73
74	RENAL DIALYSIS	2,128,256	161,163	2,289,419	0.428147	0.428147	0.428147	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	119,562	70,821,898	70,941,460	0.602694	0.602694	0.602694	90
91	EMERGENCY	18,454,886	47,444,900	65,899,786	0.199188	0.199188	0.207183	91
91.01	OUTPATIENT CLINICS	434,802	8,840,967	9,275,769	0.680699	0.680699	0.680699	91.01
91.02	CARDIAC REHAB	305,534	1,730,534	2,036,068	0.479052	0.479052	0.479052	91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	7,058,559	12,900,780	19,959,339	0.479383	0.479383	0.479383	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	HOME HEALTH AGENCY		11,814,129	11,814,129				101
116	HOSPICE		2,914,098	2,914,098				116
200	SUBTOTAL (SEE INSTRUCTIONS)	756,582,051	818,733,098	1,575,315,149				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	756,582,051	818,733,098	1,575,315,149				202



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	12,438,231		12,438,231	54,948	226.36	27,975	6,332,421	30
31	INTENSIVE CARE UNIT	1,772,926		1,772,926	9,359	189.44	2,729	516,982	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	72,725		72,725	4,522	16.08			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	14,283,882		14,283,882	68,829		30,704	6,849,403	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,123,369	110,723,935	0.055303	22,782,017	1,259,914	50
53	ANESTHESIOLOGY	337,511	51,266,390	0.006583	10,996,217	72,388	53
54	RADIOLOGY-DIAGNOSTIC	2,084,461	56,917,267	0.036623	10,678,675	391,085	54
54.01	ULTRASOUND	355,086	23,492,238	0.015115	2,133,497	32,248	54.01
55	RADIOLOGY-THERAPEUTIC	1,606,300	29,653,418	0.054169	200,881	10,882	55
55.01	CYBERKNIFE	205,346	13,399,096	0.015325	61,136	937	55.01
56	RADIOISOTOPE	292,424	17,285,189	0.016918	2,302,498	38,954	56
57	CT SCAN	682,447	86,868,651	0.007856	11,977,627	94,096	57
58	MRI	612,885	43,819,095	0.013987	3,275,702	45,817	58
59	CARDIAC CATHETERIZATION	1,562,579	41,168,513	0.037956	10,914,954	414,288	59
60	LABORATORY	2,545,690	131,289,692	0.019390	27,041,333	524,331	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	450,005	36,766,192	0.012240	21,103,441	258,306	65
65.01	SLEEP LAB	160,966	5,197,959	0.030967	9,195	285	65.01
66	PHYSICAL THERAPY	284,892	18,076,286	0.015761	4,165,207	65,648	66
67	OCCUPATIONAL THERAPY	80,091	1,860,429	0.043050	1,026,292	44,182	67
68	SPEECH PATHOLOGY	14,262	1,543,487	0.009240	1,126,014	10,404	68
69	ELECTROCARDIOLOGY	607,236	21,526,423	0.028209	4,984,194	140,599	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	505,683	78,176,641	0.006468	18,191,950	117,666	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,005,032	73,475,388	0.013678	24,210,493	331,151	72
73	DRUGS CHARGED TO PATIENTS	1,812,562	318,653,205	0.005688	89,925,351	511,495	73
74	RENAL DIALYSIS	63,623	2,289,419	0.027790	1,643,636	45,677	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,746,329	70,941,460	0.066905	119,358	7,986	90
91	EMERGENCY	1,682,070	65,899,786	0.025525	10,133,740	258,664	91
91.01	OUTPATIENT CLINICS	669,611	9,275,769	0.072189	292,928	21,146	91.01
91.02	CARDIAC REHAB	244,079	2,036,068	0.119878	160,148	19,198	91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,703,843	19,959,339	0.085366	2,025,096	172,874	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	30,438,382	1,331,561,335		281,481,580	4,890,221	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		304,406			304,406	30
31	INTENSIVE CARE UNIT		82,719			82,719	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		387,125			387,125	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	54,948	5.54	27,975	154,982	30
31	INTENSIVE CARE UNIT	9,359	8.84	2,729	24,124	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	4,522				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	68,829		30,704	179,106	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
55.01	CYBERKNIFE							55.01
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
65.01	SLEEP LAB							65.01
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
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
91	EMERGENCY			82,719		82,719	82,719	91
91.01	OUTPATIENT CLINICS			54,595		54,595	54,595	91.01
91.02	CARDIAC REHAB							91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)			41,698		41,698	41,698	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			179,012		179,012	179,012	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	110,723,935			22,782,017		11,786,927		50
53	ANESTHESIOLOGY	51,266,390			10,996,217		4,577,352		53
54	RADIOLOGY-DIAGNOSTIC	56,917,267			10,678,675		11,120,136		54
54.01	ULTRASOUND	23,492,238			2,133,497		4,000,282		54.01
55	RADIOLOGY-THERAPEUTIC	29,653,418			200,881		12,603,965		55
55.01	CYBERKNIFE	13,399,096			61,136		7,173,477		55.01
56	RADIOISOTOPE	17,285,189			2,302,498		4,788,806		56
57	CT SCAN	86,868,651			11,977,627		19,773,350		57
58	MRI	43,819,095			3,275,702		9,052,652		58
59	CARDIAC CATHETERIZATION	41,168,513			10,914,954		11,131,217		59
60	LABORATORY	131,289,692			27,041,333		8,945,376		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	36,766,192			21,103,441		1,103,821		65
65.01	SLEEP LAB	5,197,959			9,195		1,384,222		65.01
66	PHYSICAL THERAPY	18,076,286			4,165,207		242,332		66
67	OCCUPATIONAL THERAPY	1,860,429			1,026,292		130		67
68	SPEECH PATHOLOGY	1,543,487			1,126,014				68
69	ELECTROCARDIOLOGY	21,526,423			4,984,194		3,809,716		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,176,641			18,191,950		9,233,951		71
72	IMPL. DEV. CHARGED TO PATIENTS	73,475,388			24,210,493		9,164,820		72
73	DRUGS CHARGED TO PATIENTS	318,653,205			89,925,351		51,149,531		73
74	RENAL DIALYSIS	2,289,419			1,643,636		129,863		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	70,941,460			119,358		10,503,596		90
91	EMERGENCY	65,899,786	0.001255	0.001255	10,133,740	12,718	8,466,249	10,625	91
91.01	OUTPATIENT CLINICS	9,275,769	0.005886	0.005886	292,928	1,724	371,174	2,185	91.01
91.02	CARDIAC REHAB	2,036,068			160,148		745,766		91.02
91.03	CENTRAL ADMISSION								91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	19,959,339	0.002089	0.002089	2,025,096	4,230	4,451,403	9,299	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	1,331,561,335			281,481,580	18,672	205,710,114	22,109	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.272204	11,786,927			3,208,449			50
53	ANESTHESIOLOGY	0.026264	4,577,352			120,220			53
54	RADIOLOGY-DIAGNOSTIC	0.169029	11,120,136			1,879,625			54
54.01	ULTRASOUND	0.125816	4,000,282			503,299			54.01
55	RADIOLOGY-THERAPEUTIC	0.214286	12,603,965			2,700,853			55
55.01	CYBERKNIFE	0.372409	7,173,477			2,671,467			55.01
56	RADIOISOTOPE	0.151708	4,788,806			726,500			56
57	CT SCAN	0.043320	19,773,350			856,582			57
58	MRI	0.054675	9,052,652			494,954			58
59	CARDIAC CATHETERIZATION	0.117349	11,131,217			1,306,237			59
60	LABORATORY	0.182693	8,945,376			1,634,258			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.121533	1,103,821			134,151			65
65.01	SLEEP LAB	0.206036	1,384,222			285,200			65.01
66	PHYSICAL THERAPY	0.271915	242,332			65,894			66
67	OCCUPATIONAL THERAPY	0.383132	130			50			67
68	SPEECH PATHOLOGY	0.208037							68
69	ELECTROCARDIOLOGY	0.128116	3,809,716			488,086			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164126	9,233,951			1,515,531			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348604	9,164,820			3,194,893			72
73	DRUGS CHARGED TO PATIENTS	0.113579	51,149,531		311,568	5,809,513		35,388	73
74	RENAL DIALYSIS	0.428147	129,863	725		55,600	310		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.602694	10,503,596	4,725		6,330,454	2,848		90
91	EMERGENCY	0.199188	8,466,249			1,686,375			91
91.01	OUTPATIENT CLINICS	0.680699	371,174			252,658			91.01
91.02	CARDIAC REHAB	0.479052	745,766			357,261			91.02
91.03	CENTRAL ADMISSION								91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479383	4,451,403			2,133,927			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		205,710,114	5,450	311,568	38,412,037	3,158	35,388	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		205,710,114	5,450	311,568	38,412,037	3,158	35,388	202

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	12,438,231		12,438,231	54,948	226.36	3,999	905,214	30
31	INTENSIVE CARE UNIT	1,772,926		1,772,926	9,359	189.44	573	108,549	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	72,725		72,725	4,522	16.08	1,497	24,072	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	14,283,882		14,283,882	68,829		6,069	1,037,835	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,123,369	110,723,935	0.055303			50
53	ANESTHESIOLOGY	337,511	51,266,390	0.006583			53
54	RADIOLOGY-DIAGNOSTIC	2,084,461	56,917,267	0.036623			54
54.01	ULTRASOUND	355,086	23,492,238	0.015115			54.01
55	RADIOLOGY-THERAPEUTIC	1,606,300	29,653,418	0.054169			55
55.01	CYBERKNIFE	205,346	13,399,096	0.015325			55.01
56	RADIOISOTOPE	292,424	17,285,189	0.016918			56
57	CT SCAN	682,447	86,868,651	0.007856			57
58	MRI	612,885	43,819,095	0.013987			58
59	CARDIAC CATHETERIZATION	1,562,579	41,168,513	0.037956			59
60	LABORATORY	2,545,690	131,289,692	0.019390			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	450,005	36,766,192	0.012240			65
65.01	SLEEP LAB	160,966	5,197,959	0.030967			65.01
66	PHYSICAL THERAPY	284,892	18,076,286	0.015761			66
67	OCCUPATIONAL THERAPY	80,091	1,860,429	0.043050			67
68	SPEECH PATHOLOGY	14,262	1,543,487	0.009240			68
69	ELECTROCARDIOLOGY	607,236	21,526,423	0.028209			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	505,683	78,176,641	0.006468			71
72	IMPL. DEV. CHARGED TO PATIENTS	1,005,032	73,475,388	0.013678			72
73	DRUGS CHARGED TO PATIENTS	1,812,562	318,653,205	0.005688			73
74	RENAL DIALYSIS	63,623	2,289,419	0.027790			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,746,329	70,941,460	0.066905			90
91	EMERGENCY	1,682,070	65,899,786	0.025525			91
91.01	OUTPATIENT CLINICS	669,611	9,275,769	0.072189			91.01
91.02	CARDIAC REHAB	244,079	2,036,068	0.119878			91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,703,843	19,959,339	0.085366			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	30,438,382	1,331,561,335				200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		304,406			304,406	30
31	INTENSIVE CARE UNIT		82,719			82,719	31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		387,125			387,125	200

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	54,948	5.54	3,999	22,154	30
31	INTENSIVE CARE UNIT	9,359	8.84	573	5,065	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	4,522		1,497		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	68,829		6,069	27,219	200

(A) Worksheet A line numbers



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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
55	RADIOLOGY-THERAPEUTIC							55
55.01	CYBERKNIFE							55.01
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
65.01	SLEEP LAB							65.01
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
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
91	EMERGENCY			82,719		82,719	82,719	91
91.01	OUTPATIENT CLINICS			54,595		54,595	54,595	91.01
91.02	CARDIAC REHAB							91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			137,314		137,314	137,314	200

(A) Worksheet A line numbers



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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	110,723,935							50
53	ANESTHESIOLOGY	51,266,390							53
54	RADIOLOGY-DIAGNOSTIC	56,917,267							54
54.01	ULTRASOUND	23,492,238							54.01
55	RADIOLOGY-THERAPEUTIC	29,653,418							55
55.01	CYBERKNIFE	13,399,096							55.01
56	RADIOISOTOPE	17,285,189							56
57	CT SCAN	86,868,651							57
58	MRI	43,819,095							58
59	CARDIAC CATHETERIZATION	41,168,513							59
60	LABORATORY	131,289,692							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	36,766,192							65
65.01	SLEEP LAB	5,197,959							65.01
66	PHYSICAL THERAPY	18,076,286							66
67	OCCUPATIONAL THERAPY	1,860,429							67
68	SPEECH PATHOLOGY	1,543,487							68
69	ELECTROCARDIOLOGY	21,526,423							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,176,641							71
72	IMPL. DEV. CHARGED TO PATIENTS	73,475,388							72
73	DRUGS CHARGED TO PATIENTS	318,653,205							73
74	RENAL DIALYSIS	2,289,419							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	70,941,460							90
91	EMERGENCY	65,899,786	0.001255	0.001255					91
91.01	OUTPATIENT CLINICS	9,275,769	0.005886	0.005886					91.01
91.02	CARDIAC REHAB	2,036,068							91.02
91.03	CENTRAL ADMISSION								91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	19,959,339							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,331,561,335							200

(A) Worksheet A line numbers



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0200

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.272204						50
53	ANESTHESIOLOGY	0.026264						53
54	RADIOLOGY-DIAGNOSTIC	0.169029						54
54.01	ULTRASOUND	0.125816						54.01
55	RADIOLOGY-THERAPEUTIC	0.214286						55
55.01	CYBERKNIFE	0.372409						55.01
56	RADIOISOTOPE	0.151708						56
57	CT SCAN	0.043320						57
58	MRI	0.054675						58
59	CARDIAC CATHETERIZATION	0.117349						59
60	LABORATORY	0.182693						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.121533						65
65.01	SLEEP LAB	0.206036						65.01
66	PHYSICAL THERAPY	0.271915						66
67	OCCUPATIONAL THERAPY	0.383132						67
68	SPEECH PATHOLOGY	0.208037						68
69	ELECTROCARDIOLOGY	0.128116						69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164126						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348604						72
73	DRUGS CHARGED TO PATIENTS	0.113579						73
74	RENAL DIALYSIS	0.428147						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.602694						90
91	EMERGENCY	0.199188						91
91.01	OUTPATIENT CLINICS	0.680699						91.01
91.02	CARDIAC REHAB	0.479052						91.02
91.03	CENTRAL ADMISSION							91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479383						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	54,948	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	54,948	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	47,421	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	27,975	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)	69,848,695	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	69,848,695	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	69,848,695	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,271.18	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					35,561,261	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)					35,561,261	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	14,861,417	9,359	1,587.93	2,729	4,333,461	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					46,729,977	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					86,624,699	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					7,028,509	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					4,908,893	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					11,937,402	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					74,687,297	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					7,527	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,271.18	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					9,568,172	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	12,438,231	69,848,695	0.178074	9,568,172	1,703,843	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	304,406	69,848,695	0.004358	9,568,172	41,698	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	54,948	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	54,948	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	47,421	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	3,999	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)	4,522	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,497	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)	69,815,586	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	69,815,586	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	69,815,586	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,270.58	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					5,081,049	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)					5,081,049	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	1,576,387	4,522	348.60	1,497	521,854	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	14,816,618	9,359	1,583.14	573	907,139	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					6,510,042	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,065,054	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					1,065,054	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0200

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					7,527	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0200

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		76,893,588		30
31	INTENSIVE CARE UNIT		21,314,201		31
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.276277	22,782,017	6,294,147	50
53	ANESTHESIOLOGY	0.026264	10,996,217	288,805	53
54	RADIOLOGY-DIAGNOSTIC	0.169029	10,678,675	1,805,006	54
54.01	ULTRASOUND	0.125816	2,133,497	268,428	54.01
55	RADIOLOGY-THERAPEUTIC	0.214286	200,881	43,046	55
55.01	CYBERKNIFE	0.372409	61,136	22,768	55.01
56	RADIOISOTOPE	0.151708	2,302,498	349,307	56
57	CT SCAN	0.043320	11,977,627	518,871	57
58	MRI	0.054675	3,275,702	179,099	58
59	CARDIAC CATHETERIZATION	0.117349	10,914,954	1,280,859	59
60	LABORATORY	0.182923	27,041,333	4,946,482	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.121837	21,103,441	2,571,180	65
65.01	SLEEP LAB	0.217619	9,195	2,001	65.01
66	PHYSICAL THERAPY	0.271915	4,165,207	1,132,582	66
67	OCCUPATIONAL THERAPY	0.383132	1,026,292	393,205	67
68	SPEECH PATHOLOGY	0.208037	1,126,014	234,253	68
69	ELECTROCARDIOLOGY	0.128116	4,984,194	638,555	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164126	18,191,950	2,985,772	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348604	24,210,493	8,439,875	72
73	DRUGS CHARGED TO PATIENTS	0.113579	89,925,351	10,213,631	73
74	RENAL DIALYSIS	0.428147	1,643,636	703,718	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.602694	119,358	71,936	90
91	EMERGENCY	0.207183	10,133,740	2,099,539	91
91.01	OUTPATIENT CLINICS	0.680699	292,928	199,396	91.01
91.02	CARDIAC REHAB	0.479052	160,148	76,719	91.02
91.03	CENTRAL ADMISSION				91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479383	2,025,096	970,797	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		281,481,580	46,729,977	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		281,481,580		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0200

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.272204			50
53	ANESTHESIOLOGY	0.026264			53
54	RADIOLOGY-DIAGNOSTIC	0.169029			54
54.01	ULTRASOUND	0.125816			54.01
55	RADIOLOGY-THERAPEUTIC	0.214286			55
55.01	CYBERKNIFE	0.372409			55.01
56	RADIOISOTOPE	0.151708			56
57	CT SCAN	0.043320			57
58	MRI	0.054675			58
59	CARDIAC CATHETERIZATION	0.117349			59
60	LABORATORY	0.182693			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.121533			65
65.01	SLEEP LAB	0.206036			65.01
66	PHYSICAL THERAPY	0.271915			66
67	OCCUPATIONAL THERAPY	0.383132			67
68	SPEECH PATHOLOGY	0.208037			68
69	ELECTROCARDIOLOGY	0.128116			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.164126			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.348604			72
73	DRUGS CHARGED TO PATIENTS	0.113579			73
74	RENAL DIALYSIS	0.428147			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.602694			90
91	EMERGENCY	0.199188			91
91.01	OUTPATIENT CLINICS	0.680699			91.01
91.02	CARDIAC REHAB	0.479052			91.02
91.03	CENTRAL ADMISSION				91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.479383			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	13,144,471			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	39,433,412			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	4,111,102			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	261.38			4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS					
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)				5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011. SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON					
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)				24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
DISPROPORTIONATE SHARE ADJUSTMENT					
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0208			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)				31
32	SUM OF LINES 30 AND 31				32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)				33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)				34
		PRIOR TO	ON OR AFTER		
		OCTOBER 1	OCTOBER 1		
	UNCOMPENSATED CARE ADJUSTMENT				



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)				35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)				36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	56,688,985			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)	56,688,985			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	5,601,142			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	179,106			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	18,672			58
59	TOTAL (sum of amounts on lines 49 through 58)	62,487,905			59
60	PRIMARY PAYER PAYMENTS	58,875			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	62,429,030			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,220,544			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	246,976			63
64	ALLOWABLE BAD DEBTS (see instructions)	630,034			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	409,522			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	578,009			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	57,371,032			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SEQUESTRATION PER PSR)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	-22,201			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-77,450			70.94
71	AMOUNT DUE PROVIDER (see instructions)	57,271,381			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,145,428			71.01
72	INTERIM PAYMENTS	56,221,300			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-95,347			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	40,180			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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
 APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)	1	1.01	1.02	96
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ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0200

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	38,546			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	38,389,928			2
3	PPS PAYMENTS	36,089,301			3
4	OUTLIER PAYMENT (see instructions)	183,496			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	22,109			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	38,546			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	317,018			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	317,018			14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)	317,018			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	278,472			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	38,546			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	36,294,906			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	214			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	7,687,461			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	28,645,777			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	28,645,777			30
31	PRIMARY PAYER PAYMENTS	6,048			31
32	SUBTOTAL (line 30 minus line 31)	28,639,729			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	882,914			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	573,894			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	811,288			36
37	SUBTOTAL (see instructions)	29,213,623			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-984			38
39	OTHER ADJUSTMENTS (FDO LOSS)				39
40	SUBTOTAL (see instructions)	29,214,607			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	584,292			40.01
41	INTERIM PAYMENTS	28,037,337			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	592,978			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0200

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		56,182,025		28,037,337	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT	.01	02/11/2014	39,275		3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		39,275		3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			56,221,300	28,037,337	4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01		1,050,081	1,177,270	6.01
	BASED ON THE COST REPORT (1)	.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			57,271,381	29,214,607	7
8	NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

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



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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL 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	13,561	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	30,704	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	241	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	56,780	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,575,315,149	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	38,875,373	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)	1,878,574	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	37,571	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,841,003	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,089,028	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-248,025	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0200

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	6,510,042		1
2			2
3			3
4	6,510,042		4
5			5
6			6
7	6,510,042		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	7,992,251		8
9			9
10			10
11			11
12	7,992,251		12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16	7,992,251		16
17	1,482,209		17
18			18
19			19
20			20
21	6,510,042		21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	6,510,042		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	6,510,042		31
32			32
33			33
34			34
35			35
36	6,510,042		36
37			37
38	6,510,042		38
39			39
40	6,510,042		40
41	3,522,142		41
42	2,987,900		42
43			43



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BALANCE SHEET**WORKSHEET G**

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	-42,689				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	78,651,634				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	7,805,586				7
8	PREPAID EXPENSES	27,105,206				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	113,519,737				11
FIXED ASSETS						
12	LAND	31,993,123				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	443,372,755				15
16	ACCUMULATED DEPRECIATION	-123,604,192				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	185,536,757				23
24	ACCUMULATED DEPRECIATION	-110,530,723				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)	426,767,720				30
OTHER ASSETS						
31	INVESTMENTS	3,383,250				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	1,976,114				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	5,359,364				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	545,646,821				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	17,746,925				37
38	SALARIES, WAGES & FEES PAYABLE	44,005,110				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	43,440,888				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	105,192,923				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	16,709,904				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	16,709,904				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	121,902,827				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	423,743,994				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
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)	423,743,994				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	545,646,821				60



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		411,165,451			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		855,196			2
3	TOTAL (sum of line 1 and line 2)		412,020,647			3
4	ADDITIONS (credit adjustments)					4
5		11,723,347				5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		11,723,347			10
11	SUBTOTAL (line 3 plus line 10)		423,743,994			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		423,743,994			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	186,133,404		186,133,404	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	186,133,404		186,133,404	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	35,824,334		35,824,334	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	35,824,334		35,824,334	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	221,957,738		221,957,738	17
18	ANCILLARY SERVICES	522,098,940	820,849,595	1,342,948,535	18
19	OUTPATIENT SERVICES		2,160,998	2,160,998	19
20	RHC				20
21	FOHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	744,056,678	823,010,593	1,567,067,271	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		375,045,397	29
30	ADD (SPECIFY)			30
31				31
32	BAD DEBTS			32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		375,045,397	43



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,567,067,271	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,209,935,427	2
3	NET PATIENT REVENUES (line 1 minus line 2)	357,131,844	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	375,045,397	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-17,913,553	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	218,435	6
7	INCOME FROM INVESTMENTS	1,153,864	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	2,006,733	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	983,211	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	346,622	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION CLASSES)		24
24.0	OTHER (ANSWERING SERVICE)	227,746	24.0
1			1
24.0	OTHER (LINEN REVENUE)	633,966	24.0
2			2
24.0	OTHER (DIETARY PATIENT SERVICES REVENUE)	479,386	24.0
3			3
24.0	OTHER (POB RENTAL INCOME)	2,231,240	24.0
4			4
24.0	OTHER (OTHER RELATED PARTY RENTAL REVENUE)		24.0
5			5
24.0	OTHER (OTHER MISCELLANEOUS REVENUE)	244,964	24.0
6			6
24.0	OTHER (CLINIC OTHER REVENUE)		24.0
7			7
24.0	OTHER (SCHOOL NURSES)	1,000,728	24.0
9			9
24.1	OTHER (FOUNDATION MGMT REVENUE)	589,680	24.1
0			0
24.1	OTHER (FOUNDATION SALARY REIMBURSEMENT)	74,012	24.1
1			1
24.1	OTHER (BIRTHING CENTER OTHER REVENUE)		24.1
2			2
24.1	OTHER (EMERGENCY OTHER REVENUE)		24.1
3			3
24.1	OTHER (MEANINGFUL USE REVENUE)	2,648,366	24.1
4			4
24.1	OTHER (NUTRITION SERVICESW REVENUE)	68,012	24.1
5			5
24.1	OTHER (ADVANCED PRACTICE NURSE OTHER REVE)	102,702	24.1
6			6
24.1	OTHER (CODING REVENUE)		24.1
7			7
24.1	OTHER (ADDTL MEDICAID TAX)	1,819,323	24.1
8			8
24.1	OTHER (LEASED EMPLOYEE BENEFITS)		24.1
9			9
24.2	OTHER (ENVIRONMENTAL SERVICES)		24.2
0			0
24.2	OTHER (COMMUNICATIONS)		24.2
1			1
24.2	OTHER (PHYS BILLING)	283,818	24.2
2			2



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
24.2 3	OTHER (GAIN ON SALE OF LAND)	3,478,815	24.2 3
24.2 4	OTHER (UN-RELAIZED INVESTMENT INCOME)	177,126	24.2 4
25	TOTAL OTHER INCOME (sum of lines 6-24)	18,768,749	25
26	TOTAL (line 5 plus line 25)	855,196	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	855,196	29



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7408

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	1,087,002				1,180,541	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,105,750		46,303			6
7	PHYSICAL THERAPY	553,611		29,501			7
8	OCCUPATIONAL THERAPY	47,105		3,322			8
9	SPEECH PATHOLOGY	17,535		830			9
10	MEDICAL SOCIAL SERVICES	51,784		567			10
11	HOME HEALTH AIDE	27,139		2,212			11
12	SUPPLIES (see instructions)					67,009	12
13	DRUGS						13
14	DME	449,797		1,808	30,153	670,750	14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	3,339,723		84,543	30,153	1,918,300	24



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7408

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	2,267,543	-1,068,241	1,199,302	-210,390	988,912	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,152,053		1,152,053		1,152,053	6
7	PHYSICAL THERAPY	583,112		583,112		583,112	7
8	OCCUPATIONAL THERAPY	50,427		50,427		50,427	8
9	SPEECH PATHOLOGY	18,365		18,365		18,365	9
10	MEDICAL SOCIAL SERVICES	52,351		52,351		52,351	10
11	HOME HEALTH AIDE	29,351		29,351		29,351	11
12	SUPPLIES (see instructions)	67,009		67,009		67,009	12
13	DRUGS						13
14	DME	1,152,508		1,152,508		1,152,508	14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	5,372,719	-1,068,241	4,304,478	-210,390	4,094,088	24

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



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7408

WORKSHEET H-1
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
	0	1	2	3	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDGS & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION (see instructions)					4
5 ADMINISTRATIVE AND GENERAL	988,912				5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	1,152,053				6
7 PHYSICAL THERAPY	583,112				7
8 OCCUPATIONAL THERAPY	50,427				8
9 SPEECH PATHOLOGY	18,365				9
10 MEDICAL SOCIAL SERVICES	52,351				10
11 HOME HEALTH AIDE	29,351				11
12 SUPPLIES (see instructions)	67,009				12
13 DRUGS					13
14 DME	1,152,508				14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL (sum of lines 1-23)	4,094,088				24



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7408

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		988,912	988,912		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		1,152,053	366,897	1,518,950	6
7	PHYSICAL THERAPY		583,112	185,705	768,817	7
8	OCCUPATIONAL THERAPY		50,427	16,060	66,487	8
9	SPEECH PATHOLOGY		18,365	5,849	24,214	9
10	MEDICAL SOCIAL SERVICES		52,351	16,672	69,023	10
11	HOME HEALTH AIDE		29,351	9,347	38,698	11
12	SUPPLIES (see instructions)		67,009	21,340	88,349	12
13	DRUGS					13
14	DME		1,152,508	367,042	1,519,550	14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		4,094,088		4,094,088	24



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7408

WORKSHEET H-1
PART II

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDGS & FIXTURES							1	
2 CAPITAL RELATED-MOVABLE EQUIPMENT							2	
3 PLANT OPERATION & MAINTENANCE							3	
4 TRANSPORTATION (see instructions)							4	
5 ADMINISTRATIVE AND GENERAL					-988,912	3,105,176	5	
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE						1,152,053	6	
7 PHYSICAL THERAPY						583,112	7	
8 OCCUPATIONAL THERAPY						50,427	8	
9 SPEECH PATHOLOGY						18,365	9	
10 MEDICAL SOCIAL SERVICES						52,351	10	
11 HOME HEALTH AIDE						29,351	11	
12 SUPPLIES (see instructions)						67,009	12	
13 DRUGS							13	
14 DME						1,152,508	14	
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES							15	
16 RESPIRATORY THERAPY							16	
17 PRIVATE DUTY NURSING							17	
18 CLINIC							18	
19 HEALTH PROMOTION ACTIVITIES							19	
20 DAY CARE PROGRAM							20	
21 HOME DELIVERED MEALS PROGRAM							21	
22 HOMEMAKER SERVICE							22	
23 ALL OTHERS							23	
23.50 TELEMEDICINE							23.50	
24 TOTAL (sum of lines 1-23)					-988,912	3,105,176	24	
25 COST TO BE ALLOC (per Worksheet H-1, Part I)						988,912	25	
26 UNIT COST MULTIPLIER						0.318472	26	



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	
		0	1	1.01	2	4	4A	
1	ADMINISTRATIVE AND GENERAL		8,633			211,625	220,258	1
2	SKILLED NURSING CARE	1,518,950				269,648	1,788,598	2
3	PHYSICAL THERAPY	768,817				135,003	903,820	3
4	OCCUPATIONAL THERAPY	66,487				11,487	77,974	4
5	SPEECH PATHOLOGY	24,214				4,276	28,490	5
6	MEDICAL SOCIAL SERVICES	69,023				12,628	81,651	6
7	HOME HEALTH AIDE	38,698				6,618	45,316	7
8	SUPPLIES	88,349					88,349	8
9	DRUGS							9
10	DME	1,519,550				109,199	1,628,749	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	4,094,088	8,633			760,484	4,863,205	20

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5	6	7	7.01	8	9	
1	ADMINISTRATIVE AND GENERAL	62,063			8,547			1
2	SKILLED NURSING CARE	503,981						2
3	PHYSICAL THERAPY	254,673						3
4	OCCUPATIONAL THERAPY	21,971						4
5	SPEECH PATHOLOGY	8,028						5
6	MEDICAL SOCIAL SERVICES	23,007						6
7	HOME HEALTH AIDE	12,769						7
8	SUPPLIES	24,894						8
9	DRUGS							9
10	DME	458,939						10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	1,370,325			8,547			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HOUSEKEEPING OL BUILD	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		9.01	10	11	12	13	14	
1	ADMINISTRATIVE AND GENERAL	335						1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	335						20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	
		15	16	17	19	20	21	
1	ADMINISTRATIVE AND GENERAL		26,936					1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		26,936					20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	I&R PROGRAM COSTS	PASTORAL CARE	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	
		22	23	24	25	26	27	
1	ADMINISTRATIVE AND GENERAL			318,139		318,139		1
2	SKILLED NURSING CARE			2,292,579		2,292,579	122,555	2
3	PHYSICAL THERAPY			1,158,493		1,158,493	61,931	3
4	OCCUPATIONAL THERAPY			99,945		99,945	5,343	4
5	SPEECH PATHOLOGY			36,518		36,518	1,952	5
6	MEDICAL SOCIAL SERVICES			104,658		104,658	5,595	6
7	HOME HEALTH AIDE			58,085		58,085	3,105	7
8	SUPPLIES			113,243		113,243	6,054	8
9	DRUGS							9
10	DME			2,087,688		2,087,688	111,604	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)			6,269,348		6,269,348	318,139	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						0.053458	21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7408

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	TOTAL HHA COSTS					
		28					
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE	2,415,134					2
3	PHYSICAL THERAPY	1,220,424					3
4	OCCUPATIONAL THERAPY	105,288					4
5	SPEECH PATHOLOGY	38,470					5
6	MEDICAL SOCIAL SERVICES	110,253					6
7	HOME HEALTH AIDE	61,190					7
8	SUPPLIES	119,297					8
9	DRUGS						9
10	DME	2,199,292					10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTALS (sum of lines 1-19)(2)	6,269,348					20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7408

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	4A	5	
1	ADMINISTRATIVE AND GENERAL	7,509			867,819		220,258	1
2	SKILLED NURSING CARE				1,105,750		1,788,598	2
3	PHYSICAL THERAPY				553,611		903,820	3
4	OCCUPATIONAL THERAPY				47,105		77,974	4
5	SPEECH PATHOLOGY				17,535		28,490	5
6	MEDICAL SOCIAL SERVICES				51,784		81,651	6
7	HOME HEALTH AIDE				27,139		45,316	7
8	SUPPLIES						88,349	8
9	DRUGS							9
10	DME				447,797		1,628,749	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	7,509			3,118,540		4,863,205	20
21	TOTAL COST TO BE ALLOCATED	8,633			760,484		1,370,325	21
22	UNIT COST MULTIPLIER	1.149687						22
22	UNIT COST MULTIPLIER				0.243859		0.281774	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7408

WORKSHEET H-2
PART II

	HHA COST CENTER	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING OL BUILD SQ FT	
		6	7	7.01	8	9	9.01	
1	ADMINISTRATIVE AND GENERAL			7,509			7,509	1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			7,509			7,509	20
21	TOTAL COST TO BE ALLOCATED			8,547			335	21
22	UNIT COST MULTIPLIER			1.138234				22
22	UNIT COST MULTIPLIER						0.044613	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7408

WORKSHEET H-2
PART II

	HHA COST CENTER	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
		10	11	12	13	14	15	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7408

WORKSHEET H-2
PART II

	HHA COST CENTER	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		16	17	19	20	21	22	
1	ADMINISTRATIVE AND GENERAL	11,814,129						1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	11,814,129						20
21	TOTAL COST TO BE ALLOCATED	26,936						21
22	UNIT COST MULTIPLIER	0.002280						22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7408

WORKSHEET H-2
PART II

	HHA COST CENTER	PASTORAL CARE ASSIGNED TIME					
		23					
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS (sum of lines 1-19)						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7408

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
			1	2	3	4	5
1	SKILLED NURSING CARE	2	2,415,134		2,415,134	13,564	178.05
2	PHYSICAL THERAPY	3	1,220,424		1,220,424	8,642	141.22
3	OCCUPATIONAL THERAPY	4	105,288		105,288	973	108.21
4	SPEECH PATHOLOGY	5	38,470		38,470	243	158.31
5	MEDICAL SOCIAL SERVICES	6	110,253		110,253	166	664.17
6	HOME HEALTH AIDE	7	61,190		61,190	648	94.43
7	TOTAL (sum of lines 1-6)		3,950,759		3,950,759	24,236	

LIMITATION COST COMPUTATION				PROGRAM VISITS			
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		1	2	3	4		
8	SKILLED NURSING CARE	16974	3,881	6,722		8	
9	PHYSICAL THERAPY	16974	2,130	3,915		9	
10	OCCUPATIONAL THERAPY	16974	133	452		10	
11	SPEECH PATHOLOGY	16974	57	127		11	
12	MEDICAL SOCIAL SERVICES	16974	32	83		12	
13	HOME HEALTH AIDE	16974	164	313		13	
14	TOTAL (sum of lines 8-13)		6,397	11,612		14	

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
			1	2	3	4	5
15	COST OF MEDICAL SUPPLIES	8	119,297		119,297		
16	COST OF DRUGS	9					

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	66	0.271915			col. 2, line 2
2	OCCUPATIONAL THERAPY	67	0.383132			col. 2, line 3
3	SPEECH PATHOLOGY	68	0.208037			col. 2, line 4
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.164126			col. 2, line 15
5	DRUGS CHARGED TO PATIENTS	73	0.113579			col. 2, line 16



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7408

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	3,881	6,722		691,012	1,196,852		1,887,864	1
2	PHYSICAL THERAPY	2,130	3,915		300,799	552,876		853,675	2
3	OCCUPATIONAL THERAPY	133	452		14,392	48,911		63,303	3
4	SPEECH PATHOLOGY	57	127		9,024	20,105		29,129	4
5	MEDICAL SOCIAL SERVICES	32	83		21,253	55,126		76,379	5
6	HOME HEALTH AIDE	164	313		15,487	29,557		45,044	6
7	TOTAL (sum of lines 1-6)	6,397	11,612		1,051,967	1,903,427		2,955,394	7

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



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7408

WORKSHEET H-4
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

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

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES	1,012,655			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)	1,012,655			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	1,012,655			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,045,512	2,046,778	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,632		12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	20,196	57,894	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	12,930	16,074	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	1,081,270	2,120,746	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	1,081,270	2,120,746	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	1,081,270	2,120,746	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	1,081,270	2,120,746	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	1,081,270	2,120,746	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	17,885	9,361	31.01
32	INTERIM PAYMENTS (see instructions)	1,081,270	2,120,746	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	-17,885	-9,361	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 14-7408

WORKSHEET H-5

			PART A		PART B		
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,081,270		2,120,746	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO						2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		.02				3.02
		PROGRAM	.03				3.03
		TO	.04				3.04
		PROVIDER	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			1,081,270		2,120,746	4
TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		.01				5.01
			.02				5.02
		PROGRAM	.03				5.03
		TO	.04				5.04
		PROVIDER	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		PROVIDER	.52				5.52
		TO	.53				5.53
		PROGRAM	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01				6.01
			.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			1,081,270		2,120,746	7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

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



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1577

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	144,473			20,073	255,517	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES					5,060	9
10	NURSING CARE	177,694		10,320			10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES	61,293					15
16	SPIRITUAL COUNSELING	18,432					16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER	81,824		10,319			19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY					74,520	22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES					70,488	30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	483,716		20,639	20,073	405,585	39



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1577

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
GENERAL SERVICE COST CENTER						
1						1
2						2
3						3
4						4
5						5
6	420,063	188,043	608,106		608,106	6
INPATIENT CARE SERVICE						
7						7
8						8
VISITING SERVICES						
9	5,060		5,060		5,060	9
10	188,014		188,014		188,014	10
11						11
12						12
13						13
14						14
15	61,293		61,293		61,293	15
16	18,432		18,432		18,432	16
17						17
18						18
19	92,143		92,143		92,143	19
20						20
21						21
OTHER HOSPICE SERVICE COSTS						
22	74,520		74,520		74,520	22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30	70,488		70,488		70,488	30
31						31
32						32
33						33
34						34
HOSPICE NONREIMBURSABLE SERVICE						
35						35
36						36
37						37
38						38
39	930,013	376,086	1,118,056		1,118,056	39



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1577

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL				57,170		6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					177,694	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			61,293			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)			61,293	57,170	177,694	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1577

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)		
	6	7	8	9		
GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX				1	
2	CAPITAL RELATED COSTS-MOVABLE EQUI				2	
3	PLANT OPERATION AND MAINTENANCE				3	
4	TRANSPORTATION - STAFF				4	
5	VOLUNTEER SERVICE COORDINATION				5	
6	ADMINISTRATIVE AND GENERAL		87,303	144,473	6	
INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE				7	
8	INPATIENT - RESPITE CARE				8	
VISITING SERVICES						
9	PHYSICIAN SERVICES				9	
10	NURSING CARE			177,694	10	
11	NURSING CARE-CONTINUOUS HOME CARE				11	
12	PHYSICAL THERAPY				12	
13	OCCUPATIONAL THERAPY				13	
14	SPEECH/LANGUAGE PATHOLOGY				14	
15	MEDICAL SOCIAL SERVICES			61,293	15	
16	SPIRITUAL COUNSELING		18,432	18,432	16	
17	DIETARY COUNSELING				17	
18	COUNSELING - OTHER				18	
19	HOME HEALTH AIDE AND HOMEMAKER	81,824		81,824	19	
20	HH AIDE & HOMEMAKER - CONT. HOME C				20	
21	OTHER				21	
OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE				22	
23	ANALGESICS				23	
24	SEDATIVES/HYPNOTICS				24	
25	OTHER - SPECIFY				25	
26	DURABLE MEDICAL EQUIPMENT/OXYGEN				26	
27	PATIENT TRANSPORTATION				27	
28	IMAGING SERVICES				28	
29	LABS AND DIAGNOSTICS				29	
30	MEDICAL SUPPLIES				30	
31	OUTPATIENT SERVICES (including E/R				31	
32	RADIATION THERAPY				32	
33	CHEMOTHERAPY				33	
34	OTHER				34	
HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS				35	
36	VOLUNTEER PROGRAM COSTS				36	
37	FUNDRAISING				37	
38	OTHER PROGRAM COSTS				38	
39	TOTAL (sum of lines 1-38)		81,824	105,735	483,716	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1577

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1577

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)
	6	7	8	9
GENERAL SERVICE COST CENTER				
1 CAPITAL RELATED COSTS-BLDG AND FIX				1
2 CAPITAL RELATED COSTS-MOVABLE EQUI				2
3 PLANT OPERATION AND MAINTENANCE				3
4 TRANSPORTATION - STAFF				4
5 VOLUNTEER SERVICE COORDINATION				5
6 ADMINISTRATIVE AND GENERAL				6
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				7
8 INPATIENT - RESPITE CARE				8
VISITING SERVICES				
9 PHYSICIAN SERVICES				9
10 NURSING CARE				10
11 NURSING CARE-CONTINUOUS HOME CARE				11
12 PHYSICAL THERAPY				12
13 OCCUPATIONAL THERAPY				13
14 SPEECH/LANGUAGE PATHOLOGY				14
15 MEDICAL SOCIAL SERVICES				15
16 SPIRITUAL COUNSELING				16
17 DIETARY COUNSELING				17
18 COUNSELING - OTHER				18
19 HOME HEALTH AIDE AND HOMEMAKER				19
20 HH AIDE & HOMEMAKER - CONT. HOME C				20
21 OTHER				21
OTHER HOSPICE SERVICE COSTS				
22 DRUGS, BIOLOGICAL AND INFUSION THE				22
23 ANALGESICS				23
24 SEDATIVES/HYPNOTICS				24
25 OTHER - SPECIFY				25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN				26
27 PATIENT TRANSPORTATION				27
28 IMAGING SERVICES				28
29 LABS AND DIAGNOSTICS				29
30 MEDICAL SUPPLIES				30
31 OUTPATIENT SERVICES (including E/R				31
32 RADIATION THERAPY				32
33 CHEMOTHERAPY				33
34 OTHER				34
HOSPICE NONREIMBURSABLE SERVICE				
35 BEREAVEMENT PROGRAM COSTS				35
36 VOLUNTEER PROGRAM COSTS				36
37 FUNDRAISING				37
38 OTHER PROGRAM COSTS				38
39 TOTAL (sum of lines 1-38)				39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1577

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1577

WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL			20,073	20,073	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES					9
10	NURSING CARE					10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOME MAKER					19
20	HH AIDE & HOME MAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)			20,073	20,073	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1577

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	608,106				6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES	5,060				9
10	NURSING CARE	188,014				10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES	61,293				15
16	SPIRITUAL COUNSELING	18,432				16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER	92,143				19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE	74,520				22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES	70,488				30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)	1,118,056				39



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1577

WORKSHEET K-4
PART I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL		608,106	608,106		6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		5,060	6,034	11,094	9
10	NURSING CARE		188,014	224,202	412,216	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES		61,293	73,091	134,384	15
16	SPIRITUAL COUNSELING		18,432	21,980	40,412	16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOME MAKER		92,143	109,879	202,022	19
20	HH AIDE & HOME MAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE		74,520	88,864	163,384	22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES		70,488	84,056	154,544	30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)		1,118,056		1,118,056	39



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1577

**WORKSHEET K-4
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION					100			5
6	ADMINISTRATIVE AND GENERAL					100	-608,106	509,950	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							5,060	9
10	NURSING CARE							188,014	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY								12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES							61,293	15
16	SPIRITUAL COUNSELING							18,432	16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOME MAKER							92,143	19
20	HH AIDE & HOME MAKER - CONT. HOME C								20
21	OTHER								21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE							74,520	22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN								26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES							70,488	30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							608,106	39
40	UNIT COST MULTIPLIER							1.192482	40



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1	1.01	2	4	4A	
1	ADMINISTRATIVE AND GENERAL		2,874			57,711	60,585	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	11,094					11,094	4
5	NURSING CARE	412,216				53,768	465,984	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY					24	24	7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	134,384				22,814	157,198	10
11	SPIRITUAL COUNSELING	40,412				6,155	46,567	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	202,022				23,342	225,364	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH	163,384					163,384	17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES	154,544					154,544	25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	1,118,056	2,874			163,814	1,284,744	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5	6	7	7.01	8	9	
1	ADMINISTRATIVE AND GENERAL	17,071			2,846			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	3,126						4
5	NURSING CARE	131,303						5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY	7						7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	44,294						10
11	SPIRITUAL COUNSELING	13,121						11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	63,502						14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH	46,037						17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES	43,546						25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	362,007			2,846			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOUSEKEEPI OL BUILD	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		9.01	10	11	12	13	14	
1	ADMINISTRATIVE AND GENERAL	112						1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	112						34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	
		15	16	17	19	20	21	
1	ADMINISTRATIVE AND GENERAL		6,644					1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		6,644					34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R PROGRAM COSTS 22	PASTORAL CARE 23	SUBTOTAL (cols. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols. 24 ± 25) 26	ALLOC HOSP A&G (See Part II) 27	
1	ADMINISTRATIVE AND GENERAL		33,088	120,346		120,346		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES			14,220		14,220	1,091	4
5	NURSING CARE			597,287		597,287	45,811	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY			31		31	2	7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES			201,492		201,492	15,454	10
11	SPIRITUAL COUNSELING			59,688		59,688	4,578	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER			288,866		288,866	22,155	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH			209,421		209,421	16,062	17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES			198,090		198,090	15,193	25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		33,088	1,689,441		1,689,441		34
35	UNIT COST MULTIPLIER (see instruc						0.076698	35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	TOTAL HOSP COSTS (col 26 ± 27)					
		28					
1	ADMINISTRATIVE AND GENERAL						1
2	INPATIENT - GENERAL CARE						2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES	15,311					4
5	NURSING CARE	643,098					5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY	33					7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES	216,946					10
11	SPIRITUAL COUNSELING	64,266					11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER	311,021					14
15	HH AIDE & HOMEMAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH	225,483					17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES	213,283					25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS						33
34	TOTALS (sum of lines 1-33) (2)	1,689,441					34
35	UNIT COST MULTIPLIER (see instruc						35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1577

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
		1	1.01	2	4	4A	5	
1	ADMINISTRATIVE AND GENERAL	2,500			273,819		60,585	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES						11,094	4
5	NURSING CARE				255,111		465,984	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY				114		24	7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				108,244		157,198	10
11	SPIRITUAL COUNSELING				29,204		46,567	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER				110,749		225,364	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH						163,384	17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES						154,544	25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	2,500			777,241		1,284,744	34
35	TOTAL COST TO BE ALLOCATED	2,874			163,814		362,007	35
36	UNIT COST MULTIPLIER	1.149600						36
36	UNIT COST MULTIPLIER				0.210763		0.281774	36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1577

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	HOUSEKEEPING OL BUILD SQ FT	
		6	7	7.01	8	9	9.01	
1	ADMINISTRATIVE AND GENERAL			2,500			2,500	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)			2,500			2,500	34
35	TOTAL COST TO BE ALLOCATED			2,846			112	35
36	UNIT COST MULTIPLIER			1.138400				36
36	UNIT COST MULTIPLIER						0.044800	36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1577

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
		10	11	12	13	14	15	
1	ADMINISTRATIVE AND GENERAL		23,462					1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)		23,462					34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1577

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		16	17	19	20	21	22	
1	ADMINISTRATIVE AND GENERAL	2,914,098						1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	2,914,098						34
35	TOTAL COST TO BE ALLOCATED	6,644						35
36	UNIT COST MULTIPLIER	0.002280						36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1577

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	PASTORAL CARE ASSIGNED TIME					
		23					
1	ADMINISTRATIVE AND GENERAL	20					1
2	INPATIENT - GENERAL CARE						2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES						4
5	NURSING CARE						5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY						7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES						10
11	SPIRITUAL COUNSELING						11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER						14
15	HH AIDE & HOMEMAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH						17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN						21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES						25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS						30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS						33
34	TOTALS (sum of lines 1-33)	20					34
35	TOTAL COST TO BE ALLOCATED	33,088					35
36	UNIT COST MULTIPLIER	1,654.400000					36
36	UNIT COST MULTIPLIER						36



ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1577

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.271915			1
2	OCCUPATIONAL THERAPY	67	0.383132			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.208037			3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.113579			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.182693			6
7	MEDICAL SUPPLIES	71	0.164126			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55	0.214286			9
9.01	CYBERKNIFE	55.01	0.372409			9.01
10	OTHER ANCILLARY (SPECIFY)	76				10
10.9	CARDIAC REHABILITATION	76.97				10.9
7						7
10.9	HYPERBARIC OXYGEN THERAPY	76.98				10.9
8						8
10.9	LITHOTRIPSY	76.99				10.9
9						9
11	TOTALS (sum of lines 1-10)					11



COMPU-MAX

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				1,689,441	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				16,120	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				104.80	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	15,145				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	1,587,196				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)					6
7	AGGREGATE MEDICAID COST (line 3 times line 6)					7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			975		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			102,180		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.



COMPU-MAX

ELMHURST MEMORIAL HOSPITAL Provider CCN: 14-0200	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 10:20 Version: 2014.10
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0200

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	4,196,184	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	1,299,214	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	155.56	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0208	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1023	8
9	SUM OF LINES 7 AND 8	0.1231	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0252	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	105,744	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	5,601,142	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DEPR NEW BUILDING						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
7.01	PLANT OPER OLD BUILDING						7.01
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
9.01	HOUSEKEEPING OLD BUILD						9.01
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	PASTORAL CARE						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	ULTRASOUND						54.01
55	RADIOLOGY-THERAPEUTIC						55
55.01	CYBERKNIFE						55.01
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
65.01	SLEEP LAB						65.01
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
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
91	EMERGENCY						91
91.01	OUTPATIENT CLINICS						91.01
91.02	CARDIAC REHAB						91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
192	PHYSICIANS' PRIVATE OFFICES							192
192.0 1	MEALS ON WHEELS							192.0 1
192.0 2	GUEST MEALS							192.0 2
194	OTHER NONREIMBURSABLE							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202

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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	50.91		7.28				58.19	30
31	INTENSIVE CARE UNIT	29.16		6.12				35.28	31
43	NURSERY			33.10				33.10	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	20.58	10.65					31.23	50
53	ANESTHESIOLOGY	21.45	8.93					30.38	53
54	RADIOLOGY-DIAGNOSTIC	18.76	19.54					38.30	54
54.01	ULTRASOUND	9.08	17.03					26.11	54.01
55	RADIOLOGY-THERAPEUTIC	0.68	42.50					43.18	55
55.01	CYBERKNIFE	0.46	53.54					54.00	55.01
56	RADIOISOTOPE	13.32	27.70					41.02	56
57	CT SCAN	13.79	22.76					36.55	57
58	MRI	7.48	20.66					28.14	58
59	CARDIAC CATHETERIZATION	26.51	27.04					53.55	59
60	LABORATORY	20.60	6.81					27.41	60
65	RESPIRATORY THERAPY	57.40	3.00					60.40	65
65.01	SLEEP LAB	0.18	26.63					26.81	65.01
66	PHYSICAL THERAPY	23.04	1.34					24.38	66
67	OCCUPATIONAL THERAPY	55.16	0.01					55.17	67
68	SPEECH PATHOLOGY	72.95						72.95	68
69	ELECTROCARDIOLOGY	23.15	17.70					40.85	69
71	MEDICAL SUPPLIES CHARGED TO PAT	23.27	11.81					35.08	71
72	IMPL. DEV. CHARGED TO PATIENTS	32.95	12.47					45.42	72
73	DRUGS CHARGED TO PATIENTS	28.22	16.15					44.37	73
74	RENAL DIALYSIS	71.79	5.70					77.49	74
90	CLINIC	0.17	14.81					14.98	90
91	EMERGENCY	15.38	12.85					28.23	91
91.01	OUTPATIENT CLINICS	3.16	4.00					7.16	91.01
91.02	CARDIAC REHAB	7.87	36.63					44.50	91.02
92	OBSERVATION BEDS (NON-DISTINCT)	10.15	22.30					32.45	92
200	TOTAL CHARGES	21.14	15.47					36.61	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	706,340	0.20	-706,340	-0.43			1
1.01	DEPR NEW BUILDING	9,566,951	2.72	-9,566,951	-5.84			1.01
2	CAP REL COSTS-MVBLE EQUIP	26,554,444	7.55	-26,554,444	-16.21			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	35,016,102	9.96	-35,016,102	-21.38			4
5	ADMINISTRATIVE & GENERAL	60,434,160	17.19	-60,434,160	-36.90			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	15,128,269	4.30	-15,128,269	-9.24			7
7.01	PLANT OPER OLD BUILDING	435,602	0.12	-435,602	-0.27			7.01
8	LAUNDRY & LINEN SERVICE	1,986,802	0.57	-1,986,802	-1.21			8
9	HOUSEKEEPING	4,036,620	1.15	-4,036,620	-2.46			9
9.01	HOUSEKEEPING OLD BUILD	17,425		-17,425	-0.01			9.01
10	DIETARY	854,714	0.24	-854,714	-0.52			10
11	CAFETERIA	1,359,867	0.39	-1,359,867	-0.83			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,951,476	0.56	-1,951,476	-1.19			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,368,763	0.96	-3,368,763	-2.06			15
16	MEDICAL RECORDS & LIBRARY	2,085,974	0.59	-2,085,974	-1.27			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	PASTORAL CARE	283,019	0.08	-283,019	-0.17			23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	ADULTS & PEDIATRICS	25,582,271	7.28	44,233,315	27.01	69,815,586	19.86	30
31	INTENSIVE CARE UNIT	6,710,260	1.91	8,106,358	4.95	14,816,618	4.21	31
43	NURSERY	941,240	0.27	635,147	0.39	1,576,387	0.45	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,620,379	3.59	17,519,146	10.70	30,139,525	8.57	50
53	ANESTHESIOLOGY	607,441	0.17	739,017	0.45	1,346,458	0.38	53
54	RADIOLOGY-DIAGNOSTIC	3,879,470	1.10	5,741,180	3.51	9,620,650	2.74	54
	ULTRASOUND							
54.01		1,558,575	0.44	1,397,136	0.85	2,955,711	0.84	54.01
55	RADIOLOGY-THERAPEUTIC	2,789,350	0.79	3,564,956	2.18	6,354,306	1.81	55
	CYBERKNIFE							
55.01		3,679,532	1.05	1,310,413	0.80	4,989,945	1.42	55.01
56	RADIOISOTOPE	1,362,508	0.39	1,259,798	0.77	2,622,306	0.75	56
57	CT SCAN	1,807,156	0.51	1,955,991	1.19	3,763,147	1.07	57
58	MRI	920,257	0.26	1,475,550	0.90	2,395,807	0.68	58
59	CARDIAC CATHETERIZATION	1,447,059	0.41	3,384,045	2.07	4,831,104	1.37	59
60	LABORATORY	14,004,434	3.98	9,981,222	6.09	23,985,656	6.82	60
	BLOOD CLOTTING FOR HEMOPHILIACS							
62.30								62.30
65	RESPIRATORY THERAPY	2,379,075	0.68	2,089,230	1.28	4,468,305	1.27	65
	SLEEP LAB							
65.01		568,993	0.16	501,972	0.31	1,070,965	0.30	65.01
66	PHYSICAL THERAPY	2,931,669	0.83	1,983,550	1.21	4,915,219	1.40	66
67	OCCUPATIONAL THERAPY	350,744	0.10	362,045	0.22	712,789	0.20	67
68	SPEECH PATHOLOGY	199,134	0.06	121,969	0.07	321,103	0.09	68
69	ELECTROCARDIOLOGY	962,879	0.27	1,795,007	1.10	2,757,886	0.78	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,871,128	2.81	2,959,670	1.81	12,830,798	3.65	71
72	IMPL. DEV. CHARGED TO PATIENTS	19,852,375	5.65	5,761,407	3.52	25,613,782	7.29	72
73	DRUGS CHARGED TO PATIENTS	23,886,488	6.80	12,305,890	7.51	36,192,378	10.30	73
74	RENAL DIALYSIS	697,144	0.20	283,065	0.17	980,209	0.28	74
	CARDIAC REHABILITATION							
76.97								76.97
	HYPERBARIC OXYGEN THERAPY							
76.98								76.98
	LITHOTRIPSY							
76.99								76.99
90	CLINIC	27,856,459	7.92	14,899,566	9.10	42,756,025	12.16	90
91	EMERGENCY	5,825,891	1.66	7,300,538	4.46	13,126,429	3.73	91
	OUTPATIENT CLINICS							
91.01		3,713,907	1.06	2,600,100	1.59	6,314,007	1.80	91.01
	CARDIAC REHAB							
91.02		420,041	0.12	555,341	0.34	975,382	0.28	91.02
	CENTRAL ADMISSION							
91.03								91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
	CORF							99.10
99.10	OUTPATIENT PHYSICAL THERAPY							99.20
99.20	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.30	OUTPATIENT SPEECH PATHOLOGY							99.40
99.40	HOME HEALTH AGENCY	4,094,088	1.16	2,175,260	1.33	6,269,348	1.78	101
101	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,118,056	0.32	571,385	0.35	1,689,441	0.48	116
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822,945	0.23	1,116,240	0.68	1,939,185	0.55	190
192	PHYSICIANS' PRIVATE OFFICES	3,471,226	0.99	3,287,936	2.01	6,759,162	1.92	192
192.0	MEALS ON WHEELS	806,413	0.23	540,236	0.33	1,346,649	0.38	192.0
1								1
192.0	GUEST MEALS							192.0
2								2
194	OTHER NONREIMBURSABLE			1,272,847	0.78	1,272,847	0.36	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	351,525,115	100.00			351,525,115	100.00	202



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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,123,369	110,723,935	0.055303	22,782,017	1,259,914	50
53	ANESTHESIOLOGY	337,511	51,266,390	0.006583	10,996,217	72,388	53
54	RADIOLOGY-DIAGNOSTIC	2,084,461	56,917,267	0.036623	10,678,675	391,085	54
54.01	ULTRASOUND	355,086	23,492,238	0.015115	2,133,497	32,248	54.01
55	RADIOLOGY-THERAPEUTIC	1,606,300	29,653,418	0.054169	200,881	10,882	55
55.01	CYBERKNIFE	205,346	13,399,096	0.015325	61,136	937	55.01
56	RADIOISOTOPE	292,424	17,285,189	0.016918	2,302,498	38,954	56
57	CT SCAN	682,447	86,868,651	0.007856	11,977,627	94,096	57
58	MRI	612,885	43,819,095	0.013987	3,275,702	45,817	58
59	CARDIAC CATHETERIZATION	1,562,579	41,168,513	0.037956	10,914,954	414,288	59
60	LABORATORY	2,545,690	131,289,692	0.019390	27,041,333	524,331	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	450,005	36,766,192	0.012240	21,103,441	258,306	65
65.01	SLEEP LAB	160,966	5,197,959	0.030967	9,195	285	65.01
66	PHYSICAL THERAPY	284,892	18,076,286	0.015761	4,165,207	65,648	66
67	OCCUPATIONAL THERAPY	80,091	1,860,429	0.043050	1,026,292	44,182	67
68	SPEECH PATHOLOGY	14,262	1,543,487	0.009240	1,126,014	10,404	68
69	ELECTROCARDIOLOGY	607,236	21,526,423	0.028209	4,984,194	140,599	69
71	MEDICAL SUPPLIES CHARGED TO PAT	505,683	78,176,641	0.006468	18,191,950	117,666	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,005,032	73,475,388	0.013678	24,210,493	331,151	72
73	DRUGS CHARGED TO PATIENTS	1,812,562	318,653,205	0.005688	89,925,351	511,495	73
74	RENAL DIALYSIS	63,623	2,289,419	0.027790	1,643,636	45,677	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,746,329	70,941,460	0.066905	119,358	7,986	90
91	EMERGENCY	1,682,070	65,899,786	0.025525	10,133,740	258,664	91
91.01	OUTPATIENT CLINICS	669,611	9,275,769	0.072189	292,928	21,146	91.01
91.02	CARDIAC REHAB	244,079	2,036,068	0.119878	160,148	19,198	91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT	1,703,843	19,959,339	0.085366	2,025,096	172,874	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	30,438,382	1,331,561,335		281,481,580	4,890,221	200



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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	12,438,231		12,438,231	54,948	226.36	27,975	6,332,421	30
31	INTENSIVE CARE UNIT	1,772,926		1,772,926	9,359	189.44	2,729	516,982	31
200	TOTAL	14,211,157		14,211,157	64,307		30,704	6,849,403	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	6,849,403
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4,890,221
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	11,739,624
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	5,973
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	30,704
PER DISCHARGE CAPITAL COSTS	1,965.45



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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	74,687,297
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	379,689,369
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.197

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	11,739,624
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.031

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01 & 2.02 x (Worksheet B, Part I, column 26 - columns 20 & 23 / Worksheet C, Part I, column 8) less lines 61, 66-68, 74, 94, 95 & 96) (see CR 5999)	38,268,384
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	205,337,789
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.186