



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 11/24/2014	TIME: 12:43
	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 checked="" 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 CENTRAL DUPAGE HOSPITAL (14-0242) ((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 V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		745,860	80,209	102,376		1
2	SUBPROVIDER - IPF		-251				2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		745,609	80,209	102,376		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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

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

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.



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:										
1	Street: 0 NORTH 025 WINFIELD ROAD	P.O. Box: 11092012							1	
2	City: WINFIELD	State: IL	ZIP Code: 60190	County: DUPAGE						
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	CENTRAL DUPAGE HOSPITAL	14-0242	16974	1	07/01/1966	N	P	O	3
4	Subprovider - IPF	CENTRAL DUPAGE HOSPITAL PSYCH.	14-S242	16974	4	07/01/1985	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 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.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y	22.01
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.	12,083	3,503			952				
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									
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
								1	2	



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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
----	---	---	---	----



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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		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)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or 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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Title V and XIX Services		V 1	XIX 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
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.	Physical	Occupational Speech	Respiratory
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.	2		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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

All Providers						
		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	148052		140	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name: CENTRAL DUPAGE HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 00131			141	
142	Street: 27 WEST 353 JEWELL ROAD	P.O. Box:			142	
143	City: WINFIELD	State: IL	ZIP Code: 60190		143	
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII		Title V	Title XIX	
		Part A	Part B	1	2	
155	Hospital	N	N	N	N	
156	Subprovider - IPF	N	N	N	N	
157	Subprovider - IRF	N	N			
158	Subprovider - Other					
159	SNF	N	N			
160	HHA	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	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	06/30/2014		170	



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	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)	Y			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	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			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
PART A					
		Y/N	DATE		
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	Y	10/14/2014	Y	10/14/2014
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	10/14/2014	Y	10/14/2014
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED 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: JENNIFER	LAST NAME: STOSENTIN	TITLE: SYSTEM DIRECTOR OF FINANCE
42	EMPLOYER: CADENCE HEALTH		
43	PHONE NUMBER: 630-933-6340	E-MAIL ADDRESS: JENNIFER.STOSENTIN@CADENCEHEALTH.ORG	

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

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	288	105,120			26,196	11,690	69,786	1
2	HMO AND OTHER (see instructions)						1,808	952		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)		288	105,120			26,196	11,690	69,786	7
8	INTENSIVE CARE UNIT	31	22	8,030			3,823	1,182	6,349	8
9	CORONARY CARE UNIT	32	16	5,840			2,114	260	3,625	9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	NEONATAL INTENSIVE CARE UNIT	35	23	8,395				2,454	7,852	12
13	NURSERY	43						2,505	6,950	13
14	TOTAL (see instructions)		349	127,385			32,133	18,091	94,562	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	22	8,030			1,387	538	8,676	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		371							27
28	OBSERVATION BED DAYS								9,310	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)								1	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)					7,247	3,024	22,145	1
2	HMO AND OTHER (see instructions)					732			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	NEONATAL INTENSIVE CARE UNIT								12
13	NURSERY								13
14	TOTAL (see instructions)		2,849.14			7,247	3,024	22,145	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF		53.24			161	116	1,359	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		2,902.38						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	199,233,351	3,633,241	202,866,592	6,053,558.00	33.51	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21						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)		2,790,408	50,056	2,840,464	103,797.00	27.37	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		2,699,036		2,699,036	46,497.00	58.05	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		191,963		191,963	1,069.00	179.57	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		46,897,107		46,897,107	914,635.00	51.27	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)		42,509,412		42,509,412			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		708,900		708,900			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		110,931		110,931			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		1,261,596		1,261,596			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		2,317,712		2,317,712	79,969.00	28.98	26
27	ADMINISTRATIVE & GENERAL		14,788,681	282,623	15,071,304	473,321.00	31.84	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		1,381,745		1,381,745	3,152.00	438.37	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		3,117,281		3,117,281	95,175.00	32.75	30
31	LAUNDRY & LINEN SERVICE		166,592	7,295	173,887	15,655.00	11.11	31
32	HOUSEKEEPING		3,516,788	109,905	3,626,693	248,587.00	14.59	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		2,029,699	-564,005	1,465,694	93,279.00	15.71	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA			776,703	776,703	57,876.00	13.42	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		3,209,176		3,209,176	64,272.00	49.93	38
39	CENTRAL SERVICES AND SUPPLY		2,257,455	36,845	2,294,300	127,765.00	17.96	39
40	PHARMACY		4,479,508	33,819	4,513,327	120,911.00	37.33	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		628,498		628,498	21,205.00	29.64	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		200,615,096	3,633,241	204,248,337	6,056,710.00	33.72	1
2	EXCLUDED AREA SALARIES (see instructions)		2,790,408	50,056	2,840,464	103,797.00	27.37	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		197,824,688	3,583,185	201,407,873	5,952,913.00	33.83	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		49,788,106		49,788,106	962,201.00	51.74	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		42,620,343		42,620,343		21.16%	5



COMPU-MAX

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		290,233,137	3,583,185	293,816,322	6,915,114.00	42.49	6
7	TOTAL OVERHEAD COST (see instructions)		37,893,135	683,185	38,576,320	1,401,167.00	27.53	7



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3****PART IV - WAGE RELATED COST****PART IV****PART A - CORE LIST**

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	7,026,184	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	20,716,318	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	1,111,337	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	1,281,186	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	1,293,865	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	3,298,731	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	13,022,877	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	123,564	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	1,498,394	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	49,372,456	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
----	------------------------------------	--	----



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---	--	---

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

EXHIBIT 3

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

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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 1	BENEFIT COST 2	
	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



COMPU-MAX

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.217671	1
---	--	----------	---

MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	39,705,184	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	332,277,546	6
7	MEDICAID COST (line 1 times line 6)	72,327,186	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.	32,622,002	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)	32,622,002			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	110,075,073	195,807,947	305,883,020	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	23,960,151	42,621,712	66,581,863	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	206,968	328,925	535,893	22
23	COST OF CHARITY CARE (line 21 minus line 22)	23,753,183	42,292,787	66,045,970	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)	38,592,039	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	547,729	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	38,044,310	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	8,281,143	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	74,327,113	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	106,949,115	31



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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		26,753,806	26,753,806	1,038,304	27,792,110	19,203,848	46,995,958	1
2	00200	CAP REL COSTS-MVBLE EQUIP		22,955,235	22,955,235	968,147	23,923,382		23,923,382	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	2,317,712	181,817	2,499,529		2,499,529		2,499,529	4
5.10	00541	NON PATIENT TELEPHONES		534,430	534,430		534,430	-402,347	132,083	5.10
5.30	00561	PURCHASING AND STORES						3,338,154	3,338,154	5.30
5.40	00571	ADMITTING	2,808,676	1,143,778	3,952,454		3,952,454		3,952,454	5.40
5.50	00581	ACCOUNTS RECEIVABLE AND CASHIERS								5.50
5.60	00590	ADMINISTRATION & GENERAL	11,980,005	151,268,334	163,248,339	-1,038,304	162,210,035	8,585,661	170,795,696	5.60
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	3,117,281	19,418,579	22,535,860	-482	22,535,378	-177,991	22,357,387	7
8	00800	LAUNDRY & LINEN SERVICE	166,592	-183,603	-17,011		-17,011		-17,011	8
9	00900	HOUSEKEEPING	3,516,788	1,947,506	5,464,294	-1,753	5,462,541	-2,100	5,460,441	9
10	01000	DIETARY	2,029,699	4,527,196	6,556,895	-2,510,179	4,046,716	-876,360	3,170,356	10
11	01100	CAFETERIA				2,509,121	2,509,121	-2,679,680	-170,559	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	3,209,176	1,676,841	4,886,017		4,886,017	-200,826	4,685,191	13
14	01400	CENTRAL SERVICES & SUPPLY	2,257,455	1,487,685	3,745,140	-39,153	3,705,987		3,705,987	14
15	01500	PHARMACY	4,479,508	35,603,066	40,082,574	-20,751,900	19,330,674		19,330,674	15
16	01600	MEDICAL RECORDS & LIBRARY	628,498	176,857	805,355		805,355	3,243,347	4,048,702	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	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	35,554,693	32,690,778	68,245,471	-3,739,094	64,506,377	-17,145,889	47,360,488	30
31	03100	INTENSIVE CARE UNIT	6,936,171	2,735,937	9,672,108	-407,416	9,264,692	-52,121	9,212,571	31
32	03200	CORONARY CARE UNIT	3,157,855	1,527,605	4,685,460	-279,993	4,405,467	-111,844	4,293,623	32
35	02060	NEONATAL INTENSIVE CARE UNIT	4,665,738	1,842,397	6,508,135	-238,153	6,269,982		6,269,982	35
40	04000	SUBPROVIDER - IPF	2,712,471	1,306,885	4,019,356	-3,692	4,015,664	-573,788	3,441,876	40
43	04300	NURSERY				1,779,841	1,779,841		1,779,841	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	11,450,031	51,434,992	62,885,023	-33,473,442	29,411,581	-221,856	29,189,725	50
51	05100	RECOVERY ROOM	3,130,808	1,480,593	4,611,401	-74,300	4,537,101		4,537,101	51
52	05200	DELIVERY ROOM & LABOR ROOM	6,052,690	3,072,645	9,125,335	-162,948	8,962,387	-711,075	8,251,312	52
53	05300	ANESTHESIOLOGY	259,349	1,878,303	2,137,652	-833,752	1,303,900	-126,000	1,177,900	53
54	05400	RADIOLOGY-DIAGNOSTIC	5,208,280	2,377,427	7,585,707	-210,745	7,374,962	-20,596	7,354,366	54
55	05500	RADIOLOGY-THERAPEUTIC	3,714,384	3,015,128	6,729,512	-365,752	6,363,760	1,521,033	7,884,793	55
56	05600	RADIOISOTOPE	471,436	1,126,856	1,598,292	-1,808	1,596,484	-170,335	1,426,149	56
57	05700	CT SCAN	1,194,454	972,049	2,166,503	-229,162	1,937,341	-122,550	1,814,791	57
58	05800	MRI	1,388,285	927,275	2,315,560	-57,073	2,258,487	-780	2,257,707	58
60	06000	LABORATORY	32,649,812	28,238,225	60,888,037	-139,169	60,748,868	-1,631,205	59,117,663	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	523,685	2,784,568	3,308,253	-3,756	3,304,497		3,304,497	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	INTRAVENOUS THERAPY	706,652	467,322	1,173,974		1,173,974		1,173,974	64
65	06500	RESPIRATORY THERAPY	2,587,078	1,384,467	3,971,545	-472,060	3,499,485		3,499,485	65
66	06600	PHYSICAL THERAPY	4,241,177	1,737,759	5,978,936	-34,891	5,944,045	-199	5,943,846	66
67	06700	OCCUPATIONAL THERAPY	677,346	193,718	871,064	-8,726	862,338	-788	861,550	67
68	06800	SPEECH PATHOLOGY	787,472	219,034	1,006,506	-1,912	1,004,594		1,004,594	68
69	06900	ELECTROCARDIOLOGY	8,445,211	22,205,888	30,651,099	-9,408,315	21,242,784	-5,725,960	15,516,824	69
70	07000	ELECTROENCEPHALOGRAPHY	1,217,323	592,888	1,810,211	-44,700	1,765,511	-4,500	1,761,011	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				19,425,452	19,425,452		19,425,452	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				27,743,998	27,743,998		27,743,998	72
73	07300	DRUGS CHARGED TO PATIENTS				20,500,222	20,500,222		20,500,222	73
74	07400	RENAL DIALYSIS				533,049	533,049		533,049	74
75.01	07501	CARDIAC REHAB	412,362	261,913	674,275	-118	674,157		674,157	75.01
75.02	07502	SLEEP LAB								75.02
75.03	07503	INPATIENT DIALYSIS								75.03



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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 ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
75.04	07504	PAIN MANAGEMENT	254,074	179,546	433,620	-56,125	377,495		377,495	75.04
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	14,811,154	7,207,415	22,018,569	-165,251	21,853,318	-4,509,382	17,343,936	90
90.01	09001	PATIENT TREATMENT CENTER	1,295,222	687,721	1,982,943	-60,113	1,922,830	-454,820	1,468,010	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	09003	CANTERA								90.03
90.04	09004	MENTAL HEALTH O/P	894,453	303,626	1,198,079	867,882	2,065,961	-163,890	1,902,071	90.04
90.05	09005	WOMEN'S CLINIC								90.05
90.06	09006	WOUND CARE	189,595	130,476	320,071	-67,186	252,885		252,885	90.06
91	09100	EMERGENCY	7,054,763	4,125,804	11,180,567	-484,593	10,695,974	-745,489	9,950,485	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	199,155,414	444,600,767	643,756,181		643,756,181	-940,328	642,815,853	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		179,681	179,681		179,681		179,681	190
190.01	19001	KOFFEE KORNER								190.01
191	19100	RESEARCH								191
192.01	19201	WSKF								192.01
193.01	19301	DEVELOPMENT								193.01
193.02	19302	MARKETING								193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE								193.04
193.05	19304	CAR SEAT SAFETY PROGRAM								193.05
193.07	19305	JOINT VENTURE								193.07
193.08	19306	PARKINSONS CENTER	77,937	-58,321	19,616		19,616		19,616	193.08
200		TOTAL (sum of lines 118-199)	199,233,351	444,722,127	643,955,478		643,955,478	-940,328	643,015,150	200



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
1	CHARGEABLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	71		19,425,452	1
2			IMPL. DEV. CHARGED TO PATIENT	72		27,743,998	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
500	TOTAL RECLASSIFICATIONS CODE LETTER - B					47,169,450	500
1	CAFETERIA	C	CAFETERIA	11	776,703	1,732,418	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - C				776,703	1,732,418	500
1	DRUGS	D	DRUGS CHARGED TO PATIENTS	73		20,500,222	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - D					20,500,222	500
1	INSURANCE	E	CAP REL COSTS-BLDG & FIXT	1		1,038,304	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					1,038,304	500
1	RENTAL	F	CAP REL COSTS-MVBLE EQUIP	2		968,147	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
500	TOTAL RECLASSIFICATIONS CODE LETTER - F					968,147	500
1	BHS CHEMICAL DEPENDENCY	H	MENTAL HEALTH O/P	90.04	597,750	270,419	1
500	TOTAL RECLASSIFICATIONS CODE LETTER - H				597,750	270,419	500
1	NURSERY	I	NURSERY	43	1,272,295	507,546	1
500	TOTAL RECLASSIFICATIONS				1,272,295	507,546	500



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
	CODE LETTER - I						
1	RENAL DIALYSIS	J	RENAL DIALYSIS	74		533,049	1
2							2
3							3
4							4
5							5
500	TOTAL RECLASSIFICATIONS					533,049	500
	CODE LETTER - J						
1	TEMPORARY PERSONNEL	K	ADMINISTRATION & GENERAL	5.60	87,652		1
2			LAUNDRY & LINEN SERVICE	8	7,295		2
3			HOUSEKEEPING	9	109,905		3
4			DIETARY	10	212,698		4
5			CENTRAL SERVICES & SUPPLY	14	36,845		5
6			PHARMACY	15	33,819		6
7			ADULTS & PEDIATRICS	30	123,608		7
8			INTENSIVE CARE UNIT	31	31,125		8
9			CORONARY CARE UNIT	32	60,298		9
10			NEONATAL INTENSIVE CARE UNIT	35	107,317		10
11			SUBPROVIDER - IPF	40	50,056		11
12			OPERATING ROOM	50	1,680,340		12
13			RECOVERY ROOM	51	303,860		13
14			DELIVERY ROOM & LABOR ROOM	52	149,631		14
15			RADIOLOGY-THERAPEUTIC	55	98,124		15
16			ADMITTING	5.40	194,971		16
17			PHYSICAL THERAPY	66	24,084		17
18			ELECTROCARDIOLOGY	69	143,883		18
19			ELECTROENCEPHALOGRAPHY	70	171,555		19
20			EMERGENCY	91	6,175		20
500	TOTAL RECLASSIFICATIONS				3,633,241		500
	CODE LETTER - K						
	GRAND TOTAL (INCREASES)				6,279,989	72,719,555	

(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.

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	CHARGEABLE MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		39,153	1
2			PHARMACY	15		251,678	2
3			ADULTS & PEDIATRICS	30		571,723	3
4			INTENSIVE CARE UNIT	31		344,508	4
5			CORONARY CARE UNIT	32		144,579	5
6			SUBPROVIDER - IPF	40		1,526	6
7			NEONATAL INTENSIVE CARE UNIT	35		226,316	7
8			OPERATING ROOM	50		32,828,735	8
9			RECOVERY ROOM	51		74,300	9
10			DELIVERY ROOM & LABOR ROOM	52		127,462	10
11			ANESTHESIOLOGY	53		833,752	11
12			RADIOLOGY-DIAGNOSTIC	54		209,995	12
13			RADIOLOGY-THERAPEUTIC	55		365,752	13
14			RADIOISOTOPE	56		1,808	14
15			CT SCAN	57		229,162	15
16			MRI	58		57,073	16
17			LABORATORY	60		128,363	17
18			WHOLE BLOOD & PACKED RED BLOO	62		3,756	18
19			RESPIRATORY THERAPY	65		442,428	19
20			PHYSICAL THERAPY	66		34,891	20
21			OCCUPATIONAL THERAPY	67		8,726	21
22			SPEECH PATHOLOGY	68		1,912	22
23			ELECTROCARDIOLOGY	69		9,408,315	23
24			ELECTROENCEPHALOGRAPHY	70		42,631	24
25			CARDIAC REHAB	75.01		118	25
26			PAIN MANAGEMENT	75.04		56,125	26
27			CLINIC	90		141,920	27
28			PATIENT TREATMENT CENTER	90.01		40,677	28
29			MENTAL HEALTH O/P	90.04		287	29
30			WOUND CARE	90.06		67,186	30
31			EMERGENCY	91		484,593	31
500	TOTAL RECLASSIFICATIONS					47,169,450	500
	CODE LETTER - B						
1	CAFETERIA	C	DIETARY	10	776,703	1,732,418	1
500	TOTAL RECLASSIFICATIONS				776,703	1,732,418	500
	CODE LETTER - C						
1	DRUGS	D	PHARMACY	15		20,500,222	1
500	TOTAL RECLASSIFICATIONS					20,500,222	500
	CODE LETTER - D						
1	INSURANCE	E	ADMINISTRATION & GENERAL	5.60		1,038,304	9
500	TOTAL RECLASSIFICATIONS					1,038,304	500
	CODE LETTER - E						
1	RENTAL	F	OPERATION OF PLANT	7		482	9
2			HOUSEKEEPING	9		1,753	2
3			DIETARY	10		1,058	3
4			NEONATAL INTENSIVE CARE UNIT	35		11,837	4
5			ADULTS & PEDIATRICS	30		171,662	5
6			INTENSIVE CARE UNIT	31		10,788	6
7			CORONARY CARE UNIT	32		23,570	7
8			SUBPROVIDER - IPF	40		45	8
9			OPERATING ROOM	50		644,707	9
10			DELIVERY ROOM & LABOR ROOM	52		35,486	10
11			RADIOLOGY-DIAGNOSTIC	54		750	11
12			ELECTROENCEPHALOGRAPHY	70		2,069	12
13			CLINIC	90		23,331	13
14			PATIENT TREATMENT CENTER	90.01		171	14
15			LABORATORY	60		10,806	15
16			RESPIRATORY THERAPY	65		29,632	16
500	TOTAL RECLASSIFICATIONS					968,147	500
	CODE LETTER - F						
1	BHS CHEMICAL DEPENDENCY	H	ADULTS & PEDIATRICS	30	597,750	270,419	1
500	TOTAL RECLASSIFICATIONS				597,750	270,419	500
	CODE LETTER - H						
1	NURSERY	I	ADULTS & PEDIATRICS	30	1,272,295	507,546	1



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
		1	6	7	8	9		
500	TOTAL RECLASSIFICATIONS				1,272,295	507,546	500	
	CODE LETTER - I							
1	RENAL DIALYSIS	J	ADULTS & PEDIATRICS	30		347,699	1	
2			INTENSIVE CARE UNIT	31		52,120	2	
3			CORONARY CARE UNIT	32		111,844	3	
4			SUBPROVIDER - IPF	40		2,121	4	
5			PATIENT TREATMENT CENTER	90.01		19,265	5	
500	TOTAL RECLASSIFICATIONS					533,049	500	
	CODE LETTER - J							
1	TEMPORARY PERSONNEL	K	ADMINISTRATION & GENERAL	5.60		87,652	1	
2			LAUNDRY & LINEN SERVICE	8		7,295	2	
3			HOUSEKEEPING	9		109,905	3	
4			DIETARY	10		212,698	4	
5			CENTRAL SERVICES & SUPPLY	14		36,845	5	
6			PHARMACY	15		33,819	6	
7			ADULTS & PEDIATRICS	30		123,608	7	
8			INTENSIVE CARE UNIT	31		31,125	8	
9			CORONARY CARE UNIT	32		60,298	9	
10			NEONATAL INTENSIVE CARE UNIT	35		107,317	10	
11			SUBPROVIDER - IPF	40		50,056	11	
12			OPERATING ROOM	50		1,680,340	12	
13			RECOVERY ROOM	51		303,860	13	
14			DELIVERY ROOM & LABOR ROOM	52		149,631	14	
15			RADIOLOGY-THERAPEUTIC	55		98,124	15	
16			ADMITTING	5.40		194,971	16	
17			PHYSICAL THERAPY	66		24,084	17	
18			ELECTROCARDIOLOGY	69		143,883	18	
19			ELECTROENCEPHALOGRAPHY	70		171,555	19	
20			EMERGENCY	91		6,175	20	
500	TOTAL RECLASSIFICATIONS					3,633,241	500	
	CODE LETTER - K							
	GRAND TOTAL (DECREASES)				2,646,748	76,352,796		

(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.



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	4,916,541					4,916,541		1
2	LAND IMPROVEMENTS	24,907,902				463,331	24,444,571		2
3	BUILDINGS AND FIXTURES	484,661,126	1,789,139		1,789,139		486,450,265		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	112,088,255				557,280	111,530,975		5
6	MOVABLE EQUIPMENT	292,182,850					292,182,850		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	918,756,674	1,789,139		1,789,139	1,020,611	919,525,202		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	918,756,674	1,789,139		1,789,139	1,020,611	919,525,202		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	26,753,806						26,753,806	1	
2	CAP REL COSTS-MVBLE EQUIP	22,955,235						22,955,235	2	
3	TOTAL (sum of lines 1-2)	49,709,041						49,709,041	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	621,657,283		621,657,283	0.680269					1
2	CAP REL COSTS-MVBLE EQU	292,182,850		292,182,850	0.319731					2
3	TOTAL (sum of lines 1-2)	913,840,133		913,840,133	1.000000					3

	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	46,995,958						46,995,958	1	
2	CAP REL COSTS-MVBLE EQUIP	23,923,382						23,923,382	2	
3	TOTAL (sum of lines 1-2)	70,919,340						70,919,340	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.)

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

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		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-402,347	NON PATIENT TELEPHONES	5.10	7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-26,780	OPERATION OF PLANT	7	8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-25,452,635			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)	B	-650	RADIOLOGY-DIAGNOSTIC	54	11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	38,085,799			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-2,666,622	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-35,362	DELIVERY ROOM & LABOR ROOM	52	16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-13,058	CAFETERIA	11	20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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						33
34						34
34.02	NON-PT MEDICAL SUPP	B	-170,610	PATIENT TREATMENT CENTER	90.01	34.02
34.03	.XRAY SCRAP SALES	B	-275	CLINIC	90	34.03
35						35
35.04	MEALS REVENUE	B	-846,164	DIETARY	10	35.04
36						36
36.01	OTHER INCOME	B	-86,301	ADMINISTRATION & GENERAL	5.60	36.01
36.02	OTHER INCOME	B	-2,100	HOUSEKEEPING	9	36.02
36.03	OTHER INCOME	B	-30,196	DIETARY	10	36.03
36.04	OTHER INCOME	B	-1,350	CLINIC	90	36.04
36.05	OTHER INCOME	B	-108,200	SUBPROVIDER - IPF	40	36.05
36.06	OTHER INCOME	B	-77,522	DELIVERY ROOM & LABOR ROOM	52	36.06
36.07	OTHER INCOME	B	-525	ADULTS & PEDIATRICS	30	36.07
36.08	OTHER INCOME	B	-40	ELECTROCARDIOLOGY	69	36.08
36.09	OTHER INCOME	B	-148,593	ELECTROCARDIOLOGY	69	36.09
36.10	OTHER INCOME	B	-492,494	ELECTROCARDIOLOGY	69	36.10
36.11	OTHER INCOME	B	-12,484	PATIENT TREATMENT CENTER	90.01	36.11
37						37
38	TUITION INCOME	B	-11,126	NURSING ADMINISTRATION	13	38
38.01	TUITION INCOME	B	-1,365	EMERGENCY	91	38.01
38.02	TUITION INCOME	B	-114,334	EMERGENCY	91	38.02
39	RENTAL INCOME	B	-1,003,146	CLINIC	90	39
39.01	RENTAL INCOME	B	-31,389	SUBPROVIDER - IPF	40	39.01
39.02	RENTAL INCOME	B	-13,234	OPERATION OF PLANT	7	39.02

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	
39.03	INTERCOMPANY RENTAL INCOME	B	-1,787,893	CLINIC	90		39.03
39.04	INTERCOMPANY RENTAL INCOME	B	-152,082	OPERATION OF PLANT	7		39.04
40	OTHER SERVICE REVENUE	B	-87,252	PATIENT TREATMENT CENTER	90.01		40
40.01	OTHER SERVICE REVENUE	B	-148,660	SUBPROVIDER - IPF	40		40.01
40.02	OTHER SERVICE REVENUE	B	-52,289	ADULTS & PEDIATRICS	30		40.02
40.03	OTHER SERVICE REVENUE	B	-130,430	MENTAL HEALTH O/P	90.04		40.03
40.04	OTHER SERVICE REVENUE	B	-788	OCCUPATIONAL THERAPY	67		40.04
40.05	OTHER SERVICE REVENUE	B	-430	CLINIC	90		40.05
40.06	OTHER SERVICE REVENUE	B	-7,489	RADIOLOGY-DIAGNOSTIC	54		40.06
40.07	OTHER SERVICE REVENUE	B	-21,833	EMERGENCY	91		40.07
40.08	OTHER SERVICE REVENUE	B	-199	PHYSICAL THERAPY	66		40.08
41	INSTYMED REV	B	-476,642	CLINIC	90		41
41.01	WORK ORDER REV	B	14,105	OPERATION OF PLANT	7		41.01
41.02	RECOVERY LIVING REV	B	-2,819	SUBPROVIDER - IPF	40		41.02
41.03	RECOVERY LIVING	B	-61,590	ADULTS & PEDIATRICS	30		41.03
42							42
42.03	ALCOHOLIC BEVERAGES	A	-2,100	ADMINISTRATION & GENERAL	5.60		42.03
42.04	ASSOCIATION LOBBYING DUES	A	-54,326	ADMINISTRATION & GENERAL	5.60		42.04
42.05	PHYSICIAN BILLING SVC	A	-118,349	ADULTS & PEDIATRICS	30		42.05
42.06	PHYSICIAN BILLING SVC	A	-64,108	ELECTROCARDIOLOGY	69		42.06
42.07	REAL ESTATE TAXES	A	-6,432	ADMINISTRATION & GENERAL	5.60		42.07
43							43
44	CHARITABLE CONTRIBUTIONS	A	-1,718,389	ADMINISTRATION & GENERAL	5.60		44
44.01	CHARITABLE CONTRIBUTIONS	A	-7,640	NURSING ADMINISTRATION	13		44.01
44.03	CHARITABLE CONTRIBUTIONS	A	-36,000	LABORATORY	60		44.03
45							45
46	NON PHYSICIAN PART B	A	-131,510	NURSING ADMINISTRATION	13		46
46.01	NON PHYSICIAN PART B	A	-414,450	ADULTS & PEDIATRICS	30		46.01
46.04	NON PHYSICIAN PART B	A	-402,995	ELECTROCARDIOLOGY	69		46.04
46.05	NON PHYSICIAN PART B	A	-1,239,426	CLINIC	90		46.05
46.06	NON PHYSICIAN PART B	A	-165,209	PATIENT TREATMENT CENTER	90.01		46.06
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-940,328				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.



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.
1	2	3	4	5	6	7
1		CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	19,203,848	19,203,848	9
2			HOME OFFICE COST			
3	5.30	PURCHASING AND STORES	HOME OFFICE COST	3,338,154	3,338,154	3
3.01	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	125,381,662	114,661,627	10,720,035
3.02	16	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST	3,243,347		3,243,347
3.03	55	RADIOLOGY-THERAPEUTIC	HOME OFFICE COST	1,580,415		1,580,415
4						
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			152,747,426	114,661,627	38,085,799

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

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B	CADENCE HEALTH	100.00		
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:



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5.60	ADMINISTRATION & GEN AGGREGATE	266,826	266,826						1
2	13	NURSING ADMINISTRATI AGGREGATE	50,550	50,550						2
3	30	ADULTS & PEDIATRICS AGGREGATE	16,502,384	16,498,586	3,698	140,600	125	8,449	422	3
4										4
5	31	INTENSIVE CARE UNIT AGGREGATE	52,121	52,121						5
6	32	CORONARY CARE UNIT AGGREGATE	111,844	111,844						6
7										7
8	40	SUBPROVIDER - IPF AGGREGATE	282,720	282,720						8
9	50	OPERATING ROOM AGGREGATE	239,956	207,466	32,490	208,000	181	18,100	905	9
10										10
11	52	DELIVERY ROOM & LABO AGGREGATE	598,191	598,191						11
12	53	ANESTHESIOLOGY AGGREGATE	126,000	126,000						12
13	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	12,457	12,457						13
14	55	RADIOLOGY-THERAPEUTI AGGREGATE	104,875		104,875	225,300	420	45,493	2,275	14
15	56	RADIOISOTOPE AGGREGATE	170,335	170,335						15
16	57	CT SCAN AGGREGATE	122,550	122,550						16
17	58	MRI AGGREGATE	780	780						17
18	60	LABORATORY AGGREGATE	1,595,205	1,595,205						18
19										19
20										20
21	69	ELECTROCARDIOLOGY AGGREGATE	4,617,730	4,617,730						21
22	70	ELECTROENCEPHALOGRAP AGGREGATE	13,500		13,500	208,000	90	9,000	450	22
24	90	CLINIC AGGREGATE	220	220						24
25	90.01	PATIENT TREATMENT CE AGGREGATE	19,265	19,265						25
26	90.04	MENTAL HEALTH O/P AGGREGATE	33,460	33,460						26
27	91	EMERGENCY AGGREGATE	629,511	592,111	37,400	177,200	253	21,554	1,078	27
200		TOTAL	25,550,480	25,358,417	191,963		1,069	102,596	5,130	200



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRAC T- 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	5.60	ADMINISTRATION & GEN AGGREGATE							266,826	1
2	13	NURSING ADMINISTRATI AGGREGATE							50,550	2
3	30	ADULTS & PEDIATRICS AGGREGATE					8,449		16,498,686	3
4										4
5	31	INTENSIVE CARE UNIT AGGREGATE							52,121	5
6	32	CORONARY CARE UNIT AGGREGATE							111,844	6
7										7
8	40	SUBPROVIDER - IPF AGGREGATE							282,720	8
9	50	OPERATING ROOM AGGREGATE					18,100	14,390	221,856	9
10										10
11	52	DELIVERY ROOM & LABO AGGREGATE							598,191	11
12	53	ANESTHESIOLOGY AGGREGATE							126,000	12
13	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							12,457	13
14	55	RADIOLOGY-THERAPEUTI AGGREGATE					45,493	59,382	59,382	14
15	56	RADIOISOTOPE AGGREGATE							170,335	15
16	57	CT SCAN AGGREGATE							122,550	16
17	58	MRI AGGREGATE							780	17
18	60	LABORATORY AGGREGATE							1,595,205	18
19										19
20										20
21	69	ELECTROCARDIOLOGY AGGREGATE							4,617,730	21
22	70	ELECTROENCEPHALOGRAP AGGREGATE					9,000	4,500	4,500	22
24	90	CLINIC AGGREGATE							220	24
25	90.01	PATIENT TREATMENT CE AGGREGATE							19,265	25
26	90.04	MENTAL HEALTH O/P AGGREGATE							33,460	26
27	91	EMERGENCY AGGREGATE					21,554	15,846	607,957	27
200		TOTAL					102,596	94,118	25,452,635	200

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT TELEPHONES	PURCHASING AND STORES	
		0	1	2	4	5.10	5.30	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	46,995,958	46,995,958					1
2	CAP REL COSTS-MVBLE EQUIP	23,923,382		23,923,382				2
4	EMPLOYEE BENEFITS DEPARTMENT	2,499,529			2,499,529			4
5.10	NON PATIENT TELEPHONES	132,083	416,699	212,121		760,903		5.10
5.30	PURCHASING AND STORES	3,338,154	212,312	108,078		4,322	3,662,866	5.30
5.40	ADMITTING	3,952,454	50,218	25,564	37,434	17,665	1,719	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	170,795,696	1,186,833	604,160	150,399	35,330	1,752	5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	22,357,387	28,657,694	14,588,254	38,851	23,678	9,426	7
8	LAUNDRY & LINEN SERVICE	-17,011	133,989	68,207	2,167	564	334	8
9	HOUSEKEEPING	5,460,441	156,511	79,672	45,199	6,953	23,319	9
10	DIETARY	3,170,356	494,069	251,507	18,267	8,269	4,299	10
11	CAFETERIA	-170,559	345,620	175,938	9,680	3,383		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,685,191	234,208	119,224	39,996	13,906	10,529	13
14	CENTRAL SERVICES & SUPPLY	3,705,987	278,516	141,779	28,594	17,477	27,067	14
15	PHARMACY	19,330,674	137,502	69,995	56,250	11,463	4,242	15
16	MEDICAL RECORDS & LIBRARY	4,048,702	72,223	36,765	7,833	9,772		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	47,360,488	3,965,216	2,018,501	421,441	120,272	126,340	30
31	INTENSIVE CARE UNIT	9,212,571	315,499	160,606	86,833	13,343	27,555	31
32	CORONARY CARE UNIT	4,293,623	237,530	120,915	40,108	9,396	16,778	32
35	NEONATAL INTENSIVE CARE UNIT	6,269,982	188,238	95,823	59,487	6,201	16,299	35
40	SUBPROVIDER - IPF	3,441,876	567,164	288,716	34,429	15,786	1,587	40
43	NURSERY	1,779,841	359,454	182,981	15,857	10,712	6,956	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	29,189,725	2,141,420	1,090,094	163,644	76,861	549,659	50
51	RECOVERY ROOM	4,537,101	325,630	165,763	42,806	2,067	10,806	51
52	DELIVERY ROOM & LABOR ROOM	8,251,312	676,043	344,141	77,300	32,699	20,288	52
53	ANESTHESIOLOGY	1,177,900			3,232	9,020	63,983	53
54	RADIOLOGY-DIAGNOSTIC	7,354,366	983,672	500,740	64,911	46,229	15,555	54
55	RADIOLOGY-THERAPEUTIC	7,884,793	741,185	377,302	47,515	41,155	22,593	55
56	RADIOISOTOPE	1,426,149	89,380	45,499	5,876	188	935	56
57	CT SCAN	1,814,791	106,483	54,205	14,886	752	19,159	57
58	MRI	2,257,707	115,061	58,572	17,302	1,315	8,630	58
60	LABORATORY	59,117,663	693,037	352,792	406,915	31,759	499,565	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,304,497	34,232	17,426	6,527	1,315	7,693	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	1,173,974			8,807		10,364	64
65	RESPIRATORY THERAPY	3,499,485	90,306	45,970	32,243	4,322	24,400	65
66	PHYSICAL THERAPY	5,943,846	222,579	113,304	53,158	14,282	2,811	66
67	OCCUPATIONAL THERAPY	861,550	8,606	4,381	8,442	940	401	67
68	SPEECH PATHOLOGY	1,004,594	12,500	6,363	9,814	564	162	68
69	ELECTROCARDIOLOGY	15,516,824	655,209	333,536	107,046	25,370	238,100	69
70	ELECTROENCEPHALOGRAPHY	1,761,011	127,017	64,658	17,310	3,195	2,975	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,425,452					742,052	71
72	IMPL. DEV. CHARGED TO PATIENTS	27,743,998					1,059,835	72
73	DRUGS CHARGED TO PATIENTS	20,500,222						73
74	RENAL DIALYSIS	533,049	35,349	17,994				74
75.01	CARDIAC REHAB	674,157			5,139		361	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	377,495	86,793	44,182	3,167	2,631	3,560	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	17,343,936	401,339	204,302	184,591	83,062	20,874	90
90.01	PATIENT TREATMENT CENTER	1,468,010	168,330	85,689	16,142	13,718	4,871	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	NON PATIENT TELEPHONES	PURCHASING AND STORES	
		0	1	2	4	5.10	5.30	
90.04	MENTAL HEALTH O/P	1,902,071	148,041	75,361	18,597		714	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	252,885			2,363	1,879	3,038	90.06
91	EMERGENCY	9,950,485	1,124,251	572,302	88,000	37,773	50,990	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	642,815,853	46,995,958	23,923,382	2,498,558	759,588	3,662,576	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179,681						190
190.0	KOFEE KORNER							190.0
1								1
191	RESEARCH					1,315	274	191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER	19,616			971		16	193.0
8								8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	643,015,150	46,995,958	23,923,382	2,499,529	760,903	3,662,866	202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	
		5.40	4A	5.60	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING	4,085,054						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL		172,774,170	172,774,170				5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		65,675,290	24,130,263	89,805,553			7
8	LAUNDRY & LINEN SERVICE		188,250	69,166	730,498	987,914		8
9	HOUSEKEEPING		5,772,095	2,120,760	853,287		8,746,142	9
10	DIETARY		3,946,767	1,450,105	2,693,638		267,042	10
11	CAFETERIA		364,062	133,762	1,884,299		186,806	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		5,103,054	1,874,944	1,276,887		126,588	13
14	CENTRAL SERVICES & SUPPLY		4,199,420	1,542,934	1,518,456	12,332	150,537	14
15	PHARMACY		19,610,126	7,205,074	749,652		74,319	15
16	MEDICAL RECORDS & LIBRARY		4,175,295	1,534,070	393,756		39,036	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	648,851	54,661,109	20,083,366	21,618,146	364,528	2,143,184	30
31	INTENSIVE CARE UNIT	89,617	9,906,024	3,639,632	1,720,086	23,716	170,526	31
32	CORONARY CARE UNIT	52,591	4,770,941	1,752,920	1,295,001	21,819	128,384	32
35	NEONATAL INTENSIVE CARE UNIT	72,016	6,708,046	2,464,643	1,026,261	4,743	101,742	35
40	SUBPROVIDER - IPF	57,237	4,406,795	1,619,127	3,092,146	9,487	306,550	40
43	NURSERY	30,892	2,386,693	876,909	1,959,725	27,115	194,283	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	391,473	33,602,876	12,346,234	11,674,906	194,463	1,157,428	50
51	RECOVERY ROOM	47,747	5,131,920	1,885,550	1,775,319	17,075	176,002	51
52	DELIVERY ROOM & LABOR ROOM	83,038	9,484,821	3,484,875	3,685,750	63,140	365,398	52
53	ANESTHESIOLOGY	43,511	1,297,646	476,776				53
54	RADIOLOGY-DIAGNOSTIC	87,951	9,053,424	3,326,373	5,362,926	64,509	531,671	54
55	RADIOLOGY-THERAPEUTIC	3,668	9,118,211	3,350,177	4,040,902	948	400,608	55
56	RADIOISOTOPE	17,301	1,585,328	582,475	487,296		48,310	56
57	CT SCAN	130,997	2,141,273	786,738	580,538	9,487	57,553	57
58	MRI	48,839	2,507,426	921,268	627,308		62,190	58
60	LABORATORY	223,253	61,324,984	22,531,780	3,778,398	948	374,583	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	31,051	3,402,741	1,250,221	186,633		18,502	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	40,047	1,233,192	453,094				64
65	RESPIRATORY THERAPY	103,868	3,800,594	1,396,399	492,344		48,810	65
66	PHYSICAL THERAPY	19,839	6,369,819	2,340,373	1,213,488	10,435	120,303	66
67	OCCUPATIONAL THERAPY	10,117	894,437	328,630	46,918		4,651	67
68	SPEECH PATHOLOGY	9,949	1,043,946	383,562	68,150		6,756	68
69	ELECTROCARDIOLOGY	116,979	16,993,064	6,243,524	3,572,166	30,356	354,138	69
70	ELECTROENCEPHALOGRAPHY	18,530	1,994,696	732,883	692,489	13,281	68,652	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	555,441	20,722,945	7,613,942				71
72	IMPL. DEV. CHARGED TO PATIENTS	421,099	29,224,932	10,737,708				72
73	DRUGS CHARGED TO PATIENTS	587,726	21,087,948	7,748,050				73
74	RENAL DIALYSIS	12,712	599,104	220,120	192,721		19,106	74
75.01	CARDIAC REHAB	724	680,381	249,983				75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	4,760	522,588	192,007	473,191	6,641	46,911	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	339	18,238,443	6,701,096	2,188,080	4,743	216,922	90
90.01	PATIENT TREATMENT CENTER	6,679	1,763,439	647,916	917,726	6,641	90,982	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	7	2,144,791	788,031	807,111		80,016	90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	
		5.40	4A	5.60	7	8	9	
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	18	260,183	95,595				90.06
91	EMERGENCY	116,187	11,939,988	4,386,943	6,129,355	101,507	607,653	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,085,054	642,813,277	172,699,998	89,805,553	987,914	8,746,142	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		179,681	66,018				190
190.01	KOFEE KORNER							190.01
191	RESEARCH		1,589	584				191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER		20,603	7,570				193.08
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	4,085,054	643,015,150	172,774,170	89,805,553	987,914	8,746,142	202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY	8,357,552						10
11	CAFETERIA		2,568,929					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			33,091	8,414,564			13
14	CENTRAL SERVICES & SUPPLY			65,781		7,489,460		14
15	PHARMACY			62,252	17,285		27,718,708	15
16	MEDICAL RECORDS & LIBRARY						6,142,157	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	6,790,794	530,650	3,210,540		3,322	504,664	30
31	INTENSIVE CARE UNIT	576,978	95,142	575,630		2,357	64,388	31
32	CORONARY CARE UNIT	420,916	42,508	257,184		799	37,786	32
35	NEONATAL INTENSIVE CARE UNIT		59,764	361,586		2	51,742	35
40	SUBPROVIDER - IPF	552,635	48,372			44	41,124	40
43	NURSERY		17,100	103,462			22,195	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		176,152	1,065,760		22,566	539,777	50
51	RECOVERY ROOM		47,221	285,695		9	104,904	51
52	DELIVERY ROOM & LABOR ROOM		80,773	488,697		2,086	70,026	52
53	ANESTHESIOLOGY		6,722	40,669		1,072	61,318	53
54	RADIOLOGY-DIAGNOSTIC		82,299			15,389	231,723	54
55	RADIOLOGY-THERAPEUTIC		74,308			11,876	101,881	55
56	RADIOISOTOPE		6,058	36,654		1,963	47,706	56
57	CT SCAN		19,374			6,823	272,691	57
58	MRI		18,496			184,296	129,196	58
60	LABORATORY		522,066			14,197	1,061,791	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		8,904				31,731	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY					5,464	67,140	64
65	RESPIRATORY THERAPY		46,039	278,543		4,902	78,166	65
66	PHYSICAL THERAPY		66,067	399,723		1,868	58,959	66
67	OCCUPATIONAL THERAPY		9,007	54,497			12,092	67
68	SPEECH PATHOLOGY		10,041	60,752			13,072	68
69	ELECTROCARDIOLOGY		70,062	423,889		19,589	180,796	69
70	ELECTROENCEPHALOGRAPHY		19,808	119,840		22	38,944	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,084,334		599,896	71
72	IMPL. DEV. CHARGED TO PATIENTS				4,405,126		396,206	72
73	DRUGS CHARGED TO PATIENTS					27,038,530	893,553	73
74	RENAL DIALYSIS						9,133	74
75.01	CARDIAC REHAB		6,163			214	4,942	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		4,381				21,021	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		194,512			360,350	79,186	90
90.01	PATIENT TREATMENT CENTER		19,516			1,860	15,844	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		16,407				15,251	90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		3,928			337	2,157	90.06
91	EMERGENCY	16,229	104,816	634,158		18,771	281,156	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	8,357,552	2,567,780	8,414,564	7,489,460	27,718,708	6,142,157	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0 1	KOFEE KORNER							190.0 1
191	RESEARCH							191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER		1,149					193.0 8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	8,357,552	2,568,929	8,414,564	7,489,460	27,718,708	6,142,157	202



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	109,910,303		109,910,303			30
31	INTENSIVE CARE UNIT	16,774,479		16,774,479			31
32	CORONARY CARE UNIT	8,728,258		8,728,258			32
35	NEONATAL INTENSIVE CARE UNIT	10,778,529		10,778,529			35
40	SUBPROVIDER - IPF	10,076,280		10,076,280			40
43	NURSERY	5,587,482		5,587,482			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	60,780,162		60,780,162			50
51	RECOVERY ROOM	9,423,695		9,423,695			51
52	DELIVERY ROOM & LABOR ROOM	17,725,566		17,725,566			52
53	ANESTHESIOLOGY	1,884,203		1,884,203			53
54	RADIOLOGY-DIAGNOSTIC	18,668,314		18,668,314			54
55	RADIOLOGY-THERAPEUTIC	17,098,911		17,098,911			55
56	RADIOISOTOPE	2,795,790		2,795,790			56
57	CT SCAN	3,874,477		3,874,477			57
58	MRI	4,450,180		4,450,180			58
60	LABORATORY	89,608,747		89,608,747			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,898,732		4,898,732			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	1,758,890		1,758,890			64
65	RESPIRATORY THERAPY	6,145,797		6,145,797			65
66	PHYSICAL THERAPY	10,581,035		10,581,035			66
67	OCCUPATIONAL THERAPY	1,350,232		1,350,232			67
68	SPEECH PATHOLOGY	1,586,279		1,586,279			68
69	ELECTROCARDIOLOGY	27,887,584		27,887,584			69
70	ELECTROENCEPHALOGRAPHY	3,680,615		3,680,615			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,021,117		32,021,117			71
72	IMPL. DEV. CHARGED TO PATIENTS	44,763,972		44,763,972			72
73	DRUGS CHARGED TO PATIENTS	56,768,081		56,768,081			73
74	RENAL DIALYSIS	1,040,184		1,040,184			74
75.01	CARDIAC REHAB	941,683		941,683			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,266,740		1,266,740			75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	27,983,332		27,983,332			90
90.01	PATIENT TREATMENT CENTER	3,463,924		3,463,924			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	3,851,607		3,851,607			90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	362,200		362,200			90.06
91	EMERGENCY	24,220,576		24,220,576			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	642,737,956		642,737,956			118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	245,699		245,699			190
190.01	KOFEE KORNER						190.01
191	RESEARCH	2,173		2,173			191
192.01	WSKF						192.01
193.01	DEVELOPMENT						193.01
193.02	MARKETING						193.02
193.04	PHYSICIAN ANSWERING SERVICE						193.04
193.05	CAR SEAT SAFETY PROGRAM						193.05
193.07	JOINT VENTURE						193.07
193.08	PARKINSONS CENTER	29,322		29,322			193.08
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	643,015,150		643,015,150			202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	NON PATIENT TELEPHONES	PURCHASING AND STORES	
		0	1	2	2A	5.10	5.30	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES		416,699	212,121	628,820	628,820		5.10
5.30	PURCHASING AND STORES		212,312	108,078	320,390	3,572	323,962	5.30
5.40	ADMITTING		50,218	25,564	75,782	14,598	152	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL		1,186,833	604,160	1,790,993	29,197	155	5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		28,657,694	14,588,254	43,245,948	19,568	834	7
8	LAUNDRY & LINEN SERVICE		133,989	68,207	202,196	466	30	8
9	HOUSEKEEPING		156,511	79,672	236,183	5,746	2,063	9
10	DIETARY		494,069	251,507	745,576	6,833	380	10
11	CAFETERIA		345,620	175,938	521,558	2,795		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		234,208	119,224	353,432	11,492	931	13
14	CENTRAL SERVICES & SUPPLY		278,516	141,779	420,295	14,443	2,394	14
15	PHARMACY		137,502	69,995	207,497	9,473	375	15
16	MEDICAL RECORDS & LIBRARY		72,223	36,765	108,988	8,076		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		3,965,216	2,018,501	5,983,717	99,397	11,175	30
31	INTENSIVE CARE UNIT		315,499	160,606	476,105	11,026	2,437	31
32	CORONARY CARE UNIT		237,530	120,915	358,445	7,765	1,484	32
35	NEONATAL INTENSIVE CARE UNIT		188,238	95,823	284,061	5,125	1,442	35
40	SUBPROVIDER - IPF		567,164	288,716	855,880	13,045	140	40
43	NURSERY		359,454	182,981	542,435	8,852	615	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		2,141,420	1,090,094	3,231,514	63,519	48,620	50
51	RECOVERY ROOM		325,630	165,763	491,393	1,708	956	51
52	DELIVERY ROOM & LABOR ROOM		676,043	344,141	1,020,184	27,023	1,795	52
53	ANESTHESIOLOGY					7,455	5,660	53
54	RADIOLOGY-DIAGNOSTIC		983,672	500,740	1,484,412	38,204	1,376	54
55	RADIOLOGY-THERAPEUTIC		741,185	377,302	1,118,487	34,011	1,998	55
56	RADIOISOTOPE		89,380	45,499	134,879	155	83	56
57	CT SCAN		106,483	54,205	160,688	621	1,695	57
58	MRI		115,061	58,572	173,633	1,087	763	58
60	LABORATORY		693,037	352,792	1,045,829	26,246	44,189	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		34,232	17,426	51,658	1,087	680	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY						917	64
65	RESPIRATORY THERAPY		90,306	45,970	136,276	3,572	2,158	65
66	PHYSICAL THERAPY		222,579	113,304	335,883	11,803	249	66
67	OCCUPATIONAL THERAPY		8,606	4,381	12,987	777	35	67
68	SPEECH PATHOLOGY		12,500	6,363	18,863	466	14	68
69	ELECTROCARDIOLOGY		655,209	333,536	988,745	20,966	21,061	69
70	ELECTROENCEPHALOGRAPHY		127,017	64,658	191,675	2,640	263	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						65,639	71
72	IMPL. DEV. CHARGED TO PATIENTS						93,713	72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		35,349	17,994	53,343			74
75.01	CARDIAC REHAB						32	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		86,793	44,182	130,975	2,174	315	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		401,339	204,302	605,641	68,644	1,846	90
90.01	PATIENT TREATMENT CENTER		168,330	85,689	254,019	11,337	431	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		148,041	75,361	223,402		63	90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	NON PATIENT TELEPHONES	PURCHASING AND STORES	
		0	1	2	2A	5.10	5.30	
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE					1,553	269	90.06
91	EMERGENCY		1,124,251	572,302	1,696,553	31,216	4,510	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		46,995,958	23,923,382	70,919,340	627,733	323,937	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0 1	KOFEE KORNER							190.0 1
191	RESEARCH					1,087	24	191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER						1	193.0 8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		46,995,958	23,923,382	70,919,340	628,820	323,962	202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMITTING	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5.40	5.60	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING	90,532						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL		1,820,345					5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		254,269	43,520,619				7
8	LAUNDRY & LINEN SERVICE		729	354,006	547,991			8
9	HOUSEKEEPING		22,344	413,511		679,847		9
10	DIETARY		15,278	1,305,362		20,757	2,094,186	10
11	CAFETERIA		1,409	913,149		14,521		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		19,754	618,792		9,840		13
14	CENTRAL SERVICES & SUPPLY		16,256	735,858	6,841	11,701		14
15	PHARMACY		75,911	363,288		5,777		15
16	MEDICAL RECORDS & LIBRARY		16,163	190,818		3,034		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	14,568	211,593	10,476,360	202,199	166,593	1,701,596	30
31	INTENSIVE CARE UNIT	1,981	38,346	833,570	13,155	13,255	144,576	31
32	CORONARY CARE UNIT	1,163	18,468	627,570	12,103	9,979	105,471	32
35	NEONATAL INTENSIVE CARE UNIT	1,592	25,967	497,336	2,631	7,908		35
40	SUBPROVIDER - IPF	1,265	17,059	1,498,483	5,262	23,828	138,476	40
43	NURSERY	683	9,239	949,701	15,041	15,102		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,654	130,077	5,657,770	107,868	89,968		50
51	RECOVERY ROOM	1,056	19,866	860,336	9,472	13,681		51
52	DELIVERY ROOM & LABOR ROOM	1,836	36,716	1,786,149	35,023	28,403		52
53	ANESTHESIOLOGY	962	5,023					53
54	RADIOLOGY-DIAGNOSTIC	1,944	35,046	2,598,925	35,783	41,327		54
55	RADIOLOGY-THERAPEUTIC	81	35,297	1,958,259	526	31,140		55
56	RADIOISOTOPE	382	6,137	236,148		3,755		56
57	CT SCAN	2,896	8,289	281,334	5,262	4,474		57
58	MRI	1,080	9,706	303,999		4,834		58
60	LABORATORY	4,935	237,389	1,831,047	526	29,117		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	686	13,172	90,444		1,438		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	885	4,774					64
65	RESPIRATORY THERAPY	2,296	14,712	238,595		3,794		65
66	PHYSICAL THERAPY	439	24,658	588,068	5,788	9,351		66
67	OCCUPATIONAL THERAPY	224	3,462	22,737		362		67
68	SPEECH PATHOLOGY	220	4,041	33,026		525		68
69	ELECTROCARDIOLOGY	2,586	65,780	1,731,105	16,839	27,528		69
70	ELECTROENCEPHALOGRAPHY	410	7,721	335,587	7,367	5,336		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,279	80,219					71
72	IMPL. DEV. CHARGED TO PATIENTS	9,309	113,130					72
73	DRUGS CHARGED TO PATIENTS	12,993	81,631					73
74	RENAL DIALYSIS	281	2,319	93,394		1,485		74
75.01	CARDIAC REHAB	16	2,634					75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	105	2,023	229,313	3,684	3,646		75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8	70,601	1,060,364	2,631	16,862		90
90.01	PATIENT TREATMENT CENTER	148	6,826	444,738	3,684	7,072		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		8,302	391,134		6,220		90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMITTING	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.40	5.60	7	8	9	10	
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		1,007					90.06
91	EMERGENCY	2,569	46,220	2,970,343	56,306	47,234	4,067	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	90,532	1,819,563	43,520,619	547,991	679,847	2,094,186	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		696					190
190.0 1	KOFEE KORNER							190.0 1
191	RESEARCH		6					191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER		80					193.0 8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER				9,436			201
202	TOTAL (sum of lines 118-201)	90,532	1,820,345	43,520,619	557,427	679,847	2,094,186	202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		11	13	14	15	16	24	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA	1,362,943						11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	17,556	1,031,797					13
14	CENTRAL SERVICES & SUPPLY	34,900		1,242,688				14
15	PHARMACY	33,028	2,120		697,469			15
16	MEDICAL RECORDS & LIBRARY					327,079		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	281,535	393,676		84	26,932	19,569,425	30
31	INTENSIVE CARE UNIT	50,478	70,584		59	3,436	1,659,008	31
32	CORONARY CARE UNIT	22,553	31,536		20	2,016	1,198,573	32
35	NEONATAL INTENSIVE CARE UNIT	31,708	44,338			2,761	904,869	35
40	SUBPROVIDER - IPF	25,664			1	2,195	2,581,298	40
43	NURSERY	9,073	12,687			1,184	1,564,612	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	93,457	130,684		568	28,805	9,591,504	50
51	RECOVERY ROOM	25,053	35,032			5,598	1,464,151	51
52	DELIVERY ROOM & LABOR ROOM	42,854	59,924		52	3,737	3,043,696	52
53	ANESTHESIOLOGY	3,566	4,987		27	3,272	30,952	53
54	RADIOLOGY-DIAGNOSTIC	43,664			387	12,366	4,293,434	54
55	RADIOLOGY-THERAPEUTIC	39,424			299	5,437	3,224,959	55
56	RADIOISOTOPE	3,214	4,495		49	2,546	391,843	56
57	CT SCAN	10,279			172	14,552	490,262	57
58	MRI	9,813			4,637	6,895	516,447	58
60	LABORATORY	276,982			357	55,964	3,552,581	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,724				1,693	165,582	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY				137	3,583	10,296	64
65	RESPIRATORY THERAPY	24,426	34,155		123	4,171	464,278	65
66	PHYSICAL THERAPY	35,052	49,014		47	3,146	1,063,498	66
67	OCCUPATIONAL THERAPY	4,779	6,682			645	52,690	67
68	SPEECH PATHOLOGY	5,327	7,449			698	70,629	68
69	ELECTROCARDIOLOGY	37,171	51,978		493	9,648	2,973,900	69
70	ELECTROENCEPHALOGRAPHY	10,509	14,695		1	2,078	578,282	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			511,764		32,014	701,915	71
72	IMPL. DEV. CHARGED TO PATIENTS			730,924		21,144	968,220	72
73	DRUGS CHARGED TO PATIENTS				680,357	47,685	822,666	73
74	RENAL DIALYSIS					487	151,309	74
75.01	CARDIAC REHAB	3,270			5	264	6,221	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	2,324				1,122	375,681	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	103,198			9,067	4,226	1,943,088	90
90.01	PATIENT TREATMENT CENTER	10,354			47	846	739,502	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	8,705				814	638,640	90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		11	13	14	15	16	24	
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	2,084			8	115	5,036	90.06
91	EMERGENCY	55,610	77,761		472	15,004	5,007,865	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,362,334	1,031,797	1,242,688	697,469	327,079	70,816,912	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						696	190
190.0 1	KOFEE KORNER							190.0 1
191	RESEARCH						1,117	191
192.0 1	WSKF							192.0 1
193.0 1	DEVELOPMENT							193.0 1
193.0 2	MARKETING							193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE							193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM							193.0 5
193.0 7	JOINT VENTURE							193.0 7
193.0 8	PARKINSONS CENTER	609					690	193.0 8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER	90,489					99,925	201
202	TOTAL (sum of lines 118-201)	1,453,432	1,031,797	1,242,688	697,469	327,079	70,919,340	202



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		19,569,425				30
31	INTENSIVE CARE UNIT		1,659,008				31
32	CORONARY CARE UNIT		1,198,573				32
35	NEONATAL INTENSIVE CARE UNIT		904,869				35
40	SUBPROVIDER - IPF		2,581,298				40
43	NURSERY		1,564,612				43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		9,591,504				50
51	RECOVERY ROOM		1,464,151				51
52	DELIVERY ROOM & LABOR ROOM		3,043,696				52
53	ANESTHESIOLOGY		30,952				53
54	RADIOLOGY-DIAGNOSTIC		4,293,434				54
55	RADIOLOGY-THERAPEUTIC		3,224,959				55
56	RADIOISOTOPE		391,843				56
57	CT SCAN		490,262				57
58	MRI		516,447				58
60	LABORATORY		3,552,581				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		165,582				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY		10,296				64
65	RESPIRATORY THERAPY		464,278				65
66	PHYSICAL THERAPY		1,063,498				66
67	OCCUPATIONAL THERAPY		52,690				67
68	SPEECH PATHOLOGY		70,629				68
69	ELECTROCARDIOLOGY		2,973,900				69
70	ELECTROENCEPHALOGRAPHY		578,282				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		701,915				71
72	IMPL. DEV. CHARGED TO PATIENTS		968,220				72
73	DRUGS CHARGED TO PATIENTS		822,666				73
74	RENAL DIALYSIS		151,309				74
75.01	CARDIAC REHAB		6,221				75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT		375,681				75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		1,943,088				90
90.01	PATIENT TREATMENT CENTER		739,502				90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P		638,640				90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE		5,036				90.06
91	EMERGENCY		5,007,865				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		70,816,912				118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		696				190
190.0 1	KOFEE KORNER						190.0 1
191	RESEARCH		1,117				191
192.0 1	WSKF						192.0 1
193.0 1	DEVELOPMENT						193.0 1
193.0 2	MARKETING						193.0 2
193.0 4	PHYSICIAN ANSWERING SERVICE						193.0 4
193.0 5	CAR SEAT SAFETY PROGRAM						193.0 5
193.0 7	JOINT VENTURE						193.0 7
193.0 8	PARKINSONS CENTER		690				193.0 8
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER		99,925				201
202	TOTAL (sum of lines 118-201)		70,919,340				202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	NON PATIENT TELEPHONES (NONPT PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,725,671						1
2	CAP REL COSTS-MVBLE EQUIP		1,725,671					2
4	EMPLOYEE BENEFITS DEPARTMENT			200,548,880				4
5.10	NON PATIENT TELEPHONES	15,301	15,301		4,049			5.10
5.30	PURCHASING AND STORES	7,796	7,796			95,886,167		5.30
5.40	ADMITTING	1,844	1,844	3,003,647	94	44,999	1,411,229,978	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	43,580	43,580	12,067,657	188	45,866		5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,052,298	1,052,298	3,117,281	126	246,764		7
8	LAUNDRY & LINEN SERVICE	4,920	4,920	173,887	3	8,737		8
9	HOUSEKEEPING	5,747	5,747	3,626,693	37	610,445		9
10	DIETARY	18,142	18,142	1,465,694	44	112,537		10
11	CAFETERIA	12,691	12,691	776,703	18			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	8,600	8,600	3,209,176	74	275,636		13
14	CENTRAL SERVICES & SUPPLY	10,227	10,227	2,294,300	93	708,551		14
15	PHARMACY	5,049	5,049	4,513,327	61	111,039		15
16	MEDICAL RECORDS & LIBRARY	2,652	2,652	628,498	52			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	145,601	145,601	33,808,256	640	3,307,331	224,286,059	30
31	INTENSIVE CARE UNIT	11,585	11,585	6,967,296	71	721,329	30,955,764	31
32	CORONARY CARE UNIT	8,722	8,722	3,218,153	50	439,221	18,166,285	32
35	NEONATAL INTENSIVE CARE UNIT	6,912	6,912	4,773,055	33	426,680	24,876,033	35
40	SUBPROVIDER - IPF	20,826	20,826	2,762,527	84	41,537	19,771,086	40
43	NURSERY	13,199	13,199	1,272,295	57	182,094	10,670,696	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	78,632	78,632	13,130,371	409	14,388,977	135,223,917	50
51	RECOVERY ROOM	11,957	11,957	3,434,668	11	282,886	16,492,844	51
52	DELIVERY ROOM & LABOR ROOM	24,824	24,824	6,202,321	174	531,108	28,683,086	52
53	ANESTHESIOLOGY			259,349	48	1,674,956	15,029,608	53
54	RADIOLOGY-DIAGNOSTIC	36,120	36,120	5,208,280	246	407,211	30,380,399	54
55	RADIOLOGY-THERAPEUTIC	27,216	27,216	3,812,508	219	591,444	1,266,882	55
56	RADIOISOTOPE	3,282	3,282	471,436	1	24,484	5,976,040	56
57	CT SCAN	3,910	3,910	1,194,454	4	501,557	45,249,340	57
58	MRI	4,225	4,225	1,388,285	7	225,927	16,870,116	58
60	LABORATORY	25,448	25,448	32,649,812	169	13,077,627	77,116,847	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,257	1,257	523,685	7	201,375	10,725,681	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY			706,652		271,307	13,833,146	64
65	RESPIRATORY THERAPY	3,316	3,316	2,587,078	23	638,738	35,878,519	65
66	PHYSICAL THERAPY	8,173	8,173	4,265,261	76	73,578	6,852,971	66
67	OCCUPATIONAL THERAPY	316	316	677,346	5	10,495	3,494,679	67
68	SPEECH PATHOLOGY	459	459	787,472	3	4,229	3,436,638	68
69	ELECTROCARDIOLOGY	24,059	24,059	8,589,094	135	6,232,972	40,407,322	69
70	ELECTROENCEPHALOGRAPHY	4,664	4,664	1,388,878	17	77,879	6,400,685	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					19,425,452	191,862,233	71
72	IMPL. DEV. CHARGED TO PATIENTS					27,743,998	145,457,478	72
73	DRUGS CHARGED TO PATIENTS						203,014,169	73
74	RENAL DIALYSIS	1,298	1,298				4,390,940	74
75.01	CARDIAC REHAB			412,362		9,442	250,244	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	3,187	3,187	254,074	14	93,189	1,644,073	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	14,737	14,737	14,811,154	442	546,447	117,252	90
90.01	PATIENT TREATMENT CENTER	6,181	6,181	1,295,222	73	127,506	2,306,909	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	NON PATIENT TELEPHONES (NONPT PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	5,436	5,436	1,492,203		18,696	2,281	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE			189,595	10	79,526	6,134	90.06
91	EMERGENCY	41,282	41,282	7,060,938	201	1,334,810	40,133,622	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,725,671	1,725,671	200,470,943	4,042	95,878,582	1,411,229,978	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	KOFEE KORNER							190.0
1								1
191	RESEARCH				7	7,179		191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER			77,937		406		193.0
8								8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	46,995,958	23,923,382	2,499,529	760,903	3,662,866	4,085,054	202
203	UNIT COST MULT-WS B PT I	27.233440	13.863235	0.012463	187.923685	0.038200	0.002895	203
204	COST TO BE ALLOC PER B PT II				628,820	323,962	90,532	204
205	UNIT COST MULT-WS B PT II				155.302544	0.003379	0.000064	205

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	-172,774,170	470,240,980					5.60
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		65,675,290	604,852				7
8	LAUNDRY & LINEN SERVICE		188,250	4,920	1,455,652			8
9	HOUSEKEEPING		5,772,095	5,747		594,185		9
10	DIETARY		3,946,767	18,142		18,142	265,728	10
11	CAFETERIA		364,062	12,691		12,691		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		5,103,054	8,600		8,600		13
14	CENTRAL SERVICES & SUPPLY		4,199,420	10,227	18,171	10,227		14
15	PHARMACY		19,610,126	5,049		5,049		15
16	MEDICAL RECORDS & LIBRARY		4,175,295	2,652		2,652		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		54,661,109	145,601	537,114	145,601	215,913	30
31	INTENSIVE CARE UNIT		9,906,024	11,585	34,945	11,585	18,345	31
32	CORONARY CARE UNIT		4,770,941	8,722	32,150	8,722	13,383	32
35	NEONATAL INTENSIVE CARE UNIT		6,708,046	6,912	6,989	6,912		35
40	SUBPROVIDER - IPF		4,406,795	20,826	13,978	20,826	17,571	40
43	NURSERY		2,386,693	13,199	39,953	13,199		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		33,602,876	78,632	286,534	78,632		50
51	RECOVERY ROOM		5,131,920	11,957	25,160	11,957		51
52	DELIVERY ROOM & LABOR ROOM		9,484,821	24,824	93,034	24,824		52
53	ANESTHESIOLOGY		1,297,646					53
54	RADIOLOGY-DIAGNOSTIC		9,053,424	36,120	95,052	36,120		54
55	RADIOLOGY-THERAPEUTIC		9,118,211	27,216	1,397	27,216		55
56	RADIOISOTOPE		1,585,328	3,282		3,282		56
57	CT SCAN		2,141,273	3,910	13,978	3,910		57
58	MRI		2,507,426	4,225		4,225		58
60	LABORATORY		61,324,984	25,448	1,397	25,448		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,402,741	1,257		1,257		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY		1,233,192					64
65	RESPIRATORY THERAPY		3,800,594	3,316		3,316		65
66	PHYSICAL THERAPY		6,369,819	8,173	15,376	8,173		66
67	OCCUPATIONAL THERAPY		894,437	316		316		67
68	SPEECH PATHOLOGY		1,043,946	459		459		68
69	ELECTROCARDIOLOGY		16,993,064	24,059	44,729	24,059		69
70	ELECTROENCEPHALOGRAPHY		1,994,696	4,664	19,569	4,664		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,722,945					71
72	IMPL. DEV. CHARGED TO PATIENTS		29,224,932					72
73	DRUGS CHARGED TO PATIENTS		21,087,948					73
74	RENAL DIALYSIS		599,104	1,298		1,298		74
75.01	CARDIAC REHAB		680,381					75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		522,588	3,187	9,785	3,187		75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		18,238,443	14,737	6,989	14,737		90
90.01	PATIENT TREATMENT CENTER		1,763,439	6,181	9,785	6,181		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
90.04	MENTAL HEALTH O/P		2,144,791	5,436		5,436		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		260,183					90.06
91	EMERGENCY		11,939,988	41,282	149,567	41,282	516	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-172,774,170	470,039,107	604,852	1,455,652	594,185	265,728	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		179,681					190
190.0	KOFFEE KORNER							190.0
1								1
191	RESEARCH		1,589					191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER		20,603					193.0
8								8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		172,774,170	89,805,553	987,914	8,746,142	8,357,552	202
203	UNIT COST MULT-WS B PT I		0.367416	148.475252	0.678675	14.719560	31.451529	203
204	COST TO BE ALLOC PER B PT II		1,820,345	43,520,619	547,991	679,847	2,094,186	204
205	UNIT COST MULT-WS B PT II		0.003871	71.952509	0.376457	1.144167	7.880938	205



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE		
	11	13	14	15	16		
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA	4,989,595					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	64,272	2,701,304				13
14	CENTRAL SERVICES & SUPPLY	127,765		47,169,450			14
15	PHARMACY	120,911	5,549		35,102,916		15
16	MEDICAL RECORDS & LIBRARY					2,952,789,694	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,030,670	1,030,670		4,207	242,627,078	30
31	INTENSIVE CARE UNIT	184,793	184,793		2,985	30,955,764	31
32	CORONARY CARE UNIT	82,563	82,563		1,012	18,166,285	32
35	NEONATAL INTENSIVE CARE UNIT	116,079	116,079		2	24,876,033	35
40	SUBPROVIDER - IPF	93,953			56	19,771,086	40
43	NURSERY	33,214	33,214			10,670,696	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	342,138	342,138		28,578	259,508,267	50
51	RECOVERY ROOM	91,716	91,716		11	50,434,624	51
52	DELIVERY ROOM & LABOR ROOM	156,885	156,885		2,642	33,666,402	52
53	ANESTHESIOLOGY	13,056	13,056		1,357	29,479,648	53
54	RADIOLOGY-DIAGNOSTIC	159,849			19,489	111,405,205	54
55	RADIOLOGY-THERAPEUTIC	144,327			15,040	48,981,089	55
56	RADIOISOTOPE	11,767	11,767		2,486	22,935,589	56
57	CT SCAN	37,630			8,641	131,101,314	57
58	MRI	35,925			233,392	62,113,291	58
60	LABORATORY	1,014,002			17,979	510,305,969	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,294				15,255,152	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY				6,919	32,278,684	64
65	RESPIRATORY THERAPY	89,420	89,420		6,208	37,579,758	65
66	PHYSICAL THERAPY	128,322	128,322		2,365	28,345,893	66
67	OCCUPATIONAL THERAPY	17,495	17,495			5,813,636	67
68	SPEECH PATHOLOGY	19,503	19,503			6,284,735	68
69	ELECTROCARDIOLOGY	136,080	136,080		24,807	86,921,321	69
70	ELECTROENCEPHALOGRAPHY	38,472	38,472		28	18,723,005	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			19,425,452		288,411,358	71
72	IMPL. DEV. CHARGED TO PATIENTS			27,743,998		190,483,875	72
73	DRUGS CHARGED TO PATIENTS				34,241,540	429,592,766	73
74	RENAL DIALYSIS					4,390,940	74
75.01	CARDIAC REHAB	11,970			271	2,376,042	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	8,509				10,106,078	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	377,798			456,346	38,070,213	90
90.01	PATIENT TREATMENT CENTER	37,906			2,356	7,617,498	90.01

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE		
		11	13	14	15	16		
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	31,868				7,332,262		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	7,630			427	1,037,099		90.06
91	EMERGENCY	203,582	203,582		23,772	135,171,039		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,987,364	2,701,304	47,169,450	35,102,916	2,952,789,694		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	KOFFEE KORNER							190.0
1								1
191	RESEARCH							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER	2,231						193.0
8								8
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,568,929	8,414,564	7,489,460	27,718,708	6,142,157		202
203	UNIT COST MULT-WS B PT I	0.514857	3.115001	0.158778	0.789641	0.002080		203
204	COST TO BE ALLOC PER B PT II	1,362,943	1,031,797	1,242,688	697,469	327,079		204
205	UNIT COST MULT-WS B PT II	0.273157	0.381963	0.026345	0.019869	0.000111		205



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	109,910,303		109,910,303		109,910,303	30
31	INTENSIVE CARE UNIT	16,774,479		16,774,479		16,774,479	31
32	CORONARY CARE UNIT	8,728,258		8,728,258		8,728,258	32
35	NEONATAL INTENSIVE CARE UNIT	10,778,529		10,778,529		10,778,529	35
40	SUBPROVIDER - IPF	10,076,280		10,076,280		10,076,280	40
43	NURSERY	5,587,482		5,587,482		5,587,482	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	60,780,162		60,780,162	14,390	60,794,552	50
51	RECOVERY ROOM	9,423,695		9,423,695		9,423,695	51
52	DELIVERY ROOM & LABOR ROOM	17,725,566		17,725,566		17,725,566	52
53	ANESTHESIOLOGY	1,884,203		1,884,203		1,884,203	53
54	RADIOLOGY-DIAGNOSTIC	18,668,314		18,668,314		18,668,314	54
55	RADIOLOGY-THERAPEUTIC	17,098,911		17,098,911	59,382	17,158,293	55
56	RADIOISOTOPE	2,795,790		2,795,790		2,795,790	56
57	CT SCAN	3,874,477		3,874,477		3,874,477	57
58	MRI	4,450,180		4,450,180		4,450,180	58
60	LABORATORY	89,608,747		89,608,747		89,608,747	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,898,732		4,898,732		4,898,732	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	1,758,890		1,758,890		1,758,890	64
65	RESPIRATORY THERAPY	6,145,797		6,145,797		6,145,797	65
66	PHYSICAL THERAPY	10,581,035		10,581,035		10,581,035	66
67	OCCUPATIONAL THERAPY	1,350,232		1,350,232		1,350,232	67
68	SPEECH PATHOLOGY	1,586,279		1,586,279		1,586,279	68
69	ELECTROCARDIOLOGY	27,887,584		27,887,584		27,887,584	69
70	ELECTROENCEPHALOGRAPHY	3,680,615		3,680,615	4,500	3,685,115	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,021,117		32,021,117		32,021,117	71
72	IMPL. DEV. CHARGED TO PATIENTS	44,763,972		44,763,972		44,763,972	72
73	DRUGS CHARGED TO PATIENTS	56,768,081		56,768,081		56,768,081	73
74	RENAL DIALYSIS	1,040,184		1,040,184		1,040,184	74
75.01	CARDIAC REHAB	941,683		941,683		941,683	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,266,740		1,266,740		1,266,740	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	27,983,332		27,983,332		27,983,332	90
90.01	PATIENT TREATMENT CENTER	3,463,924		3,463,924		3,463,924	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	3,851,607		3,851,607		3,851,607	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	362,200		362,200		362,200	90.06
91	EMERGENCY	24,220,576		24,220,576	15,846	24,236,422	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	12,936,990		12,936,990		12,936,990	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	655,674,946		655,674,946	94,118	655,769,064	200
201	LESS OBSERVATION BEDS	12,936,990		12,936,990		12,936,990	201
202	TOTAL (SEE INSTRUCTIONS)	642,737,956		642,737,956		642,832,074	202

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

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	224,286,059		224,286,059				30
31	INTENSIVE CARE UNIT	30,955,764		30,955,764				31
32	CORONARY CARE UNIT	18,166,285		18,166,285				32
35	NEONATAL INTENSIVE CARE UNIT	24,876,033		24,876,033				35
40	SUBPROVIDER - IPF	19,771,086		19,771,086				40
43	NURSERY	10,670,696		10,670,696				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	135,223,917	124,284,350	259,508,267	0.234213	0.234213	0.234268	50
51	RECOVERY ROOM	16,492,844	33,941,780	50,434,624	0.186850	0.186850	0.186850	51
52	DELIVERY ROOM & LABOR ROOM	28,683,086	4,983,316	33,666,402	0.526506	0.526506	0.526506	52
53	ANESTHESIOLOGY	15,029,608	14,450,040	29,479,648	0.063915	0.063915	0.063915	53
54	RADIOLOGY-DIAGNOSTIC	30,380,399	81,024,806	111,405,205	0.167571	0.167571	0.167571	54
55	RADIOLOGY-THERAPEUTIC	1,266,882	47,714,207	48,981,089	0.349092	0.349092	0.350304	55
56	RADIOISOTOPE	5,976,040	16,959,549	22,935,589	0.121897	0.121897	0.121897	56
57	CT SCAN	45,249,340	85,851,974	131,101,314	0.029553	0.029553	0.029553	57
58	MRI	16,870,116	45,243,175	62,113,291	0.071646	0.071646	0.071646	58
60	LABORATORY	77,116,847	433,189,122	510,305,969	0.175598	0.175598	0.175598	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,725,681	4,529,471	15,255,152	0.321120	0.321120	0.321120	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	13,833,146	18,445,538	32,278,684	0.054491	0.054491	0.054491	64
65	RESPIRATORY THERAPY	35,878,519	1,701,239	37,579,758	0.163540	0.163540	0.163540	65
66	PHYSICAL THERAPY	6,852,971	21,492,922	28,345,893	0.373283	0.373283	0.373283	66
67	OCCUPATIONAL THERAPY	3,494,679	2,318,957	5,813,636	0.232253	0.232253	0.232253	67
68	SPEECH PATHOLOGY	3,436,638	2,848,097	6,284,735	0.252402	0.252402	0.252402	68
69	ELECTROCARDIOLOGY	40,407,322	46,513,999	86,921,321	0.320837	0.320837	0.320837	69
70	ELECTROENCEPHALOGRAPHY	6,400,685	12,322,320	18,723,005	0.196582	0.196582	0.196823	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,862,233	96,549,125	288,411,358	0.111026	0.111026	0.111026	71
72	IMPL. DEV. CHARGED TO PATIENTS	145,457,478	45,026,397	190,483,875	0.235001	0.235001	0.235001	72
73	DRUGS CHARGED TO PATIENTS	203,014,169	226,578,597	429,592,766	0.132144	0.132144	0.132144	73
74	RENAL DIALYSIS	4,390,940		4,390,940	0.236893	0.236893	0.236893	74
75.01	CARDIAC REHAB	250,244	2,125,798	2,376,042	0.396324	0.396324	0.396324	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	1,644,073	8,462,005	10,106,078	0.125344	0.125344	0.125344	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	117,252	37,952,961	38,070,213	0.735045	0.735045	0.735045	90
90.01	PATIENT TREATMENT CENTER	2,306,909	5,310,589	7,617,498	0.454733	0.454733	0.454733	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	2,281	7,329,981	7,332,262	0.525296	0.525296	0.525296	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	6,134	1,030,965	1,037,099	0.349243	0.349243	0.349243	90.06
91	EMERGENCY	40,133,622	95,037,417	135,171,039	0.179185	0.179185	0.179302	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		18,341,019	18,341,019	0.705358	0.705358	0.705358	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	1,411,229,978	1,541,559,716	2,952,789,694				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	1,411,229,978	1,541,559,716	2,952,789,694				202



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	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)		
(A)	1	2	3	4	5	6	7		
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	19,569,425		19,569,425	79,096	247.41	26,196	6,481,152	30
31	INTENSIVE CARE UNIT	1,659,008		1,659,008	6,349	261.30	3,823	998,950	31
32	CORONARY CARE UNIT	1,198,573		1,198,573	3,625	330.64	2,114	698,973	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE UNIT	904,869		904,869	7,852	115.24			35
40	SUBPROVIDER - IPF	2,581,298		2,581,298	8,676	297.52	1,387	412,660	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	1,564,612		1,564,612	6,950	225.12			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	27,477,785		27,477,785	112,548		33,520	8,591,735	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0242

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	6	7	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	9,591,504	259,508,267	0.036960	45,774,952	1,691,842	50
51	RECOVERY ROOM	1,464,151	50,434,624	0.029031	6,327,474	183,693	51
52	DELIVERY ROOM & LABOR ROOM	3,043,696	33,666,402	0.090408	74,309	6,718	52
53	ANESTHESIOLOGY	30,952	29,479,648	0.001050	4,467,725	4,691	53
54	RADIOLOGY-DIAGNOSTIC	4,293,434	111,405,205	0.038539	14,569,004	561,475	54
55	RADIOLOGY-THERAPEUTIC	3,224,959	48,981,089	0.065841	919,775	60,559	55
56	RADIOISOTOPE	391,843	22,935,589	0.017084	2,639,863	45,099	56
57	CT SCAN	490,262	131,101,314	0.003740	19,737,713	73,819	57
58	MRI	516,447	62,113,291	0.008315	6,328,296	52,620	58
60	LABORATORY	3,552,581	510,305,969	0.006962	39,194,436	272,872	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	165,582	15,255,152	0.010854	2,748,057	29,827	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	10,296	32,278,684	0.000319			64
65	RESPIRATORY THERAPY	464,278	37,579,758	0.012354	17,459,616	215,696	65
66	PHYSICAL THERAPY	1,063,498	28,345,893	0.037519	3,327,639	124,850	66
67	OCCUPATIONAL THERAPY	52,690	5,813,636	0.009063	1,893,812	17,164	67
68	SPEECH PATHOLOGY	70,629	6,284,735	0.011238	2,066,131	23,219	68
69	ELECTROCARDIOLOGY	2,973,900	86,921,321	0.034214	17,956,330	614,358	69
70	ELECTROENCEPHALOGRAPHY	578,282	18,723,005	0.030886	2,029,227	62,675	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	701,915	288,411,358	0.002434	78,866,529	191,961	71
72	IMPL. DEV. CHARGED TO PATIENTS	968,220	190,483,875	0.005083	64,448,064	327,590	72
73	DRUGS CHARGED TO PATIENTS	822,666	429,592,766	0.001915	85,465,692	163,667	73
74	RENAL DIALYSIS	151,309	4,390,940	0.034459	3,025,262	104,248	74
75.01	CARDIAC REHAB	6,221	2,376,042	0.002618	107,001	280	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	375,681	10,106,078	0.037174	600,845	22,336	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,943,088	38,070,213	0.051040	55,769	2,846	90
90.01	PATIENT TREATMENT CENTER	739,502	7,617,498	0.097079	14,460	1,404	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	638,640	7,332,262	0.087100			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	5,036	1,037,099	0.004856	995	5	90.06
91	EMERGENCY	5,007,865	135,171,039	0.037048	16,212,988	600,659	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,303,418	18,341,019	0.125588			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	45,642,545	2,624,063,771		436,311,964	5,456,173	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE UNIT					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	79,096		26,196		30
31	INTENSIVE CARE UNIT	6,349		3,823		31
32	CORONARY CARE UNIT	3,625		2,114		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE UNIT	7,852				35
40	SUBPROVIDER - IPF	8,676		1,387		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	6,950				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	112,548		33,520		200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		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)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	CARDIAC REHAB							75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PATIENT TREATMENT CENTER							90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P							90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE							90.06
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**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	259,508,267			45,774,952		30,655,947	50
51	RECOVERY ROOM	50,434,624			6,327,474		6,674,542	51
52	DELIVERY ROOM & LABOR ROOM	33,666,402			74,309			52
53	ANESTHESIOLOGY	29,479,648			4,467,725		2,428,761	53
54	RADIOLOGY-DIAGNOSTIC	111,405,205			14,569,004		15,103,518	54
55	RADIOLOGY-THERAPEUTIC	48,981,089			919,775		13,891,770	55
56	RADIOISOTOPE	22,935,589			2,639,863		6,635,287	56
57	CT SCAN	131,101,314			19,737,713		25,830,623	57
58	MRI	62,113,291			6,328,296		11,857,720	58
60	LABORATORY	510,305,969			39,194,436		11,313,877	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,255,152			2,748,057		1,198,466	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	32,278,684						64
65	RESPIRATORY THERAPY	37,579,758			17,459,616		973,678	65
66	PHYSICAL THERAPY	28,345,893			3,327,639		99,325	66
67	OCCUPATIONAL THERAPY	5,813,636			1,893,812			67
68	SPEECH PATHOLOGY	6,284,735			2,066,131			68
69	ELECTROCARDIOLOGY	86,921,321			17,956,330		15,415,582	69
70	ELECTROENCEPHALOGRAPHY	18,723,005			2,029,227		2,405,382	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,411,358			78,866,529		22,575,255	71
72	IMPL. DEV. CHARGED TO PATIENTS	190,483,875			64,448,064		17,822,945	72
73	DRUGS CHARGED TO PATIENTS	429,592,766			85,465,692		65,123,813	73
74	RENAL DIALYSIS	4,390,940			3,025,262			74
75.01	CARDIAC REHAB	2,376,042			107,001		868,294	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	10,106,078			600,845		2,955,039	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	38,070,213			55,769		1,543,011	90
90.01	PATIENT TREATMENT CENTER	7,617,498			14,460		1,023,387	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	7,332,262					451,945	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,037,099			995		28,504	90.06
91	EMERGENCY	135,171,039			16,212,988		15,444,033	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	18,341,019					5,754,539	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	2,624,063,771			436,311,964		278,075,243	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

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	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.234213	30,655,947			7,180,021		50	
51	RECOVERY ROOM	0.186850	6,674,542			1,247,138		51	
52	DELIVERY ROOM & LABOR ROOM	0.526506						52	
53	ANESTHESIOLOGY	0.063915	2,428,761			155,234		53	
54	RADIOLOGY-DIAGNOSTIC	0.167571	15,103,518			2,530,912		54	
55	RADIOLOGY-THERAPEUTIC	0.349092	13,891,770			4,849,506		55	
56	RADIOISOTOPE	0.121897	6,635,287			808,822		56	
57	CT SCAN	0.029553	25,830,623			763,372		57	
58	MRI	0.071646	11,857,720			849,558		58	
60	LABORATORY	0.175598	11,313,877	207,882		1,986,694	36,504	60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120	1,198,466			384,851		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	INTRAVENOUS THERAPY	0.054491						64	
65	RESPIRATORY THERAPY	0.163540	973,678			159,235		65	
66	PHYSICAL THERAPY	0.373283	99,325			37,076		66	
67	OCCUPATIONAL THERAPY	0.232253						67	
68	SPEECH PATHOLOGY	0.252402						68	
69	ELECTROCARDIOLOGY	0.320837	15,415,582			4,945,889		69	
70	ELECTROENCEPHALOGRAPHY	0.196582	2,405,382			472,855		70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026	22,575,255			2,506,440		71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001	17,822,945	15,010		4,188,410	3,527	72	
73	DRUGS CHARGED TO PATIENTS	0.132144	65,123,813		130,792	8,605,721		73	
74	RENAL DIALYSIS	0.236893					17,283	74	
75.01	CARDIAC REHAB	0.396324	868,294			344,126		75.01	
75.02	SLEEP LAB							75.02	
75.03	INPATIENT DIALYSIS							75.03	
75.04	PAIN MANAGEMENT	0.125344	2,955,039			370,396		75.04	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.735045	1,543,011			1,134,183		90	
90.01	PATIENT TREATMENT CENTER	0.454733	1,023,387			465,368		90.01	
90.02	REHAB SERVICES-BLOOMINGDALE							90.02	
90.03	CANTERA							90.03	
90.04	MENTAL HEALTH O/P	0.525296	451,945			237,405		90.04	
90.05	WOMEN'S CLINIC							90.05	
90.06	WOUND CARE	0.349243	28,504			9,955		90.06	
91	EMERGENCY	0.179185	15,444,033			2,767,339		91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358	5,754,539			4,059,010		92	
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (see instructions)		278,075,243	222,892	130,792	51,059,516	40,031	17,283	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		278,075,243	222,892	130,792	51,059,516	40,031	17,283	202

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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	6	7	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	9,591,504	259,508,267	0.036960	24,159	893	50
51	RECOVERY ROOM	1,464,151	50,434,624	0.029031	105,912	3,075	51
52	DELIVERY ROOM & LABOR ROOM	3,043,696	33,666,402	0.090408	77	7	52
53	ANESTHESIOLOGY	30,952	29,479,648	0.001050	1,255	1	53
54	RADIOLOGY-DIAGNOSTIC	4,293,434	111,405,205	0.038539	30,764	1,186	54
55	RADIOLOGY-THERAPEUTIC	3,224,959	48,981,089	0.065841	185	12	55
56	RADIOISOTOPE	391,843	22,935,589	0.017084			56
57	CT SCAN	490,262	131,101,314	0.003740	86,857	325	57
58	MRI	516,447	62,113,291	0.008315	26,504	220	58
60	LABORATORY	3,552,581	510,305,969	0.006962	305,924	2,130	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	165,582	15,255,152	0.010854	24,216	263	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	10,296	32,278,684	0.000319			64
65	RESPIRATORY THERAPY	464,278	37,579,758	0.012354	17,383	215	65
66	PHYSICAL THERAPY	1,063,498	28,345,893	0.037519	3,157	118	66
67	OCCUPATIONAL THERAPY	52,690	5,813,636	0.009063	1,251	11	67
68	SPEECH PATHOLOGY	70,629	6,284,735	0.011238	1,599	18	68
69	ELECTROCARDIOLOGY	2,973,900	86,921,321	0.034214	54,840	1,876	69
70	ELECTROENCEPHALOGRAPHY	578,282	18,723,005	0.030886	7,089	219	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	701,915	288,411,358	0.002434	71,069	173	71
72	IMPL. DEV. CHARGED TO PATIENTS	968,220	190,483,875	0.005083			72
73	DRUGS CHARGED TO PATIENTS	822,666	429,592,766	0.001915	1,042,165	1,996	73
74	RENAL DIALYSIS	151,309	4,390,940	0.034459			74
75.01	CARDIAC REHAB	6,221	2,376,042	0.002618			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	375,681	10,106,078	0.037174	18	1	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,943,088	38,070,213	0.051040	171	9	90
90.01	PATIENT TREATMENT CENTER	739,502	7,617,498	0.097079	654	63	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	638,640	7,332,262	0.087100	93	8	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	5,036	1,037,099	0.004856	5		90.06
91	EMERGENCY	5,007,865	135,171,039	0.037048	189,961	7,038	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		18,341,019				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	43,339,127	2,624,063,771		1,995,308	19,857	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		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)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	CARDIAC REHAB							75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT							75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PATIENT TREATMENT CENTER							90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P							90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE							90.06
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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	259,508,267			24,159			50
51	RECOVERY ROOM	50,434,624			105,912			51
52	DELIVERY ROOM & LABOR ROOM	33,666,402			77			52
53	ANESTHESIOLOGY	29,479,648			1,255			53
54	RADIOLOGY-DIAGNOSTIC	111,405,205			30,764			54
55	RADIOLOGY-THERAPEUTIC	48,981,089			185			55
56	RADIOISOTOPE	22,935,589						56
57	CT SCAN	131,101,314			86,857			57
58	MRI	62,113,291			26,504			58
60	LABORATORY	510,305,969			305,924			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,255,152			24,216			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	32,278,684						64
65	RESPIRATORY THERAPY	37,579,758			17,383			65
66	PHYSICAL THERAPY	28,345,893			3,157			66
67	OCCUPATIONAL THERAPY	5,813,636			1,251			67
68	SPEECH PATHOLOGY	6,284,735			1,599			68
69	ELECTROCARDIOLOGY	86,921,321			54,840			69
70	ELECTROENCEPHALOGRAPHY	18,723,005			7,089			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,411,358			71,069			71
72	IMPL. DEV. CHARGED TO PATIENTS	190,483,875						72
73	DRUGS CHARGED TO PATIENTS	429,592,766			1,042,165			73
74	RENAL DIALYSIS	4,390,940						74
75.01	CARDIAC REHAB	2,376,042						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	10,106,078			18			75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	38,070,213			171			90
90.01	PATIENT TREATMENT CENTER	7,617,498			654			90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	7,332,262			93		2,910	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,037,099			5			90.06
91	EMERGENCY	135,171,039			189,961			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	18,341,019						92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	2,624,063,771			1,995,308		2,910	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.234213						50	
51	RECOVERY ROOM	0.186850						51	
52	DELIVERY ROOM & LABOR ROOM	0.526506						52	
53	ANESTHESIOLOGY	0.063915						53	
54	RADIOLOGY-DIAGNOSTIC	0.167571						54	
55	RADIOLOGY-THERAPEUTIC	0.349092						55	
56	RADIOISOTOPE	0.121897						56	
57	CT SCAN	0.029553						57	
58	MRI	0.071646						58	
60	LABORATORY	0.175598						60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	INTRAVENOUS THERAPY	0.054491						64	
65	RESPIRATORY THERAPY	0.163540						65	
66	PHYSICAL THERAPY	0.373283						66	
67	OCCUPATIONAL THERAPY	0.232253						67	
68	SPEECH PATHOLOGY	0.252402						68	
69	ELECTROCARDIOLOGY	0.320837						69	
70	ELECTROENCEPHALOGRAPHY	0.196582						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001						72	
73	DRUGS CHARGED TO PATIENTS	0.132144						73	
74	RENAL DIALYSIS	0.236893						74	
75.01	CARDIAC REHAB	0.396324						75.01	
75.02	SLEEP LAB							75.02	
75.03	INPATIENT DIALYSIS							75.03	
75.04	PAIN MANAGEMENT	0.125344						75.04	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.735045						90	
90.01	PATIENT TREATMENT CENTER	0.454733						90.01	
90.02	REHAB SERVICES-BLOOMINGDALE							90.02	
90.03	CANTERA							90.03	
90.04	MENTAL HEALTH O/P	0.525296	2,910			1,529		90.04	
90.05	WOMEN'S CLINIC							90.05	
90.06	WOUND CARE	0.349243						90.06	
91	EMERGENCY	0.179185						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358						92	
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (see instructions)		2,910			1,529		200	
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201	
202	NET CHARGES (line 200 - line 201)		2,910			1,529		202	

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	19,569,425		19,569,425	79,096	247.41	11,690	2,892,223	30
31	INTENSIVE CARE UNIT	1,659,008		1,659,008	6,349	261.30	1,182	308,857	31
32	CORONARY CARE UNIT	1,198,573		1,198,573	3,625	330.64	260	85,966	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATAL INTENSIVE CARE UNIT	904,869		904,869	7,852	115.24	2,454	282,799	35
40	SUBPROVIDER - IPF	2,581,298		2,581,298	8,676	297.52	538	160,066	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	1,564,612		1,564,612	6,950	225.12	2,505	563,926	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	27,477,785		27,477,785	112,548		18,629	4,293,837	200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0242

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	9,591,504	259,508,267	0.036960		50
51	RECOVERY ROOM	1,464,151	50,434,624	0.029031		51
52	DELIVERY ROOM & LABOR ROOM	3,043,696	33,666,402	0.090408		52
53	ANESTHESIOLOGY	30,952	29,479,648	0.001050		53
54	RADIOLOGY-DIAGNOSTIC	4,293,434	111,405,205	0.038539		54
55	RADIOLOGY-THERAPEUTIC	3,224,959	48,981,089	0.065841		55
56	RADIOISOTOPE	391,843	22,935,589	0.017084		56
57	CT SCAN	490,262	131,101,314	0.003740		57
58	MRI	516,447	62,113,291	0.008315		58
60	LABORATORY	3,552,581	510,305,969	0.006962		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	165,582	15,255,152	0.010854		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY	10,296	32,278,684	0.000319		64
65	RESPIRATORY THERAPY	464,278	37,579,758	0.012354		65
66	PHYSICAL THERAPY	1,063,498	28,345,893	0.037519		66
67	OCCUPATIONAL THERAPY	52,690	5,813,636	0.009063		67
68	SPEECH PATHOLOGY	70,629	6,284,735	0.011238		68
69	ELECTROCARDIOLOGY	2,973,900	86,921,321	0.034214		69
70	ELECTROENCEPHALOGRAPHY	578,282	18,723,005	0.030886		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	701,915	288,411,358	0.002434		71
72	IMPL. DEV. CHARGED TO PATIENTS	968,220	190,483,875	0.005083		72
73	DRUGS CHARGED TO PATIENTS	822,666	429,592,766	0.001915		73
74	RENAL DIALYSIS	151,309	4,390,940	0.034459		74
75.01	CARDIAC REHAB	6,221	2,376,042	0.002618		75.01
75.02	SLEEP LAB					75.02
75.03	INPATIENT DIALYSIS					75.03
75.04	PAIN MANAGEMENT	375,681	10,106,078	0.037174		75.04
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	1,943,088	38,070,213	0.051040		90
90.01	PATIENT TREATMENT CENTER	739,502	7,617,498	0.097079		90.01
90.02	REHAB SERVICES-BLOOMINGDALE					90.02
90.03	CANTERA					90.03
90.04	MENTAL HEALTH O/P	638,640	7,332,262	0.087100		90.04
90.05	WOMEN'S CLINIC					90.05
90.06	WOUND CARE	5,036	1,037,099	0.004856		90.06
91	EMERGENCY	5,007,865	135,171,039	0.037048		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,303,418	18,341,019	0.125588		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	45,642,545	2,624,063,771			200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATAL INTENSIVE CARE UNIT						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)	79,096		11,690		30
31	INTENSIVE CARE UNIT	6,349		1,182		31
32	CORONARY CARE UNIT	3,625		260		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATAL INTENSIVE CARE UNIT	7,852		2,454		35
40	SUBPROVIDER - IPF	8,676		538		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	6,950		2,505		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	112,548		18,629		200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**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	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	259,508,267							50
51	RECOVERY ROOM	50,434,624							51
52	DELIVERY ROOM & LABOR ROOM	33,666,402							52
53	ANESTHESIOLOGY	29,479,648							53
54	RADIOLOGY-DIAGNOSTIC	111,405,205							54
55	RADIOLOGY-THERAPEUTIC	48,981,089							55
56	RADIOISOTOPE	22,935,589							56
57	CT SCAN	131,101,314							57
58	MRI	62,113,291							58
60	LABORATORY	510,305,969							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,255,152							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	32,278,684							64
65	RESPIRATORY THERAPY	37,579,758							65
66	PHYSICAL THERAPY	28,345,893							66
67	OCCUPATIONAL THERAPY	5,813,636							67
68	SPEECH PATHOLOGY	6,284,735							68
69	ELECTROCARDIOLOGY	86,921,321							69
70	ELECTROENCEPHALOGRAPHY	18,723,005							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,411,358							71
72	IMPL. DEV. CHARGED TO PATIENTS	190,483,875							72
73	DRUGS CHARGED TO PATIENTS	429,592,766							73
74	RENAL DIALYSIS	4,390,940							74
75.01	CARDIAC REHAB	2,376,042							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	10,106,078							75.04
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	38,070,213							90
90.01	PATIENT TREATMENT CENTER	7,617,498							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	7,332,262							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,037,099							90.06
91	EMERGENCY	135,171,039							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	18,341,019							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	2,624,063,771							200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.234213						50	
51	RECOVERY ROOM	0.186850						51	
52	DELIVERY ROOM & LABOR ROOM	0.526506						52	
53	ANESTHESIOLOGY	0.063915						53	
54	RADIOLOGY-DIAGNOSTIC	0.167571						54	
55	RADIOLOGY-THERAPEUTIC	0.349092						55	
56	RADIOISOTOPE	0.121897						56	
57	CT SCAN	0.029553						57	
58	MRI	0.071646						58	
60	LABORATORY	0.175598						60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	INTRAVENOUS THERAPY	0.054491						64	
65	RESPIRATORY THERAPY	0.163540						65	
66	PHYSICAL THERAPY	0.373283						66	
67	OCCUPATIONAL THERAPY	0.232253						67	
68	SPEECH PATHOLOGY	0.252402						68	
69	ELECTROCARDIOLOGY	0.320837						69	
70	ELECTROENCEPHALOGRAPHY	0.196582						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001						72	
73	DRUGS CHARGED TO PATIENTS	0.132144						73	
74	RENAL DIALYSIS	0.236893						74	
75.01	CARDIAC REHAB	0.396324						75.01	
75.02	SLEEP LAB							75.02	
75.03	INPATIENT DIALYSIS							75.03	
75.04	PAIN MANAGEMENT	0.125344						75.04	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.735045						90	
90.01	PATIENT TREATMENT CENTER	0.454733						90.01	
90.02	REHAB SERVICES-BLOOMINGDALE							90.02	
90.03	CANTERA							90.03	
90.04	MENTAL HEALTH O/P	0.525296						90.04	
90.05	WOMEN'S CLINIC							90.05	
90.06	WOUND CARE	0.349243						90.06	
91	EMERGENCY	0.179185						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358						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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [XX] 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	9,591,504	259,508,267	0.036960		50
51	RECOVERY ROOM	1,464,151	50,434,624	0.029031		51
52	DELIVERY ROOM & LABOR ROOM	3,043,696	33,666,402	0.090408		52
53	ANESTHESIOLOGY	30,952	29,479,648	0.001050		53
54	RADIOLOGY-DIAGNOSTIC	4,293,434	111,405,205	0.038539		54
55	RADIOLOGY-THERAPEUTIC	3,224,959	48,981,089	0.065841		55
56	RADIOISOTOPE	391,843	22,935,589	0.017084		56
57	CT SCAN	490,262	131,101,314	0.003740		57
58	MRI	516,447	62,113,291	0.008315		58
60	LABORATORY	3,552,581	510,305,969	0.006962		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	165,582	15,255,152	0.010854		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY	10,296	32,278,684	0.000319		64
65	RESPIRATORY THERAPY	464,278	37,579,758	0.012354		65
66	PHYSICAL THERAPY	1,063,498	28,345,893	0.037519		66
67	OCCUPATIONAL THERAPY	52,690	5,813,636	0.009063		67
68	SPEECH PATHOLOGY	70,629	6,284,735	0.011238		68
69	ELECTROCARDIOLOGY	2,973,900	86,921,321	0.034214		69
70	ELECTROENCEPHALOGRAPHY	578,282	18,723,005	0.030886		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	701,915	288,411,358	0.002434		71
72	IMPL. DEV. CHARGED TO PATIENTS	968,220	190,483,875	0.005083		72
73	DRUGS CHARGED TO PATIENTS	822,666	429,592,766	0.001915		73
74	RENAL DIALYSIS	151,309	4,390,940	0.034459		74
75.01	CARDIAC REHAB	6,221	2,376,042	0.002618		75.01
75.02	SLEEP LAB					75.02
75.03	INPATIENT DIALYSIS					75.03
75.04	PAIN MANAGEMENT	375,681	10,106,078	0.037174		75.04
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	1,943,088	38,070,213	0.051040		90
90.01	PATIENT TREATMENT CENTER	739,502	7,617,498	0.097079		90.01
90.02	REHAB SERVICES-BLOOMINGDALE					90.02
90.03	CANTERA					90.03
90.04	MENTAL HEALTH O/P	638,640	7,332,262	0.087100		90.04
90.05	WOMEN'S CLINIC					90.05
90.06	WOUND CARE	5,036	1,037,099	0.004856		90.06
91	EMERGENCY	5,007,865	135,171,039	0.037048		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		18,341,019			92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	43,339,127	2,624,063,771			200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] 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
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] 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	259,508,267						50
51	RECOVERY ROOM	50,434,624						51
52	DELIVERY ROOM & LABOR ROOM	33,666,402						52
53	ANESTHESIOLOGY	29,479,648						53
54	RADIOLOGY-DIAGNOSTIC	111,405,205						54
55	RADIOLOGY-THERAPEUTIC	48,981,089						55
56	RADIOISOTOPE	22,935,589						56
57	CT SCAN	131,101,314						57
58	MRI	62,113,291						58
60	LABORATORY	510,305,969						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,255,152						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	32,278,684						64
65	RESPIRATORY THERAPY	37,579,758						65
66	PHYSICAL THERAPY	28,345,893						66
67	OCCUPATIONAL THERAPY	5,813,636						67
68	SPEECH PATHOLOGY	6,284,735						68
69	ELECTROCARDIOLOGY	86,921,321						69
70	ELECTROENCEPHALOGRAPHY	18,723,005						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,411,358						71
72	IMPL. DEV. CHARGED TO PATIENTS	190,483,875						72
73	DRUGS CHARGED TO PATIENTS	429,592,766						73
74	RENAL DIALYSIS	4,390,940						74
75.01	CARDIAC REHAB	2,376,042						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	10,106,078						75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	38,070,213						90
90.01	PATIENT TREATMENT CENTER	7,617,498						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	7,332,262						90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,037,099						90.06
91	EMERGENCY	135,171,039						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	18,341,019						92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	2,624,063,771						200

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] 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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.234213						50	
51	RECOVERY ROOM	0.186850						51	
52	DELIVERY ROOM & LABOR ROOM	0.526506						52	
53	ANESTHESIOLOGY	0.063915						53	
54	RADIOLOGY-DIAGNOSTIC	0.167571						54	
55	RADIOLOGY-THERAPEUTIC	0.349092						55	
56	RADIOISOTOPE	0.121897						56	
57	CT SCAN	0.029553						57	
58	MRI	0.071646						58	
60	LABORATORY	0.175598						60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	INTRAVENOUS THERAPY	0.054491						64	
65	RESPIRATORY THERAPY	0.163540						65	
66	PHYSICAL THERAPY	0.373283						66	
67	OCCUPATIONAL THERAPY	0.232253						67	
68	SPEECH PATHOLOGY	0.252402						68	
69	ELECTROCARDIOLOGY	0.320837						69	
70	ELECTROENCEPHALOGRAPHY	0.196582						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001						72	
73	DRUGS CHARGED TO PATIENTS	0.132144						73	
74	RENAL DIALYSIS	0.236893						74	
75.01	CARDIAC REHAB	0.396324						75.01	
75.02	SLEEP LAB							75.02	
75.03	INPATIENT DIALYSIS							75.03	
75.04	PAIN MANAGEMENT	0.125344						75.04	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.735045						90	
90.01	PATIENT TREATMENT CENTER	0.454733						90.01	
90.02	REHAB SERVICES-BLOOMINGDALE							90.02	
90.03	CANTERA							90.03	
90.04	MENTAL HEALTH O/P	0.525296						90.04	
90.05	WOMEN'S CLINIC							90.05	
90.06	WOUND CARE	0.349243						90.06	
91	EMERGENCY	0.179185						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358						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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	79,096	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	79,096	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)	69,786	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)	26,196	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)	109,910,303	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	109,910,303	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)	109,910,303	37



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

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)					1,389.58	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					36,401,438	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)					36,401,438	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	16,774,479	6,349	2,642.07	3,823	10,100,634	43
44	CORONARY CARE UNIT	8,728,258	3,625	2,407.80	2,114	5,090,089	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATAL INTENSIVE CARE UNIT	10,778,529	7,852	1,372.71			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					74,321,517	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					125,913,678	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					8,179,075	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					5,456,173	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					13,635,248	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					112,278,430	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



COMPU-MAX

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

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)					9,310	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,389.58	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					12,936,990	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	19,569,425	109,910,303	0.178049	12,936,990	2,303,418	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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)	8,676	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,676	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	8,676	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,387	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)	10,076,280	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	10,076,280	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)	10,076,280	37



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,161.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,610,862	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,610,862	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	300,602	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,911,464	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	412,660	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	19,857	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	432,517	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,478,947	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

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)	79,096	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	79,096	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)	69,786	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)	11,690	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)	6,950	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	2,505	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)	109,910,303	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	109,910,303	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)	109,910,303	37



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						1,389.58	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						16,244,190	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)						16,244,190	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
42	NURSERY (Titles V and XIX only)	5,587,482	6,950	803.95	2,505	2,013,895		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	16,774,479	6,349	2,642.07	1,182	3,122,927		43
44	CORONARY CARE UNIT	8,728,258	3,625	2,407.80	260	626,028		44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	NEONATAL INTENSIVE CARE UNIT	10,778,529	7,852	1,372.71	2,454	3,368,630		47

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)							48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						25,375,670	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						4,133,771	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)						4,133,771	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

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)					9,310	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	8,676	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	8,676	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	8,676	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)	538	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)	10,076,280	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	10,076,280	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)	10,076,280	37



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,161.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	624,833	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)	624,833	41
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)	624,833	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	160,066	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)	160,066	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/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		69,108,384		30
31	INTENSIVE CARE UNIT		18,891,909		31
32	CORONARY CARE UNIT		7,433,229		32
35	NEONATAL INTENSIVE CARE UNIT				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.234268	45,774,952	10,723,606	50
51	RECOVERY ROOM	0.186850	6,327,474	1,182,289	51
52	DELIVERY ROOM & LABOR ROOM	0.526506	74,309	39,124	52
53	ANESTHESIOLOGY	0.063915	4,467,725	285,555	53
54	RADIOLOGY-DIAGNOSTIC	0.167571	14,569,004	2,441,343	54
55	RADIOLOGY-THERAPEUTIC	0.350304	919,775	322,201	55
56	RADIOISOTOPE	0.121897	2,639,863	321,791	56
57	CT SCAN	0.029553	19,737,713	583,309	57
58	MRI	0.071646	6,328,296	453,397	58
60	LABORATORY	0.175598	39,194,436	6,882,465	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120	2,748,057	882,456	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.054491			64
65	RESPIRATORY THERAPY	0.163540	17,459,616	2,855,346	65
66	PHYSICAL THERAPY	0.373283	3,327,639	1,242,151	66
67	OCCUPATIONAL THERAPY	0.232253	1,893,812	439,844	67
68	SPEECH PATHOLOGY	0.252402	2,066,131	521,496	68
69	ELECTROCARDIOLOGY	0.320837	17,956,330	5,761,055	69
70	ELECTROENCEPHALOGRAPHY	0.196823	2,029,227	399,399	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026	78,866,529	8,756,235	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001	64,448,064	15,145,359	72
73	DRUGS CHARGED TO PATIENTS	0.132144	85,465,692	11,293,778	73
74	RENAL DIALYSIS	0.236893	3,025,262	716,663	74
75.01	CARDIAC REHAB	0.396324	107,001	42,407	75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.125344	600,845	75,312	75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.735045	55,769	40,993	90
90.01	PATIENT TREATMENT CENTER	0.454733	14,460	6,575	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.525296			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.349243	995	347	90.06
91	EMERGENCY	0.179302	16,212,988	2,907,021	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		436,311,964	74,321,517	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		436,311,964		202

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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
32	CORONARY CARE UNIT				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	SUBPROVIDER - IPF		4,939,866		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.234268	24,159	5,660	50
51	RECOVERY ROOM	0.186850	105,912	19,790	51
52	DELIVERY ROOM & LABOR ROOM	0.526506	77	41	52
53	ANESTHESIOLOGY	0.063915	1,255	80	53
54	RADIOLOGY-DIAGNOSTIC	0.167571	30,764	5,155	54
55	RADIOLOGY-THERAPEUTIC	0.350304	185	65	55
56	RADIOISOTOPE	0.121897			56
57	CT SCAN	0.029553	86,857	2,567	57
58	MRI	0.071646	26,504	1,899	58
60	LABORATORY	0.175598	305,924	53,720	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120	24,216	7,776	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.054491			64
65	RESPIRATORY THERAPY	0.163540	17,383	2,843	65
66	PHYSICAL THERAPY	0.373283	3,157	1,178	66
67	OCCUPATIONAL THERAPY	0.232253	1,251	291	67
68	SPEECH PATHOLOGY	0.252402	1,599	404	68
69	ELECTROCARDIOLOGY	0.320837	54,840	17,595	69
70	ELECTROENCEPHALOGRAPHY	0.196823	7,089	1,395	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026	71,069	7,891	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001			72
73	DRUGS CHARGED TO PATIENTS	0.132144	1,042,165	137,716	73
74	RENAL DIALYSIS	0.236893			74
75.01	CARDIAC REHAB	0.396324			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.125344	18	2	75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.735045	171	126	90
90.01	PATIENT TREATMENT CENTER	0.454733	654	297	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.525296	93	49	90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.349243	5	2	90.06
91	EMERGENCY	0.179302	189,961	34,060	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		1,995,308	300,602	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		1,995,308		202

(A) Worksheet A line numbers



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/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
32	CORONARY CARE UNIT				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	SUBPROVIDER - IPF				40
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.234213			50
51	RECOVERY ROOM	0.186850			51
52	DELIVERY ROOM & LABOR ROOM	0.526506			52
53	ANESTHESIOLOGY	0.063915			53
54	RADIOLOGY-DIAGNOSTIC	0.167571			54
55	RADIOLOGY-THERAPEUTIC	0.349092			55
56	RADIOISOTOPE	0.121897			56
57	CT SCAN	0.029553			57
58	MRI	0.071646			58
60	LABORATORY	0.175598			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.054491			64
65	RESPIRATORY THERAPY	0.163540			65
66	PHYSICAL THERAPY	0.373283			66
67	OCCUPATIONAL THERAPY	0.232253			67
68	SPEECH PATHOLOGY	0.252402			68
69	ELECTROCARDIOLOGY	0.320837			69
70	ELECTROENCEPHALOGRAPHY	0.196582			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001			72
73	DRUGS CHARGED TO PATIENTS	0.132144			73
74	RENAL DIALYSIS	0.236893			74
75.01	CARDIAC REHAB	0.396324			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.125344			75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.735045			90
90.01	PATIENT TREATMENT CENTER	0.454733			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.525296			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.349243			90.06
91	EMERGENCY	0.179185			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358			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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/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
32	CORONARY CARE UNIT				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.234213			50
51	RECOVERY ROOM	0.186850			51
52	DELIVERY ROOM & LABOR ROOM	0.526506			52
53	ANESTHESIOLOGY	0.063915			53
54	RADIOLOGY-DIAGNOSTIC	0.167571			54
55	RADIOLOGY-THERAPEUTIC	0.349092			55
56	RADIOISOTOPE	0.121897			56
57	CT SCAN	0.029553			57
58	MRI	0.071646			58
60	LABORATORY	0.175598			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321120			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.054491			64
65	RESPIRATORY THERAPY	0.163540			65
66	PHYSICAL THERAPY	0.373283			66
67	OCCUPATIONAL THERAPY	0.232253			67
68	SPEECH PATHOLOGY	0.252402			68
69	ELECTROCARDIOLOGY	0.320837			69
70	ELECTROENCEPHALOGRAPHY	0.196582			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111026			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.235001			72
73	DRUGS CHARGED TO PATIENTS	0.132144			73
74	RENAL DIALYSIS	0.236893			74
75.01	CARDIAC REHAB	0.396324			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.125344			75.04
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.735045			90
90.01	PATIENT TREATMENT CENTER	0.454733			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.525296			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.349243			90.06
91	EMERGENCY	0.179185			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.705358			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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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)	16,871,745			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	50,615,236			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)	5,506,052			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	8,370,279			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	323.49			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)	0.0242			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1749			31
32	SUM OF LINES 30 AND 31	0.1991			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0530			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	1,564,854			34
		PRIOR TO	ON OR AFTER		



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	
	OCTOBER 1	OCTOBER 1		
UNCOMPENSATED CARE ADJUSTMENT				
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)		3,530,919		35.02
35.03 PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		2,640,933		35.03
36 TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	2,640,933			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)	77,198,820			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)	77,198,820			49
50 PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	6,724,516			50
51 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55 NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56 COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57 ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58 ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59 TOTAL (sum of amounts on lines 49 through 58)	83,923,336			59
60 PRIMARY PAYER PAYMENTS	17,387			60
61 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	83,905,949			61
62 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,536,384			62
63 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	127,280			63
64 ALLOWABLE BAD DEBTS (see instructions)	484,447			64
65 ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	314,891			65
66 ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	148,785			66
67 SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	77,557,176			67
68 CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69 OUTLIER PAYMENTS RECONCILIATION				69
70 OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.01 OTHER ADJUSTMENT PER PS&R				70.01
70.02 SEQUESTRATION ADJUSTMENT				70.02
70.93 HVBP PAYMENT ADJUSTMENT (see instructions)	118,844			70.93
71 AMOUNT DUE PROVIDER (see instructions)	77,676,020			71
71.01 SEQUESTRATION ADJUSTMENT (see instructions)	1,553,520			71.01
72 INTERIM PAYMENTS	75,376,640			72
73 TENTATIVE SETTLEMENT (for contractor use only)				73
74 BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	745,860			74
75 PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	191,916			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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0242

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	57,314			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	51,059,516			2
3	PPS PAYMENTS	35,380,901			3
4	OUTLIER PAYMENT (see instructions)	323,450			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	57,314			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	353,684			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)	353,684			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)	353,684			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	296,370			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)	57,314			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)	35,704,351			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	3,002			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	7,343,674			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	28,414,989			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)	28,414,989			30
31	PRIMARY PAYER PAYMENTS	2,207			31
32	SUBTOTAL (line 30 minus line 31)	28,412,782			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)	358,212			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	232,838			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	140,176			36
37	SUBTOTAL (see instructions)	28,645,620			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	28,645,620			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	572,912			40.01
41	INTERIM PAYMENTS	27,992,499			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	80,209			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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	1,529			2
3	PPS PAYMENTS	1,186			3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	1,186			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	330			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	856			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)	856			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	856			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	856			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	856			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	17			40.01
41	INTERIM PAYMENTS	839			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0242

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		75,417,772		28,137,048	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					3.01	
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					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	
						3.06	
						3.07	
						3.08	
						3.09	
						3.10	
						3.50	
			02/14/2014	41,132	02/14/2014	144,549	3.51
		PROVIDER				3.52	
		TO				3.53	
		PROGRAM				3.54	
						3.55	
						3.56	
						3.57	
						3.58	
						3.59	
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-41,132		-144,549	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)			75,376,640		27,992,499	4
	TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT						5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.						5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM					5.03
		TO					5.04
		PROVIDER					5.05
							5.06
							5.07
							5.08
							5.09
							5.10
							5.50
							5.51
		PROVIDER					5.52
		TO					5.53
		PROGRAM					5.54
							5.55
							5.56
							5.57
							5.58
							5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01		2,299,380		653,121	6.01
		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			77,676,020		28,645,620	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.



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S242

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		1,291,058		839	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					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					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
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					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)		1,291,058		839	4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		26,092		17	6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,317,150		856	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.



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] 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	22,145	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	32,133	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,808	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	87,612	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,952,789.694	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	305,883.020	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)	2,679,294	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	53,586	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,625,708	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,523,332	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	102,376	32



COMPU-MAX

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	1,167,476	1
2	NET IPF PPS OUTLIER PAYMENT	261,448	2
3	NET IPF PPS ECT PAYMENT	20,105	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)		8
9	AVERAGE DAILY CENSUS (see instructions)	23.769863	9
10	TEACHING ADJUSTMENT FACTOR $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	1,449,029	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	1,449,029	16
17	PRIMARY PAYER PAYMENTS	2,783	17
18	SUBTOTAL (line 16 less line 17)	1,446,246	18
19	DEDUCTIBLES	110,368	19
20	SUBTOTAL (line 18 minus line 19)	1,335,878	20
21	COINSURANCE	18,728	21
22	SUBTOTAL (line 20 minus line 21)	1,317,150	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		25
26	SUBTOTAL (sum of lines 22 and 24)	1,317,150	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	1,317,150	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	26,343	31.01
32	INTERIM PAYMENTS	1,291,058	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	-251	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0242

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/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	INPATIENT HOSPITAL SNF/NF SERVICES	25,375.670	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	25,375.670	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	25,375.670	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	25,375.670	18
19	INTERNS AND RESIDENTS (see instructions)		19
20	COST OF TEACHING PHYSICIANS (see instructions)		20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (sum of lines 22 through 26)		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)	25,375.670	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (see instructions)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	SUBTOTAL (line 36 ± line 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/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	624,833		1
2			2
3			3
4	624,833		4
5			5
6			6
7	624,833		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18	624,833		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	624,833		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

BALANCE SHEET**WORKSHEET G**

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

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	319,770,685				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	265,926,404				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-139,733,748				6
7	INVENTORY	3,190,469				7
8	PREPAID EXPENSES	10,930,035				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	460,083,845				11
FIXED ASSETS						
12	LAND	4,916,541				12
13	LAND IMPROVEMENTS	24,447,571				13
14	ACCUMULATED DEPRECIATION	-11,112,475				14
15	BUILDINGS	486,450,265				15
16	ACCUMULATED DEPRECIATION	-161,153,180				16
17	LEASEHOLD IMPROVEMENTS	1,045,923				17
18	ACCUMULATED AMORTIZATION	-333,601				18
19	FIXED EQUIPMENT	110,485,052				19
20	ACCUMULATED DEPRECIATION	-34,390,456				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	207,427,250				23
24	ACCUMULATED DEPRECIATION	-142,704,227				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)	485,078,663				30
OTHER ASSETS						
31	INVESTMENTS	353,423,584				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	8,644,986				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	362,068,570				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	1,307,231,078				36
LIABILITIES AND FUND BALANCES						
LIABILITIES AND FUND BALANCES (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	7,374,168				37
38	SALARIES, WAGES & FEES PAYABLE					38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)					40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	114,028,848				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	121,403,016				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	84,255,008				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	84,255,008				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	205,658,024				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	1,101,573,054				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
57	PLANT FUND BALANCE - INVESTED IN PLANT					57



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	1,101,573,054				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	1,307,231,078				60



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		922,987,831			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		138,451,721			2
3	TOTAL (sum of line 1 and line 2)		1,061,439,552			3
4	ADDITIONS (credit adjustments)					4
5	NET ASSETS RELEASED	501,000				5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		501,000			10
11	SUBTOTAL (line 3 plus line 10)		1,061,940,552			11
12	DEDUCTIONS (debit adjustments)					12
13	NET EQUITY TRANSFERS	184,014,000				13
14	CHANGE INNET UNREALIZED G & L	8,391,000				14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		192,405,000			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		869,535,552			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	NET ASSETS RELEASED					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	NET EQUITY TRANSFERS					13
14	CHANGE INNET UNREALIZED G & L					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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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	251,137,035		251,137,035	1
2	SUBPROVIDER IPF	18,837,239		18,837,239	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)	269,974,274		269,974,274	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	37,937,269		37,937,269	11
12	CORONARY CARE UNIT	28,580,179		28,580,179	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	NEONATAL INTENSIVE CARE UNIT	30,026,370		30,026,370	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	96,543,818		96,543,818	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	366,518,092		366,518,092	17
18	ANCILLARY SERVICES	935,919,215		935,919,215	18
19	OUTPATIENT SERVICES		1,323,133,649	1,323,133,649	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)	1,302,437,307	1,323,133,649	2,625,570,956	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		643,955,478	29
30	BAD DEBTS	46,136,088		30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		46,136,088	36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		690,091,566	43



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	2,625,570,956	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,821,265,692	2
3	NET PATIENT REVENUES (line 1 minus line 2)	804,305,264	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	690,091,566	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	114,213,698	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,793,135	6
7	INCOME FROM INVESTMENTS	6,623,710	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,725,021	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	103,146	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)	17,842	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	14,762	21
22	RENTAL OF HOSPITAL SPACE	2,517,747	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PATIENT MEAL REVENUE)	915,249	24
24.0	OTHER (DUES REV)	59,900	24.0
1			1
24.0	OTHER (INSTYMEDS REV)	454,012	24.0
2			2
24.0	OTHER (INTEREST INCOME MISC)	437,879	24.0
3			3
24.0	OTHER (OTHER INCOME)	14,642,582	24.0
4			4
24.0	OTHER (OTHER SERVICE REV)	544,659	24.0
5			5
24.0	OTHER (RECOVERY LIVING REV)	72,177	24.0
6			6
24.0	OTHER (RESEARCH INCOME)	29,370	24.0
7			7
24.0	OTHER (WATZEK FUND)	73,144	24.0
8			8
24.0	OTHER (WORK ORDER REV)	56,955	24.0
9			9
24.1	OTHER (XRAY SCRAP SALES)	1,448	24.1
0			0
25	TOTAL OTHER INCOME (sum of lines 6-24)	32,082,738	25
26	TOTAL (line 5 plus line 25)	146,296,436	26
27	OTHER EXPENSES (FEDERAL TAX EXP)	6,192,954	27
27.0	OTHER EXPENSES (STATE INCOME TAX EXP)	1,651,761	27.0
1			1
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	7,844,715	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	138,451,721	29



COMPU-MAX

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0242

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	5,386,138	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	1,117,008	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)	240.03	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)	0.0242	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1749	8
9	SUM OF LINES 7 AND 8	0.1991	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0411	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	221,370	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	6,724,516	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



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
35	NEONATAL INTENSIVE CARE UNIT						35
40	SUBPROVIDER - IPF						40
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04



CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 12:43 Version: 2014.10
--	---------------------------------------	--	---

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		
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE							90.06
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.01	KOFEE KORNER							190.01
191	RESEARCH							191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER							193.08
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202