

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 02/08/2017 Time: 12:50		
	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 (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CENTRAL DUPAGE HOSPITAL (14-0242) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2015 and ending 08/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		529,388	354,450	-193,390		1
2	SUBPROVIDER - IPF		9				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		529,397	354,450	-193,390		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2015	To: 08 / 31 / 2016							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,375	4,385			1,994		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. 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, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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 Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
65	1	2	3	4	5
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
67	1	2	3	4	5

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, indicate which program year began during this cost reporting period. (see instructions)	N			71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	742,110	3,330,887	3,633,625	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

If this facility is part of a chain organization, enter 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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		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, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

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

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 01 / 2015	08 / 31 / 2016		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N		171

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
Financial Data and Reports					
		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/30/2016	Y	11/30/2016
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	105,408			22,686	3,281	61,484	1
2	HMO and other (see instructions)						4,438	6,868		2
3	HMO IPF Subprovider							1,184		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	105,408			22,686	3,281	61,484	7
8	Intensive Care Unit	31	35	13,176			3,088	1,539	9,173	8
9	Coronary Care Unit	32	1	365				8	49	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE UNIT	35	23	8,418				1,532	7,694	12
13	Nursery	43						1,072	6,389	13
14	Total (see instructions)		347	127,367			25,774	7,432	84,789	14
15	CAH Visits									15
16	Subprovider - IPF	40	48	16,322			1,720	2,098	9,785	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)		395							27
28	Observation Bed Days								19,954	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							1,454	2,619	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					6,168	2,076	20,149	1
2	HMO and other (see instructions)					976	1,883		2
3	HMO IPF Subprovider						180		3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATAL INTENSIVE CARE UNIT								12
13	Nursery								13
14	Total (see instructions)		3,094.20			6,168	2,076	20,149	14
15	CAH Visits								15
16	Subprovider - IPF		81.78			174	298	1,422	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		3,175.98						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	216,043,075		216,043,075	6,606,048.00	32.70	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		5,529,265		5,529,265	179,345.00	30.83	10
OTHER WAGES & RELATED COSTS							
11		4,830,256		4,830,256	129,641.97	37.26	11
12							12
13		1,934,299		1,934,299	54,991.78	35.17	13
14		70,795,934		70,795,934	1,239,910.00	57.10	14
15							15
16							16
WAGE-RELATED COSTS							
17		52,758,327		52,758,327			17
18							18
19		1,350,262		1,350,262			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		22,226,517		22,226,517	584,277.00	38.04	27
28							28
29							29
30		2,356,031		2,356,031	77,700.00	30.32	30
31		171,449		171,449	13,899.00	12.34	31
32		3,975,998		3,975,998	257,345.00	15.45	32
33		24,549		24,549	2,420.33	10.14	33
34		2,379,983	-802,261	1,577,722	108,648.00	14.52	34
35		1,831,678		1,831,678	69,061.95	26.52	35
36			802,261	802,261	55,250.00	14.52	36
37							37
38		3,458,606		3,458,606	72,466.00	47.73	38
39		2,554,414		2,554,414	131,744.00	19.39	39
40		5,075,336		5,075,336	112,764.00	45.01	40
41		600,744		600,744	20,946.00	28.68	41
42							42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	217,899,302		217,899,302	6,677,530.28	32.63	1
2	Excluded area salaries (see instructions)	5,529,265		5,529,265	179,345.00	30.83	2
3	Subtotal salaries (line 1 minus line 2)	212,370,037		212,370,037	6,498,185.28	32.68	3
4	Subtotal other wages & related costs (see instructions)	77,560,489		77,560,489	1,424,543.75	54.45	4
5	Subtotal wage-related costs (see instructions)	52,758,327		52,758,327		24.84%	5
6	Total (sum of lines 3 through 5)	342,688,853		342,688,853	7,922,729.03	43.25	6
7	Total overhead cost (see instructions)	44,655,305		44,655,305	1,506,521.28	29.64	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	12,138,574	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)	17,880,660	8
9	Prescription Drug Plan	4,872,073	9
10	Dental, Hearing and Vision Plan	730,314	10
11	Life Insurance (If employee is owner or beneficiary)	177,785	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,433,630	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	11,348	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	16,144,318	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	148,704	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	571,182	23
24	Total Wage Related cost (Sum of lines 1-23)	54,108,588	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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KPMG LLP Compu-Max 2552-10

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.188673	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		40,503,798	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		480,506,625	6
7	Medicaid cost (line 1 times line 6)		90,658,626	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.		50,154,828	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		50,154,828	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	53,399,084	28,026,612	81,425,696	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,074,965	5,287,865	15,362,830	21
22	Partial payment by patients approved for charity care	55,712	857,785	913,497	22
23	Cost of charity care (line 21 minus line 22)	10,019,253	4,430,080	14,449,333	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)		30,899,679	26
27	Medicare bad debts for the entire hospital complex (see instructions)		857,413	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		30,042,266	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,668,164	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		20,117,497	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		70,272,325	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		16,824,865	16,824,865	20,462,481	37,287,346	-4,198,668	33,088,678	1
2	00200	Cap Rel Costs-Mvble Equip		28,759,617	28,759,617		28,759,617		28,759,617	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department								4
5.10	00540	NON PATIENT TELEPHONES		-266,067	-266,067		-266,067	266,067		5.10
5.30	00560	PURCHASING AND STORES								5.30
5.40	00570	ADMITTING	3,498,552	2,059,540	5,558,092		5,558,092		5,558,092	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS								5.50
5.60	00590	ADMINISTRATION & GENERAL	18,727,965	170,956,048	189,684,013	-20,462,481	169,221,532	32,395,431	201,616,963	5.60
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,356,031	20,582,238	22,938,269		22,938,269	-467,522	22,470,747	7
8	00800	Laundry & Linen Service	171,449	733,475	904,924		904,924		904,924	8
9	00900	Housekeeping	3,975,998	2,650,586	6,626,584		6,626,584	-1,015	6,625,569	9
10	01000	Dietary	2,379,983	5,267,310	7,647,293	-2,577,803	5,069,490	-671,365	4,398,125	10
11	01100	Cafeteria				2,577,803	2,577,803	-2,560,150	17,653	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	3,458,606	1,371,797	4,830,403	-280,682	4,549,721	-37,772	4,511,949	13
14	01400	Central Services & Supply	2,554,414	4,448,408	7,002,822	-152,635	6,850,187		6,850,187	14
15	01500	Pharmacy	5,075,336	53,462,716	58,538,052	-52,084,505	6,453,547		6,453,547	15
16	01600	Medical Records & Library	600,744	160,400	761,144		761,144		761,144	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 SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	37,820,866	34,755,735	72,576,601	-3,411,166	69,165,435	-20,209,885	48,955,550	30
31	03100	Intensive Care Unit	9,971,314	4,078,662	14,049,976	-393,442	13,656,534	-31,998	13,624,536	31
32	03200	Coronary Care Unit	38,228	26,141	64,369	-2,167	62,202		62,202	32
35	02060	NEONATAL INTENSIVE CARE UNIT	4,572,640	1,524,385	6,097,025	-9,240	6,087,785	-10,310	6,077,475	35
40	04000	Subprovider - IPF	5,336,724	2,124,264	7,460,988	-68	7,460,920	-162,662	7,298,258	40
43	04300	Nursery				1,966,972	1,966,972		1,966,972	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	12,664,598	53,146,344	65,810,942	-13,213,350	52,597,592	-37,158	52,560,434	50
51	05100	Recovery Room	3,291,627	1,370,307	4,661,934	-785	4,661,149		4,661,149	51
52	05200	Delivery Room & Labor Room	6,608,471	3,199,524	9,807,995	-1,832	9,806,163	-16,413	9,789,750	52
53	05300	Anesthesiology	334,378	2,531,610	2,865,988	-18,106	2,847,882	-126,000	2,721,882	53
54	05400	Radiology-Diagnostic	5,270,471	2,100,869	7,371,340	2,526	7,373,866	-14,582	7,359,284	54
55	05500	Radiology-Therapeutic	5,372,104	2,549,017	7,921,121	-6,392	7,914,729	-54,024	7,860,705	55
56	05600	Radioisotope	564,007	1,408,196	1,972,203	3	1,972,206	-200,646	1,771,560	56
57	05700	CT Scan	1,284,319	986,740	2,271,059	13,930	2,284,989	-157,500	2,127,489	57
58	05800	MRI	1,484,976	756,911	2,241,887	3,449	2,245,336	-46	2,245,290	58
60	06000	Laboratory	25,801,799	37,453,938	63,255,737	-5,762	63,249,975	-2,758,443	60,491,532	60
62	06200	Whole Blood & Packed Red Blood Cells	899,797	3,065,861	3,965,658	-671,664	3,293,994		3,293,994	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy	724,846	478,761	1,203,607	544	1,204,151		1,204,151	64
65	06500	Respiratory Therapy	2,754,632	1,782,204	4,536,836	-654,762	3,882,074		3,882,074	65
66	06600	Physical Therapy	8,315,191	3,337,893	11,653,084	-5,453	11,647,631	-10	11,647,621	66
67	06700	Occupational Therapy	1,250,824	490,226	1,741,050	-2,844	1,738,206		1,738,206	67
68	06800	Speech Pathology	778,259	182,431	960,690	-738	959,952		959,952	68
69	06900	Electrocardiology	8,627,450	18,246,699	26,874,149	-3,194,927	23,679,222	-5,476,587	18,202,635	69
70	07000	Electroencephalography	1,282,364	762,677	2,045,041	-4,162	2,040,879	-24,349	2,016,530	70
71	07100	Medical Supplies Charged to Patients				3,357,139	3,357,139		3,357,139	71
72	07200	Impl. Dev. Charged to Patients				14,937,586	14,937,586		14,937,586	72
73	07300	Drugs Charged to Patients				52,084,502	52,084,502		52,084,502	73
74	07400	Renal Dialysis				831,362	831,362		831,362	74
75.01	07501	CARDIAC REHAB	484,401	252,333	736,734	-2,954	733,780		733,780	75.01
75.02	07502	SLEEP LAB								75.02
75.03	07503	INPATIENT DIALYSIS								75.03
75.04	07504	PAIN MANAGEMENT	265,908	203,535	469,443	694	470,137		470,137	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	16,766,036	8,891,535	25,657,571	-799	25,656,772	-3,958,841	21,697,931	90
90.01	09001	PATIENT TREATMENT CENTER	1,574,888	754,087	2,328,975	-67,537	2,261,438	-250,776	2,010,662	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	09003	CANTERA								90.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.04	09004	MENTAL HEALTH O/P	1,145,378	380,820	1,526,198	1,023,818	2,550,016	-214,673	2,335,343	90.04
90.05	09005	WOMEN'S CLINIC								90.05
90.06	09006	WOUND CARE	241,977	285,160	527,137	-10,800	516,337		516,337	90.06
91	09100	Emergency	7,522,983	4,259,672	11,782,655	-25,753	11,756,902	-138,916	11,617,986	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)	215,850,534	498,397,470	714,248,004		714,248,004	-9,118,813	705,129,191	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	192,541	575,166	767,707		767,707		767,707	190
190.0	19001	KOFEE KORNER								190.0
1										1
191	19100	Research								191
192.0	19201	WSKF								192.0
1										1
193.0	19301	DEVELOPMENT								193.0
1										1
193.0	19302	MARKETING								193.0
2										2
193.0	19303	PHYSICIAN ANSWERING SERVICE								193.0
4										4
193.0	19304	CAR SEAT SAFETY PROGRAM								193.0
5										5
193.0	19305	JOINT VENTURE								193.0
7										7
193.0	19306	PARKINSONS CENTER		-148,495	-148,495		-148,495	148,495		193.0
8										8
200		TOTAL (sum of lines 118-199)	216,043,075	498,824,141	714,867,216		714,867,216	-8,970,318	705,896,898	200

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CHARGEABLE MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		3,357,139	1
2			Impl. Dev. Charged to Patient	72		14,937,586	2
3			Radiology-Diagnostic	54		2,526	3
4			Radioisotope	56		3	4
5			CT Scan	57		13,930	5
6			MRI	58		3,449	6
7			Intravenous Therapy	64		544	7
8			PAIN MANAGEMENT	75.04		694	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
500	Total reclassifications					18,315,871	500
	Code Letter - B						
1	CAFETERIA	C	Cafeteria	11	802,261	1,775,542	1
500	Total reclassifications				802,261	1,775,542	500
	Code Letter - C						
1	DRUGS	D	Drugs Charged to Patients	73		52,084,502	1
500	Total reclassifications					52,084,502	500
	Code Letter - D						
1	INSURANCE	E	Cap Rel Costs-Bldg & Fixt	1		541,283	1
500	Total reclassifications					541,283	500
	Code Letter - E						
1	BHS CHEMICAL DEPENDENCY	H	MENTAL HEALTH O/P	90.04	717,707	306,111	1
500	Total reclassifications				717,707	306,111	500
	Code Letter - H						
1	NURSERY	I	Nursery	43	1,460,741	506,231	1
500	Total reclassifications				1,460,741	506,231	500
	Code Letter - I						
1	RENAL DIALYSIS	J	Renal Dialysis	74		831,362	1
2							2
3							3
4							4
5							5
500	Total reclassifications					831,362	500
	Code Letter - J						
1	INTEREST	K	Cap Rel Costs-Bldg & Fixt	1		19,921,198	1
500	Total reclassifications					19,921,198	500
	Code Letter - K						
	GRAND TOTAL (Increases)					2,980,709	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	CHARGEABLE MEDICAL SUPPLIES	B	Coronary Care Unit	32		119	1	
2			Nursing Administration	13		280,682	2	
3			Central Services & Supply	14		152,635	3	
4			Pharmacy	15		3	4	
5			Adults & Pediatrics	30		41,572	5	
6			Intensive Care Unit	31		10,286	6	
7			NEONATAL INTENSIVE CARE UNIT	35		9,240	7	
8			Subprovider - IPF	40		68	8	
9							9	
10			Operating Room	50		13,213,350	10	
11			Recovery Room	51		785	11	
12			Delivery Room & Labor Room	52		1,832	12	
13			Anesthesiology	53		18,106	13	
14			Radiology-Therapeutic	55		6,392	14	
15			Whole Blood & Packed Red Bloo	62		671,664	15	
16			Laboratory	60		5,762	16	
17			Respiratory Therapy	65		654,762	17	
18			Physical Therapy	66		5,453	18	
19			Occupational Therapy	67		2,844	19	
20			Speech Pathology	68		738	20	
21			Electrocardiology	69		3,194,927	21	
22			Electroencephalography	70		4,162	22	
23			Clinic	90		799	23	
24			PATIENT TREATMENT CENTER	90.01		183	24	
25			CARDIAC REHAB	75.01		2,954	25	
26			WOUND CARE	90.06		10,800	26	
27			Emergency	91		25,753	27	
500	Total reclassifications					18,315,871	500	
	Code letter - B							
1	CAFETERIA	C	Dietary	10	802,261	1,775,542	1	
500	Total reclassifications				802,261	1,775,542	500	
	Code letter - C							
1	DRUGS	D	Pharmacy	15		52,084,502	1	
500	Total reclassifications					52,084,502	500	
	Code letter - D							
1	INSURANCE	E	ADMINISTRATION & GENERAL	5.60		541,283	9	
500	Total reclassifications					541,283	500	
	Code letter - E							
1	BHS CHEMICAL DEPENDENCY	H	Adults & Pediatrics	30	717,707	306,111	1	
500	Total reclassifications				717,707	306,111	500	
	Code letter - H							
1	NURSERY	I	Adults & Pediatrics	30	1,460,741	506,231	1	
500	Total reclassifications				1,460,741	506,231	500	
	Code letter - I							
1	RENAL DIALYSIS	J	Adults & Pediatrics	30		378,804	1	
2			Intensive Care Unit	31		383,156	2	
3			Coronary Care Unit	32		2,048	3	
4							4	
5			PATIENT TREATMENT CENTER	90.01		67,354	5	
500	Total reclassifications					831,362	500	
	Code letter - J							
1	INTEREST	K	ADMINISTRATION & GENERAL	5.60		19,921,198	9	
500	Total reclassifications					19,921,198	500	
	Code letter - K							
	GRAND TOTAL (Decreases)				2,980,709	94,282,100		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	15,150,000					15,150,000		1
2	Land Improvements		11,254,000		11,254,000		11,254,000		2
3	Buildings and Fixtures	343,756,272	26,981,728		26,981,728		370,738,000		3
4	Building Improvements								4
5	Fixed Equipment	99,263,157	9,240,843		9,240,843		108,504,000		5
6	Movable Equipment								6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	458,169,429	47,476,571		47,476,571		505,646,000		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	458,169,429	47,476,571		47,476,571		505,646,000		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 instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	16,824,865						16,824,865	1	
2	Cap Rel Costs-Mvble Equip	28,759,617						28,759,617	2	
3	Total (sum of lines 1-2)	45,584,482						45,584,482	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	33,088,678						33,088,678	1	
2	Cap Rel Costs-Mvble Equip	28,759,617						28,759,617	2	
3	Total (sum of lines 1-2)	61,848,295						61,848,295	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-168,054	NON PATIENT TELEPHONES	5.10	7
8	Television and radio service (chapter 21)	A	-29,525	Operation of Plant	7	8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-27,167,585			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	46,317,747			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-2,560,150	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients	B	-14,143	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					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
34						34
34.02	NON PT MED SUPP	B	-124,866	PATIENT TREATMENT CENTER	90.01	34.02
35						35
35.04	MEALS REVENUE	B	-654,196	Dietary	10	35.04
36						36
36.01	OTHER INCOME	B	-99,984	ADMINISTRATION & GENERAL	5.60	36.01
36.02	OTHER INCOME	B	-1,015	Housekeeping	9	36.02
36.03	OTHER INCOME	B	-17,169	Dietary	10	36.03
36.05	OTHER INCOME	B	52	Subprovider - IPF	40	36.05
36.10	OTHER INCOME	B	-423,336	Electrocardiology	69	36.10
36.11	OTHER INCOME	B	-8,470	PATIENT TREATMENT CENTER	90.01	36.11
36.12	OTHER INCOME	B	-106,427	Clinic	90	36.12
37						37
38	TUITION INCOME	B	-28,080	Nursing Administration	13	38
38.01	TUITION INCOME	B	2,787	Laboratory	60	38.01
38.02	TUITION INCOME	B	-137,790	Emergency	91	38.02
38.03	TUITION INCOME	B	-3,453	Subprovider - IPF	40	38.03
39	RENTAL INCOME	B	-2,107,298	Clinic	90	39
39.01	RENTAL INCOME	B	-20,455	Subprovider - IPF	40	39.01
39.02	RENTAL INCOME	B	-2,864	Operation of Plant	7	39.02
39.03	INTERCOMPANY RENTAL INCOME	B	-1,382,786	Clinic	90	39.03
39.04	INTERCOMPANY RENTAL INCOME	B	-433,484	Operation of Plant	7	39.04
40	OTHER SERVICE REVENUE	B	-54,950	PATIENT TREATMENT CENTER	90.01	40
40.01	OTHER SERVICE REVENUE	B	-138,060	Subprovider - IPF	40	40.01
40.02	OTHER SERVICE REVENUE	B	-1,044,097	Adults & Pediatrics	30	40.02
40.03	OTHER SERVICE REVENUE	B	-183,215	MENTAL HEALTH O/P	90.04	40.03
40.05	OTHER SERVICE REVENUE	B	-411	Clinic	90	40.05
40.06	OTHER SERVICE REVENUE	B	-6,192	Radiology-Diagnostic	54	40.06
40.08	OTHER SERVICE REVENUE	B	-10	Physical Therapy	66	40.08
40.09	OTHER INCOME	B	-140,950	Laboratory	60	40.09
41	INSTYMED REV	B	-361,891	Clinic	90	41

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
41.01	WORK ORDER REV	B	-1,649	Operation of Plant	7	41.01
41.02	RECOVERY LIVING REV	B	312	Subprovider - IPF	40	41.02
41.03	RECOVERY LIVING REV	B	-34,927	Adults & Pediatrics	30	41.03
41.04	PARKING REVENUE	B	-67	Laboratory	60	41.04
41.05	PARKING REVENUE	B	-201	Clinic	90	41.05
41.06	SHARED INCOME	B	-21,340	Electroencephalography	70	41.06
42	OTHER INCOME	B	-5,000	Radiology-Therapeutic	55	42
42.05	PHYSICIAN BILLING SVC	A	-80,386	Adults & Pediatrics	30	42.05
42.06	PHYSICIAN BILLING SVC	A	-42,116	Electrocardiology	69	42.06
42.07	REAL ESTATE TAXES	A	3,855	ADMINISTRATION & GENERAL	5.60	42.07
42.08	PHYSICIAN BILLING SVC	A	-850	Operating Room	50	42.08
42.09	PHYSICIAN BILLING SVC	A	-428,750	Laboratory	60	42.09
43	LOSS ON DISPOSAL	A	3,871,856	ADMINISTRATION & GENERAL	5.60	43
44	CHARITABLE CONTRIBUTIONS	A	-458,643	ADMINISTRATION & GENERAL	5.60	44
44.02	CHARITABLE CONTRIBUTIONS	A	-3,243	Adults & Pediatrics	30	44.02
44.03	CHARITABLE CONTRIBUTIONS	A	-37,500	Laboratory	60	44.03
44.04	CHARITABLE CONTRIBUTIONS	A	-337	Intensive Care Unit	31	44.04
44.05	CHARITABLE CONTRIBUTIONS	A	-1,058	Subprovider - IPF	40	44.05
44.06	CHARITABLE CONTRIBUTIONS	A	-22	Operating Room	50	44.06
44.07	CHARITABLE CONTRIBUTIONS	A	-70	Delivery Room & Labor Room	52	44.07
44.08	CHARITABLE CONTRIBUTIONS	A	-45	Radiology-Diagnostic	54	44.08
44.09	CHARITABLE CONTRIBUTIONS	A	-46	MRI	58	44.09
44.10	CHARITABLE CONTRIBUTIONS	A	-26	Electrocardiology	69	44.10
44.11	CHARITABLE CONTRIBUTIONS	A	173	Clinic	90	44.11
44.12	CHARITABLE CONTRIBUTIONS	A	-938	Emergency	91	44.12
45	INTEREST RATE SWAP COSTS	A	-4,198,668	Cap Rel Costs-Bldg & Fixt	1	9 45
46						46
47	WS A ADJ	A	434,121	NON PATIENT TELEPHONES	5.10	47
48	WS A ADJ	A	148,495	PARKINSONS CENTER	193.08	48
49	MEDICAID TAX OFFSET	A	-17,011,985	ADMINISTRATION & GENERAL	5.60	49
49.01	NON ALLOWABLE EXPENSE	A	-943	ADMINISTRATION & GENERAL	5.60	49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-8,970,318			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	167,141.893	120,822.000	46,319.893	1
2	50	Operating Room	HOME OFFICE COST		2,146	-2,146	2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			167,141.893	120,824,146	46,317,747	5

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

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

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

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

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

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.60	ADMINISTRATION & GEN AGGREGATE	267,668	228,618	39,050	211,500	1,422	144,593	7,230	1
2	13	Nursing Administrati AGGREGATE	9,692	9,692						2
3	30	Adults & Pediatrics AGGREGATE	19,054,482	19,047,232	7,250	179,000	724	62,306	3,115	3
4										4
5	31	Intensive Care Unit AGGREGATE	31,661	31,661						5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE	14,219		14,219	246,400	33	3,909	195	7
8	40	Subprovider - IPF AGGREGATE	327,061		327,061	181,300	7,668	668,369	33,418	8
9	50	Operating Room AGGREGATE	87,566		87,566	246,400	451	53,426	2,671	9
10										10
11	52	Delivery Room & Labo AGGREGATE	770,444	2,200	768,244	237,100	8,652	986,245	49,312	11
12	53	Anesthesiology AGGREGATE	126,000	126,000						12
13	54	Radiology-Diagnostic AGGREGATE	17,496		17,496	271,900	70	9,151	458	13
14	55	Radiology-Therapeuti AGGREGATE	102,750		102,750	271,900	411	53,726	2,686	14
15	56	Radioisotope AGGREGATE	200,646	200,646						15
16	57	CT Scan AGGREGATE	157,500	157,500						16
17										17
18	60	Laboratory AGGREGATE	2,153,963	2,153,963						18
19										19
20										20
21	69	Electrocardiology AGGREGATE	5,011,109	5,011,109						21
22	70	Electroencephalograp AGGREGATE	12,029		12,029	271,900	69	9,020	451	22
25	90.01	PATIENT TREATMENT CE AGGREGATE	62,490	62,490						25
26	90.04	MENTAL HEALTH O/P AGGREGATE	66,498	16,400	50,098	181,300	402	35,040	1,752	26
27	91	Emergency AGGREGATE	508,724	188	508,536	211,500	35,091	3,568,147	178,407	27
200		TOTAL	28,981,998	27,047,699	1,934,299		54,993	5,593,932	279,695	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.60	ADMINISTRATION & GEN AGGREGATE					144,593		228,618	1
2	13	Nursing Administrati AGGREGATE							9,692	2
3	30	Adults & Pediatrics AGGREGATE					62,306		19,047,232	3
4										4
5	31	Intensive Care Unit AGGREGATE							31,661	5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE					3,909	10,310	10,310	7
8	40	Subprovider - IPF AGGREGATE					668,369			8
9	50	Operating Room AGGREGATE					53,426	34,140	34,140	9
10										10
11	52	Delivery Room & Labo AGGREGATE					986,245		2,200	11
12	53	Anesthesiology AGGREGATE							126,000	12
13	54	Radiology-Diagnostic AGGREGATE					9,151	8,345	8,345	13
14	55	Radiology-Therapeuti AGGREGATE					53,726	49,024	49,024	14
15	56	Radioisotope AGGREGATE							200,646	15
16	57	CT Scan AGGREGATE							157,500	16
17										17
18	60	Laboratory AGGREGATE							2,153,963	18
19										19
20										20
21	69	Electrocardiology AGGREGATE							5,011,109	21
22	70	Electroencephalogram AGGREGATE					9,020	3,009	3,009	22
25	90.01	PATIENT TREATMENT CE AGGREGATE							62,490	25
26	90.04	MENTAL HEALTH O/P AGGREGATE					35,040	15,058	31,458	26
27	91	Emergency AGGREGATE					3,568,147		188	27
200		TOTAL					5,593,932	119,886	27,167,585	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN AND GENERAL	
		0	1	2	5.40	4A	5.60	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	33,088,678	33,088,678					1
2	Cap Rel Costs-Mvble Equip	28,759,617		28,759,617				2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING	5,558,092	643	559	5,559,294			5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	201,616,963	486,081	422,486		202,525,530	202,525,530	5.60
6	Maintenance & Repairs							6
7	Operation of Plant	22,470,747	19,034,033	16,543,773		58,048,553	23,355,139	7
8	Laundry & Linen Service	904,924	95,902	83,355		1,084,181	436,207	8
9	Housekeeping	6,625,569	330,415	287,186		7,243,170	2,914,203	9
10	Dietary	4,398,125	398,444	346,314		5,142,883	2,069,177	10
11	Cafeteria	17,653	202,604	176,097		396,354	159,468	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,511,949	207,730	180,552		4,900,231	1,971,549	13
14	Central Services & Supply	6,850,187	199,349	173,267		7,222,803	2,906,008	14
15	Pharmacy	6,453,547	98,261	85,405		6,637,213	2,670,403	15
16	Medical Records & Library	761,144				761,144	306,237	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	48,955,550	3,288,910	2,858,615	809,288	55,912,363	22,495,668	30
31	Intensive Care Unit	13,624,536	707,534	614,966	193,780	15,140,816	6,091,726	31
32	Coronary Care Unit	62,202	169,798	147,583	875	380,458	153,073	32
35	NEONATAL INTENSIVE CARE UNIT	6,077,475	135,121	117,443	114,671	6,444,710	2,592,952	35
40	Subprovider - IPF	7,298,258	768,974	668,368	84,045	8,819,645	3,548,478	40
43	Nursery	1,966,972	183,560	159,544	39,901	2,349,977	945,485	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	52,560,434	1,810,588	1,573,705	578,789	56,523,516	22,741,558	50
51	Recovery Room	4,661,149	233,187	202,679	78,851	5,175,866	2,082,448	51
52	Delivery Room & Labor Room	9,789,750	480,682	417,793	116,798	10,805,023	4,347,271	52
53	Anesthesiology	2,721,882			73,767	2,795,649	1,124,796	53
54	Radiology-Diagnostic	7,359,284	681,161	592,043	111,000	8,743,488	3,517,837	54
55	Radiology-Therapeutic	7,860,705	500,837	435,312	6,763	8,803,617	3,542,030	55
56	Radioisotope	1,771,560	63,974	55,604	15,644	1,906,782	767,171	56
57	CT Scan	2,127,489	77,463	67,328	164,940	2,437,220	980,586	57
58	MRI	2,245,290	81,069	70,462	59,928	2,456,749	988,443	58
60	Laboratory	60,491,532	531,362	461,843	342,496	61,827,233	24,875,545	60
62	Whole Blood & Packed Red Blood Cells	3,293,994	24,502	21,296	40,408	3,380,200	1,359,983	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,204,151	12,105	10,521	33,998	1,260,775	507,258	64
65	Respiratory Therapy	3,882,074	64,637	56,180	139,240	4,142,131	1,666,537	65
66	Physical Therapy	11,647,621	166,289	144,533	24,859	11,983,302	4,821,338	66
67	Occupational Therapy	1,738,206	6,160	5,354	11,821	1,761,541	708,735	67
68	Speech Pathology	959,952	8,947	7,776	13,515	990,190	398,391	68
69	Electrocardiology	18,202,635	500,564	435,074	119,218	19,257,491	7,748,020	69
70	Electroencephalography	2,016,530	90,912	79,018	29,233	2,215,693	891,457	70
71	Medical Supplies Charged to Patients	3,357,139			778,164	4,135,303	1,663,790	71
72	Impl. Dev. Charged to Patients	14,937,586			559,921	15,497,507	6,235,236	72
73	Drugs Charged to Patients	52,084,502			801,400	52,885,902	21,278,008	73
74	Renal Dialysis	831,362	25,301	21,991	15,509	894,163	359,756	74
75.01	CARDIAC REHAB	733,780			811	734,591	295,554	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	470,137	62,122	53,995	7,118	593,372	238,736	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	21,697,931	376,944	327,627	477	22,402,979	9,013,570	90
90.01	PATIENT TREATMENT CENTER	2,010,662	125,784	109,328	30,464	2,276,238	915,817	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	2,335,343	187,965	163,373	9	2,686,690	1,080,957	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	516,337	29,804	25,905	34	572,080	230,170	90.06

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	ADMITTING	SUBTOTAL (cols.0-4)	ADMIN AND GENERAL	
		0	1	2	5.40	4A	5.60	
91	Emergency	11,617,986	638,960	555,364	161,559	12,973,869	5,219,881	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)	705,129,191	33,088,678	28,759,617	5,559,294	705,129,191	202,216,652	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	767,707				767,707	308,878	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 Centers							201
202	TOTAL (sum of lines 118-201)	705,896,898	33,088,678	28,759,617	5,559,294	705,896,898	202,525,530	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant	81,403,692						7
8	Laundry & Linen Service	575,388	2,095,776					8
9	Housekeeping	1,982,398		12,139,771				9
10	Dietary	2,390,549		368,069	9,970,678			10
11	Cafeteria	1,215,565		187,159		1,958,546		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,246,323		191,894		25,762	8,335,759	13
14	Central Services & Supply	1,196,035		184,151		46,835		14
15	Pharmacy	589,539		90,770		40,084		15
16	Medical Records & Library					7,446		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	19,732,525	639,800	3,038,186	8,009,869	371,095	3,005,095	30
31	Intensive Care Unit	4,245,005	113,275	653,596	1,196,965	93,182	754,573	31
32	Coronary Care Unit	1,018,740	43,096	156,854		318	2,545	32
35	NEONATAL INTENSIVE CARE UNIT	810,689	9,368	124,820		38,901	315,037	35
40	Subprovider - IPF	4,613,628	63,127	710,352	763,844	60,470		40
43	Nursery	1,101,306		169,566		12,999	105,288	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,863,018	362,288	1,672,560		131,011	1,060,942	50
51	Recovery Room	1,399,058	33,728	215,411		34,576	279,971	51
52	Delivery Room & Labor Room	2,883,956	128,023	444,038		60,662	491,247	52
53	Anesthesiology					4,925	39,854	53
54	Radiology-Diagnostic	4,086,774	124,732	629,234		55,109		54
55	Radiology-Therapeutic	3,004,881	111,913	462,656		54,821		55
56	Radioisotope	383,826		59,097		4,525	36,670	56
57	CT Scan	464,754	12,195	71,557		13,761		57
58	MRI	486,390		74,889		13,369		58
60	Laboratory	3,188,023	2,112	490,854		396,467		60
62	Whole Blood & Packed Red Blood Cells	147,005		22,634		9,908		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	72,625		11,182		5,568		64
65	Respiratory Therapy	387,802		59,709		31,026	251,247	65
66	Physical Therapy	997,690	38,287	153,613		88,324	715,249	66
67	Occupational Therapy	36,956		5,690		12,652	102,475	67
68	Speech Pathology	53,679		8,265		6,522	52,820	68
69	Electrocardiology	3,003,244	59,959	462,404		52,085	421,768	69
70	Electroencephalography	545,449	32,048	83,982		13,280	107,556	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	151,799		23,372				74
75.01	CARDIAC REHAB		10,694			4,518		75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	372,716	13,116	57,386		2,899		75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,261,555	93,125	348,208		149,408		90
90.01	PATIENT TREATMENT CENTER	754,670	13,116	116,195		15,432		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	1,127,737	10,888	173,636		20,733		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	178,815		27,532		3,143		90.06
91	Emergency	3,833,580	180,886	590,250		73,277	593,422	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
		7	8	9	10	11	13	
	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)	81,403,692	2,095,776	12,139,771	9,970,678	1,955,093	8,335,759	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					3,283		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					170		193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	81,403,692	2,095,776	12,139,771	9,970,678	1,958,546	8,335,759	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	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	11,555,832						14
15	Pharmacy		10,028,009					15
16	Medical Records & Library		10	1,074,837				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		3,174	80,697	113,288,472		113,288,472	30
31	Intensive Care Unit		1,411	16,028	28,306,577		28,306,577	31
32	Coronary Care Unit		47	72	1,755,203		1,755,203	32
35	NEONATAL INTENSIVE CARE UNIT		103	9,485	10,346,065		10,346,065	35
40	Subprovider - IPF		6	6,952	18,586,502		18,586,502	40
43	Nursery			3,300	4,687,921		4,687,921	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,099	98,325	93,456,317		93,456,317	50
51	Recovery Room			20,899	9,241,957		9,241,957	51
52	Delivery Room & Labor Room		1,826	11,640	19,173,686		19,173,686	52
53	Anesthesiology		19,964	12,890	3,998,078		3,998,078	53
54	Radiology-Diagnostic		931	34,518	17,192,623		17,192,623	54
55	Radiology-Therapeutic		2,057	21,649	16,003,624		16,003,624	55
56	Radioisotope		173	7,330	3,165,574		3,165,574	56
57	CT Scan		571	46,747	4,027,391		4,027,391	57
58	MRI		491	21,131	4,041,462		4,041,462	58
60	Laboratory		3,180	199,339	90,982,753		90,982,753	60
62	Whole Blood & Packed Red Blood Cells		4,275	5,214	4,929,219		4,929,219	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		679	11,990	1,870,077		1,870,077	64
65	Respiratory Therapy		1,046	12,463	6,551,961		6,551,961	65
66	Physical Therapy		335	12,795	18,810,933		18,810,933	66
67	Occupational Therapy			2,147	2,630,196		2,630,196	67
68	Speech Pathology			2,144	1,512,011		1,512,011	68
69	Electrocardiology		1,123	25,010	31,031,104		31,031,104	69
70	Electroencephalography			7,111	3,896,576		3,896,576	70
71	Medical Supplies Charged to Patients	2,120,530		102,681	8,022,304		8,022,304	71
72	Impl. Dev. Charged to Patients	9,435,302		63,467	31,231,512		31,231,512	72
73	Drugs Charged to Patients		9,905,126	160,260	84,229,296		84,229,296	73
74	Renal Dialysis			1,288	1,430,378		1,430,378	74
75.01	CARDIAC REHAB		37	828	1,046,222		1,046,222	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT			3,593	1,281,818		1,281,818	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		70,969	12,621	34,352,435		34,352,435	90
90.01	PATIENT TREATMENT CENTER		3,160	4,756	4,099,384		4,099,384	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P			2,592	5,103,233		5,103,233	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		116	510	1,012,366		1,012,366	90.06
91	Emergency		4,100	52,365	23,521,630		23,521,630	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	24	25	26	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	11,555,832	10,028,009	1,074,837	704,816,860		704,816,860	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				1,079,868		1,079,868	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				170		170	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	11,555,832	10,028,009	1,074,837	705,896,898		705,896,898	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	ADMITTING	ADMIN AND GENERAL	
		0	1	2	2A	5.40	5.60	
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	37,389	643	559	38,591	38,591		5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	24,043,208	486,081	422,486	24,951,775		24,951,775	5.60
6	Maintenance & Repairs							6
7	Operation of Plant		19,034,033	16,543,773	35,577,806		2,877,409	7
8	Laundry & Linen Service		95,902	83,355	179,257		53,742	8
9	Housekeeping		330,415	287,186	617,601		359,037	9
10	Dietary	80,031	398,444	346,314	824,789		254,928	10
11	Cafeteria		202,604	176,097	378,701		19,647	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,695	207,730	180,552	389,977		242,900	13
14	Central Services & Supply	1,422,768	199,349	173,267	1,795,384		358,027	14
15	Pharmacy		98,261	85,405	183,666		329,000	15
16	Medical Records & Library						37,729	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	1,609,813	3,288,910	2,858,615	7,757,338	5,751	2,771,520	30
31	Intensive Care Unit	36,836	707,534	614,966	1,359,336	1,340	750,515	31
32	Coronary Care Unit		169,798	147,583	317,381	6	18,859	32
35	NEONATAL INTENSIVE CARE UNIT	595	135,121	117,443	253,159	793	319,458	35
40	Subprovider - IPF		768,974	668,368	1,437,342	581	437,181	40
43	Nursery		183,560	159,544	343,104	276	116,486	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	452,628	1,810,588	1,573,705	3,836,921	4,002	2,801,814	50
51	Recovery Room		233,187	202,679	435,866	545	256,563	51
52	Delivery Room & Labor Room	39,059	480,682	417,793	937,534	808	535,594	52
53	Anesthesiology					510	138,578	53
54	Radiology-Diagnostic	252,386	681,161	592,043	1,525,590	767	433,406	54
55	Radiology-Therapeutic	2,086	500,837	435,312	938,235	47	436,386	55
56	Radioisotope		63,974	55,604	119,578	108	94,517	56
57	CT Scan		77,463	67,328	144,791	1,140	120,811	57
58	MRI		81,069	70,462	151,531	414	121,779	58
60	Laboratory	122,017	531,362	461,843	1,115,222	2,368	3,064,871	60
62	Whole Blood & Packed Red Blood Cells		24,502	21,296	45,798	279	167,553	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		12,105	10,521	22,626	235	62,495	64
65	Respiratory Therapy	7,829	64,637	56,180	128,646	963	205,321	65
66	Physical Therapy	966,545	166,289	144,533	1,277,367	172	594,000	66
67	Occupational Therapy	78,713	6,160	5,354	90,227	82	87,318	67
68	Speech Pathology		8,947	7,776	16,723	93	49,083	68
69	Electrocardiology	29,726	500,564	435,074	965,364	824	954,575	69
70	Electroencephalography	1,590	90,912	79,018	171,520	202	109,830	70
71	Medical Supplies Charged to Patients					5,380	204,983	71
72	Impl. Dev. Charged to Patients					3,871	768,196	72
73	Drugs Charged to Patients					5,541	2,621,501	73
74	Renal Dialysis		25,301	21,991	47,292	107	44,323	74
75.01	CARDIAC REHAB	112,219			112,219	6	36,413	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	171	62,122	53,995	116,288	49	29,413	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,409,037	376,944	327,627	3,113,608	3	1,110,493	90
90.01	PATIENT TREATMENT CENTER	1,438	125,784	109,328	236,550	211	112,831	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		187,965	163,373	351,338		133,177	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	56,421	29,804	25,905	112,130		28,357	90.06
91	Emergency		638,960	555,364	1,194,324	1,117	643,102	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	ADMITTING	ADMIN AND GENERAL	
		0	1	2	2A	5.40	5.60	
	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)	31,764,200	33,088,678	28,759,617	93,612,495	38,591	24,913,721	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						38,054	190
190.0	KOFEE KORNER							190.0
1								1
191	Research							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	31,764,200	33,088,678	28,759,617	93,612,495	38,591	24,951,775	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant	38,455,215						7
8	Laundry & Linen Service	271,814	504,813					8
9	Housekeeping	936,488		1,913,126				9
10	Dietary	1,129,299		58,005	2,267,021			10
11	Cafeteria	574,235		29,495		1,002,078		11
12	Maintenance of Personnel							12
13	Nursing Administration	588,765		30,241		13,181	1,265,064	13
14	Central Services & Supply	565,008		29,021		23,963		14
15	Pharmacy	278,499		14,305		20,509		15
16	Medical Records & Library					3,810		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	9,321,674	154,109	478,788	1,821,195	189,869	456,065	30
31	Intensive Care Unit	2,005,346	27,285	103,001	272,152	47,676	114,517	31
32	Coronary Care Unit	481,254	10,381	24,719		163	386	32
35	NEONATAL INTENSIVE CARE UNIT	382,970	2,257	19,671		19,904	47,811	35
40	Subprovider - IPF	2,179,484	15,206	111,946	173,674	30,939		40
43	Nursery	520,259		26,722		6,651	15,979	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,131,704	87,265	263,582		67,031	161,012	50
51	Recovery Room	660,917	8,124	33,947		17,690	42,489	51
52	Delivery Room & Labor Room	1,362,385	30,837	69,977		31,038	74,553	52
53	Anesthesiology					2,520	6,048	53
54	Radiology-Diagnostic	1,930,598	30,044	99,162		28,196		54
55	Radiology-Therapeutic	1,419,510	26,957	72,911		28,049		55
56	Radioisotope	181,320		9,313		2,315	5,565	56
57	CT Scan	219,551	2,938	11,277		7,041		57
58	MRI	229,771		11,802		6,840		58
60	Laboratory	1,506,026	509	77,355		202,845		60
62	Whole Blood & Packed Red Blood Cells	69,445		3,567		5,070		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	34,308		1,762		2,849		64
65	Respiratory Therapy	183,198		9,410		15,874	38,130	65
66	Physical Therapy	471,310	9,222	24,208		45,191	108,549	66
67	Occupational Therapy	17,458		897		6,473	15,552	67
68	Speech Pathology	25,358		1,302		3,337	8,016	68
69	Electrocardiology	1,418,736	14,442	72,871		26,649	64,009	69
70	Electroencephalography	257,671	7,719	13,235		6,795	16,323	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	71,710		3,683				74
75.01	CARDIAC REHAB		2,576			2,312		75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	176,071	3,159	9,044		1,483		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	1,068,362	22,431	54,875		76,444		90
90.01	PATIENT TREATMENT CENTER	356,507	3,159	18,311		7,896		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	532,744	2,623	27,364		10,608		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	84,472		4,339		1,608		90.06
91	Emergency	1,810,988	43,570	93,018		37,492	90,060	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	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)	38,455,215	504,813	1,913,126	2,267,021	1,000,311	1,265,064	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					1,680		190
190.0	KOFEE KORNER							190.0
1								1
191	Research							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER					87		193.0
8								8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	38,455,215	504,813	1,913,126	2,267,021	1,002,078	1,265,064	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	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	2,771,403						14
15	Pharmacy		825,979					15
16	Medical Records & Library		1	41,540				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		261	2,998	22,959,568		22,959,568	30
31	Intensive Care Unit		116	595	4,681,879		4,681,879	31
32	Coronary Care Unit		4	3	853,156		853,156	32
35	NEONATAL INTENSIVE CARE UNIT		8	352	1,046,383		1,046,383	35
40	Subprovider - IPF		1	258	4,386,612		4,386,612	40
43	Nursery			123	1,029,600		1,029,600	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		255	3,653	12,357,239		12,357,239	50
51	Recovery Room			776	1,456,917		1,456,917	51
52	Delivery Room & Labor Room		150	432	3,043,308		3,043,308	52
53	Anesthesiology		1,644	479	149,779		149,779	53
54	Radiology-Diagnostic		77	1,282	4,049,122		4,049,122	54
55	Radiology-Therapeutic		169	804	2,923,068		2,923,068	55
56	Radioisotope		14	272	413,002		413,002	56
57	CT Scan		47	1,737	509,333		509,333	57
58	MRI		40	785	522,962		522,962	58
60	Laboratory		262	9,016	5,978,474		5,978,474	60
62	Whole Blood & Packed Red Blood Cells		352	194	292,258		292,258	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		56	445	124,776		124,776	64
65	Respiratory Therapy		86	463	582,091		582,091	65
66	Physical Therapy		28	475	2,530,522		2,530,522	66
67	Occupational Therapy			80	218,087		218,087	67
68	Speech Pathology			80	103,992		103,992	68
69	Electrocardiology		93	929	3,518,492		3,518,492	69
70	Electroencephalography			264	583,559		583,559	70
71	Medical Supplies Charged to Patients	508,560		3,815	722,738		722,738	71
72	Impl. Dev. Charged to Patients	2,262,843		2,358	3,037,268		3,037,268	72
73	Drugs Charged to Patients		815,859	5,954	3,448,855		3,448,855	73
74	Renal Dialysis			48	167,163		167,163	74
75.01	CARDIAC REHAB		3	31	153,560		153,560	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT			133	335,640		335,640	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		5,845	469	5,452,530		5,452,530	90
90.01	PATIENT TREATMENT CENTER		260	177	735,902		735,902	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P			96	1,057,950		1,057,950	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		10	19	230,935		230,935	90.06
91	Emergency		338	1,945	3,915,954		3,915,954	91
92	Observation Beds (Non-Distinct Part)							92

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	15	16	24	25	26	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,771,403	825,979	41,540	93,572,674		93,572,674	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				39,734		39,734	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				87		87	193.0 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,771,403	825,979	41,540	93,612,495		93,612,495	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIEN TELEPHONES NUMBER OF PHONES	PURCHASING AND STORES SUPPLIES EXPENSE	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,697,519						1
2	Cap Rel Costs-Mvble Equip		1,697,519					2
4	Employee Benefits Department			216,043,075				4
5.10	NON PATIENT TELEPHONES				3,792			5.10
5.30	PURCHASING AND STORES					89,417,870		5.30
5.40	ADMITTING	33	33	3,498,552	6	49,715	1,423,596,093	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	24,937	24,937	18,727,965	188			5.60
6	Maintenance & Repairs							6
7	Operation of Plant	976,486	976,486	2,356,031	126	905,046		7
8	Laundry & Linen Service	4,920	4,920	171,449	3	38,406		8
9	Housekeeping	16,951	16,951	3,975,998	37	769,333		9
10	Dietary	20,441	20,441	1,577,722	29	123,066		10
11	Cafeteria	10,394	10,394	802,261	15			11
12	Maintenance of Personnel							12
13	Nursing Administration	10,657	10,657	3,458,606	74	52,618		13
14	Central Services & Supply	10,227	10,227	2,554,414	51	1,102,152		14
15	Pharmacy	5,041	5,041	5,075,336	58	72,850		15
16	Medical Records & Library			600,744		57		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	168,728	168,728	35,642,418	581	2,274,230	207,205,068	30
31	Intensive Care Unit	36,298	36,298	9,971,314	151	1,144,683	49,623,666	31
32	Coronary Care Unit	8,711	8,711	38,228		8,160	223,968	32
35	NEONATAL INTENSIVE CARE UNIT	6,932	6,932	4,572,640	33	312,809	29,365,299	35
40	Subprovider - IPF	39,450	39,450	5,336,724	84	78,902	21,522,504	40
43	Nursery	9,417	9,417	1,460,741	40		10,217,905	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	92,887	92,887	12,664,598	449	33,993,732	148,217,318	50
51	Recovery Room	11,963	11,963	3,291,627	11	278,303	20,192,412	51
52	Delivery Room & Labor Room	24,660	24,660	6,608,471	175	551,286	29,909,933	52
53	Anesthesiology			334,378	48	1,758,732	18,890,440	53
54	Radiology-Diagnostic	34,945	34,945	5,270,471	246	334,309	28,424,990	54
55	Radiology-Therapeutic	25,694	25,694	5,372,104	219	570,623	1,731,929	55
56	Radioisotope	3,282	3,282	564,007	1	1,061,388	4,006,057	56
57	CT Scan	3,974	3,974	1,284,319	4	497,263	42,238,088	57
58	MRI	4,159	4,159	1,484,976	7	395,697	15,346,418	58
60	Laboratory	27,260	27,260	25,801,799	153	13,540,336	87,707,151	60
62	Whole Blood & Packed Red Blood Cells	1,257	1,257	899,797	7	288,264	10,347,755	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	621	621	724,846	3	318,475	8,706,295	64
65	Respiratory Therapy	3,316	3,316	2,754,632	23	400,902	35,656,793	65
66	Physical Therapy	8,531	8,531	8,315,191	76	131,024	6,366,003	66
67	Occupational Therapy	316	316	1,250,824	5	57,085	3,027,205	67
68	Speech Pathology	459	459	778,259	3	2,664	3,460,876	68
69	Electrocardiology	25,680	25,680	8,627,450	135	7,381,254	30,529,642	69
70	Electroencephalography	4,664	4,664	1,282,364	17	153,031	7,485,965	70
71	Medical Supplies Charged to Patients					3,357,139	199,273,791	71
72	Impl. Dev. Charged to Patients					14,937,596	143,385,692	72
73	Drugs Charged to Patients						205,224,080	73
74	Renal Dialysis	1,298	1,298				3,971,512	74
75.01	CARDIAC REHAB			484,401		7,453	207,675	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	3,187	3,187	265,908	14	124,909	1,822,761	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	19,338	19,338	16,766,036	442	520,501	122,262	90
90.01	PATIENT TREATMENT CENTER	6,453	6,453	1,574,888	73	203,411	7,801,179	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	9,643	9,643	1,863,085	16	16,765	2,428	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,529	1,529	241,977	10	140,442	8,702	90.06
91	Emergency	32,780	32,780	7,522,983	172	1,463,259	41,372,331	91

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIEN TELEPHONES NUMBER OF PHONES	PURCHASING AND STORES SUPPLIES EXPENSE	ADMITTING INPATIENT REVENUE	
		1	2	4	5.10	5.30	5.40	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,697,519	1,697,519	215,850,534	3,785	89,417,870	1,423,596,093	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			192,541				190
190.0	KOFEE KORNER							190.0
1								1
191	Research				7			191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	33,088,678	28,759,617				5,559,294	202
203	Unit Cost Multiplier (Wkst. B, Part I)	19.492376	16.942147				0.003905	203
204	Cost to be allocated (Per Wkst. B, Part II)						38,591	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.000027	205

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM. COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	-202,525,530	503,371,368					5.60
6	Maintenance & Repairs							6
7	Operation of Plant		58,048,553	696,063				7
8	Laundry & Linen Service		1,084,181	4,920	1,555,246			8
9	Housekeeping		7,243,170	16,951		674,192		9
10	Dietary		5,142,883	20,441		20,441	235,155	10
11	Cafeteria		396,354	10,394		10,394		11
12	Maintenance of Personnel							12
13	Nursing Administration		4,900,231	10,657		10,657		13
14	Central Services & Supply		7,222,803	10,227		10,227		14
15	Pharmacy		6,637,213	5,041		5,041		15
16	Medical Records & Library		761,144					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		55,912,363	168,728	474,786	168,728	188,910	30
31	Intensive Care Unit		15,140,816	36,298	84,060	36,298	28,230	31
32	Coronary Care Unit		380,458	8,711	31,981	8,711		32
35	NEONATAL INTENSIVE CARE UNIT		6,444,710	6,932	6,932	6,932		35
40	Subprovider - IPF		8,819,645	39,450	46,846	39,450	18,015	40
43	Nursery		2,349,977	9,417		9,417		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		56,523,516	92,887	268,849	92,887		50
51	Recovery Room		5,175,866	11,963	25,029	11,963		51
52	Delivery Room & Labor Room		10,805,023	24,660	95,004	24,660		52
53	Anesthesiology		2,795,649					53
54	Radiology-Diagnostic		8,743,488	34,945	92,562	34,945		54
55	Radiology-Therapeutic		8,803,617	25,694	83,049	25,694		55
56	Radioisotope		1,906,782	3,282		3,282		56
57	CT Scan		2,437,220	3,974	9,050	3,974		57
58	MRI		2,456,749	4,159		4,159		58
60	Laboratory		61,827,233	27,260	1,567	27,260		60
62	Whole Blood & Packed Red Blood Cells		3,380,200	1,257		1,257		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		1,260,775	621		621		64
65	Respiratory Therapy		4,142,131	3,316		3,316		65
66	Physical Therapy		11,983,302	8,531	28,412	8,531		66
67	Occupational Therapy		1,761,541	316		316		67
68	Speech Pathology		990,190	459		459		68
69	Electrocardiology		19,257,491	25,680	44,495	25,680		69
70	Electroencephalography		2,215,693	4,664	23,782	4,664		70
71	Medical Supplies Charged to Patients		4,135,303					71
72	Impl. Dev. Charged to Patients		15,497,507					72
73	Drugs Charged to Patients		52,885,902					73
74	Renal Dialysis		894,163	1,298		1,298		74
75.01	CARDIAC REHAB		734,591		7,936			75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		593,372	3,187	9,733	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		22,402,979	19,338	69,107	19,338		90
90.01	PATIENT TREATMENT CENTER		2,276,238	6,453	9,733	6,453		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		2,686,690	9,643	8,080	9,643		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		572,080	1,529		1,529		90.06
91	Emergency		12,973,869	32,780	134,233	32,780		91

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN AND GENERAL ACCUM. COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
		5A.60	5.60	7	8	9	10	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-202,525,530	502,603,661	696,063	1,555,246	674,192	235,155	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		767,707					190
190.0	KOFEE KORNER							190.0
1								1
191	Research							191
192.0	WSKF							192.0
1								1
193.0	DEVELOPMENT							193.0
1								1
193.0	MARKETING							193.0
2								2
193.0	PHYSICIAN ANSWERING SERVICE							193.0
4								4
193.0	CAR SEAT SAFETY PROGRAM							193.0
5								5
193.0	JOINT VENTURE							193.0
7								7
193.0	PARKINSONS CENTER							193.0
8								8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		202,525,530	81,403,692	2,095,776	12,139,771	9,970,678	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.402338	116.948742	1.347553	18.006400	42.400451	203
204	Cost to be allocated (Per Wkst. B, Part II)		24,951,775	38,455,215	504,813	1,913,126	2,267,021	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.049569	55.246745	0.324587	2.837658	9.640539	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG 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	264,874					11
12	Maintenance of Personnel						12
13	Nursing Administration	3,484	2,895,604				13
14	Central Services & Supply	6,334		18,294,725			14
15	Pharmacy	5,421			52,730,651		15
16	Medical Records & Library	1,007			50	3,328,770,401	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	50,187	1,043,884		16,688	249,836,574	30
31	Intensive Care Unit	12,602	262,117		7,420	49,623,666	31
32	Coronary Care Unit	43	884		246	223,968	32
35	NEONATAL INTENSIVE CARE UNIT	5,261	109,435		541	29,365,299	35
40	Subprovider - IPF	8,178			33	21,522,504	40
43	Nursery	1,758	36,574			10,217,905	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,718	368,541		16,293	304,410,254	50
51	Recovery Room	4,676	97,254			64,702,922	51
52	Delivery Room & Labor Room	8,204	170,645		9,600	36,037,151	52
53	Anesthesiology	666	13,844		104,977	39,906,630	53
54	Radiology-Diagnostic	7,453			4,897	106,867,407	54
55	Radiology-Therapeutic	7,414			10,816	67,023,297	55
56	Radioisotope	612	12,738		912	22,692,629	56
57	CT Scan	1,861			3,005	144,729,102	57
58	MRI	1,808			2,580	65,420,711	58
60	Laboratory	53,618			16,721	618,247,317	60
62	Whole Blood & Packed Red Blood Cells	1,340			22,477	16,142,852	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	753			3,571	37,119,785	64
65	Respiratory Therapy	4,196	87,276		5,498	38,584,346	65
66	Physical Therapy	11,945	248,457		1,763	39,612,197	66
67	Occupational Therapy	1,711	35,597			6,646,998	67
68	Speech Pathology	882	18,348			6,639,183	68
69	Electrocardiology	7,044	146,510		5,906	77,430,760	69
70	Electroencephalography	1,796	37,362			22,016,194	70
71	Medical Supplies Charged to Patients			3,357,139		317,898,241	71
72	Impl. Dev. Charged to Patients			14,937,586		196,493,587	72
73	Drugs Charged to Patients				52,084,502	496,160,938	73
74	Renal Dialysis					3,987,821	74
75.01	CARDIAC REHAB	611			196	2,564,324	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	392				11,123,600	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,206			373,178	39,073,889	90
90.01	PATIENT TREATMENT CENTER	2,087			16,616	14,725,346	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	2,804				8,024,012	90.04
90.05	WOMEN'S CLINIC						90.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		11	13	14	15	16	
90.06	WOUND CARE	425			608	1,578,140	90.06
91	Emergency	9,910	206,138		21,557	162,120,852	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)	264,407	2,895,604	18,294,725	52,730,651	3,328,770,401	118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	444					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	23					193.08
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	1,958,546	8,335,759	11,555,832	10,028,009	1,074,837	202
203	Unit Cost Multiplier (Wkst. B, Part I)	7.394255	2.878763	0.631648	0.190174	0.000323	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,002,078	1,265,064	2,771,403	825,979	41,540	204
205	Unit Cost Multiplier (Wkst. B, Part II)	3.783225	0.436891	0.151486	0.015664	0.000012	205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	113,288,472		113,288,472		113,288,472	30
31	Intensive Care Unit	28,306,577		28,306,577		28,306,577	31
32	Coronary Care Unit	1,755,203		1,755,203		1,755,203	32
35	NEONATAL INTENSIVE CARE UNIT	10,346,065		10,346,065	10,310	10,356,375	35
40	Subprovider - IPF	18,586,502		18,586,502		18,586,502	40
43	Nursery	4,687,921		4,687,921		4,687,921	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	93,456,317		93,456,317	34,140	93,490,457	50
51	Recovery Room	9,241,957		9,241,957		9,241,957	51
52	Delivery Room & Labor Room	19,173,686		19,173,686		19,173,686	52
53	Anesthesiology	3,998,078		3,998,078		3,998,078	53
54	Radiology-Diagnostic	17,192,623		17,192,623	8,345	17,200,968	54
55	Radiology-Therapeutic	16,003,624		16,003,624	49,024	16,052,648	55
56	Radioisotope	3,165,574		3,165,574		3,165,574	56
57	CT Scan	4,027,391		4,027,391		4,027,391	57
58	MRI	4,041,462		4,041,462		4,041,462	58
60	Laboratory	90,982,753		90,982,753		90,982,753	60
62	Whole Blood & Packed Red Blood Cells	4,929,219		4,929,219		4,929,219	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	1,870,077		1,870,077		1,870,077	64
65	Respiratory Therapy	6,551,961		6,551,961		6,551,961	65
66	Physical Therapy	18,810,933		18,810,933		18,810,933	66
67	Occupational Therapy	2,630,196		2,630,196		2,630,196	67
68	Speech Pathology	1,512,011		1,512,011		1,512,011	68
69	Electrocardiology	31,031,104		31,031,104		31,031,104	69
70	Electroencephalography	3,896,576		3,896,576	3,009	3,899,585	70
71	Medical Supplies Charged to Patients	8,022,304		8,022,304		8,022,304	71
72	Impl. Dev. Charged to Patients	31,231,512		31,231,512		31,231,512	72
73	Drugs Charged to Patients	84,229,296		84,229,296		84,229,296	73
74	Renal Dialysis	1,430,378		1,430,378		1,430,378	74
75.01	CARDIAC REHAB	1,046,222		1,046,222		1,046,222	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,281,818		1,281,818		1,281,818	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	34,352,435		34,352,435		34,352,435	90
90.01	PATIENT TREATMENT CENTER	4,099,384		4,099,384		4,099,384	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	5,103,233		5,103,233	15,058	5,118,291	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	1,012,366		1,012,366		1,012,366	90.06
91	Emergency	23,521,630		23,521,630		23,521,630	91
92	Observation Beds (Non-Distinct Part)	27,758,009		27,758,009		27,758,009	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	732,574,869		732,574,869	119,886	732,694,755	200
201	Less Observation Beds	27,758,009		27,758,009		27,758,009	201
202	Total (line 200 minus line 201)	704,816,860		704,816,860		704,936,746	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	207,132,714		207,132,714				30
31	Intensive Care Unit	61,729,277		61,729,277				31
32	Coronary Care Unit	229,352		229,352				32
35	NEONATAL INTENSIVE CARE UNIT	37,215,556		37,215,556				35
40	Subprovider - IPF	36,625,421		36,625,421				40
43	Nursery	10,839,854		10,839,854				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	164,374,763	174,430,401	338,805,164	0.275841	0.275841	0.275942	50
51	Recovery Room	20,335,107	48,075,056	68,410,163	0.135096	0.135096	0.135096	51
52	Delivery Room & Labor Room	31,953,902	7,473,582	39,427,484	0.486303	0.486303	0.486303	52
53	Anesthesiology	19,382,005	21,901,495	41,283,500	0.096844	0.096844	0.096844	53
54	Radiology-Diagnostic	29,584,130	83,277,511	112,861,641	0.152334	0.152334	0.152408	54
55	Radiology-Therapeutic	4,854,407	86,534,888	91,389,295	0.175115	0.175115	0.175651	55
56	Radioisotope	4,103,588	19,924,583	24,028,171	0.131744	0.131744	0.131744	56
57	CT Scan	46,300,354	112,540,197	158,840,551	0.025355	0.025355	0.025355	57
58	MRI	13,985,161	49,718,977	63,704,138	0.063441	0.063441	0.063441	58
60	Laboratory	107,347,375	605,818,242	713,165,617	0.127576	0.127576	0.127576	60
62	Whole Blood & Packed Red Blood Cells	9,873,234	5,921,844	15,795,078	0.312073	0.312073	0.312073	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	8,534,336	31,480,920	40,015,256	0.046734	0.046734	0.046734	64
65	Respiratory Therapy	38,657,975	3,868,769	42,526,744	0.154067	0.154067	0.154067	65
66	Physical Therapy	7,391,284	53,533,013	60,924,297	0.308759	0.308759	0.308759	66
67	Occupational Therapy	3,873,816	7,410,615	11,284,431	0.233082	0.233082	0.233082	67
68	Speech Pathology	3,731,352	3,323,620	7,054,972	0.214318	0.214318	0.214318	68
69	Electrocardiology	34,413,833	58,864,625	93,278,458	0.332672	0.332672	0.332672	69
70	Electroencephalography	6,654,400	14,639,370	21,293,770	0.182991	0.182991	0.183133	70
71	Medical Supplies Charged to Patients	213,052,537	133,102,082	346,154,619	0.023175	0.023175	0.023175	71
72	Impl. Dev. Charged to Patients	138,375,805	66,389,435	204,765,240	0.152524	0.152524	0.152524	72
73	Drugs Charged to Patients	215,719,137	347,032,278	562,751,415	0.149674	0.149674	0.149674	73
74	Renal Dialysis	4,463,308	43,616	4,506,924	0.317373	0.317373	0.317373	74
75.01	CARDIAC REHAB	181,424	2,544,435	2,725,859	0.383814	0.383814	0.383814	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	1,295,548	9,431,457	10,727,005	0.119494	0.119494	0.119494	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	145,327	92,206,027	92,351,354	0.371975	0.371975	0.371975	90
90.01	PATIENT TREATMENT CENTER	855,929	8,124,584	8,980,513	0.456475	0.456475	0.456475	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	1,432	9,655,707	9,657,139	0.528441	0.528441	0.530001	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	6,578	1,012,172	1,018,750	0.993733	0.993733	0.993733	90.06
91	Emergency	35,636,623	102,655,909	138,292,532	0.170086	0.170086	0.170086	91
92	Observation Beds (Non-Distinct Part)	18,812,275	37,040,993	55,853,268	0.496981	0.496981	0.496981	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	1,537,669,119	2,197,976,403	3,735,645,522				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,537,669,119	2,197,976,403	3,735,645,522				202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	22,959,568		22,959,568	81,438	281.93	22,686	6,395,864	30
31	Intensive Care Unit	4,681,879		4,681,879	9,173	510.40	3,088	1,576,115	31
32	Coronary Care Unit	853,156		853,156	49	17,411.35			32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	1,046,383		1,046,383	7,694	136.00			35
40	Subprovider - IPF	4,386,612		4,386,612	9,785	448.30	1,720	771,076	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	1,029,600		1,029,600	6,389	161.15			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	34,957,198		34,957,198	114,528		27,494	8,743,055	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	12,357,239	338,805,164	0.036473	55,133,460	2,010,883	50
51	Recovery Room	1,456,917	68,410,163	0.021297	6,879,881	146,521	51
52	Delivery Room & Labor Room	3,043,308	39,427,484	0.077187	48,676	3,757	52
53	Anesthesiology	149,779	41,283,500	0.003628	6,033,057	21,888	53
54	Radiology-Diagnostic	4,049,122	112,861,641	0.035877	13,823,391	495,942	54
55	Radiology-Therapeutic	2,923,068	91,389,295	0.031985	520,488	16,648	55
56	Radioisotope	413,002	24,028,171	0.017188	2,134,414	36,686	56
57	CT Scan	509,333	158,840,551	0.003207	20,590,937	66,035	57
58	MRI	522,962	63,704,138	0.008209	5,298,730	43,497	58
60	Laboratory	5,978,474	713,165,617	0.008383	45,796,854	383,915	60
62	Whole Blood & Packed Red Blood	292,258	15,795,078	0.018503	2,209,844	40,889	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	124,776	40,015,256	0.003118	3,801,162	11,852	64
65	Respiratory Therapy	582,091	42,526,744	0.013688	17,204,983	235,502	65
66	Physical Therapy	2,530,522	60,924,297	0.041536	3,552,627	147,562	66
67	Occupational Therapy	218,087	11,284,431	0.019326	1,886,688	36,462	67
68	Speech Pathology	103,992	7,054,972	0.014740	2,032,986	29,966	68
69	Electrocardiology	3,518,492	93,278,458	0.037720	14,017,797	528,751	69
70	Electroencephalography	583,559	21,293,770	0.027405	2,169,561	59,457	70
71	Medical Supplies Charged to Pat	722,738	346,154,619	0.002088	82,042,651	171,305	71
72	Impl. Dev. Charged to Patients	3,037,268	204,765,240	0.014833	62,048,393	920,364	72
73	Drugs Charged to Patients	3,448,855	562,751,415	0.006129	81,082,028	496,952	73
74	Renal Dialysis	167,163	4,506,924	0.037090	3,229,329	119,776	74
75.01	CARDIAC REHAB	153,560	2,725,859	0.056335	69,502	3,915	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	335,640	10,727,005	0.031289	526,926	16,487	75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,452,530	92,351,354	0.059041	51,808	3,059	90
90.01	PATIENT TREATMENT CENTER	735,902	8,980,513	0.081944	346,274	28,375	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	1,057,950	9,657,139	0.109551			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	230,935	1,018,750	0.226685			90.06
91	Emergency	3,915,954	138,292,532	0.028316	16,366,495	463,434	91
92	Observation Beds (Non-Distinct	5,625,577	55,853,268	0.100721	10,641,652	1,071,838	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	64,241,053	3,381,873,348		459,540,594	7,611,718	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	81,438		22,686		30
31	Intensive Care Unit	9,173		3,088		31
32	Coronary Care Unit	49				32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,694				35
40	Subprovider - IPF	9,785		1,720		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,389				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	114,528		27,494		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(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						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	338,805,164			55,133,460		40,897,532		50
51	Recovery Room	68,410,163			6,879,881		9,924,883		51
52	Delivery Room & Labor Room	39,427,484			48,676				52
53	Anesthesiology	41,283,500			6,033,057		4,066,911		53
54	Radiology-Diagnostic	112,861,641			13,823,391		17,213,607		54
55	Radiology-Therapeutic	91,389,295			520,488		20,963,899		55
56	Radioisotope	24,028,171			2,134,414		8,976,164		56
57	CT Scan	158,840,551			20,590,937		34,962,395		57
58	MRI	63,704,138			5,298,730		14,776,107		58
60	Laboratory	713,165,617			45,796,854		26,801,905		60
62	Whole Blood & Packed Red Blood	15,795,078			2,209,844		1,510,060		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	40,015,256			3,801,162		8,109,746		64
65	Respiratory Therapy	42,526,744			17,204,983		1,813,584		65
66	Physical Therapy	60,924,297			3,552,627		288,271		66
67	Occupational Therapy	11,284,431			1,886,688		100,508		67
68	Speech Pathology	7,054,972			2,032,986		107,828		68
69	Electrocardiology	93,278,458			14,017,797		16,954,320		69
70	Electroencephalography	21,293,770			2,169,561		2,741,070		70
71	Medical Supplies Charged to Pat	346,154,619			82,042,651		32,635,707		71
72	Impl. Dev. Charged to Patients	204,765,240			62,048,393		21,301,421		72
73	Drugs Charged to Patients	562,751,415			81,082,028		111,919,931		73
74	Renal Dialysis	4,506,924			3,229,329		441,765		74
75.01	CARDIAC REHAB	2,725,859			69,502		936,808		75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	10,727,005			526,926		3,969,819		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	92,351,354			51,808		2,320,584		90
90.01	PATIENT TREATMENT CENTER	8,980,513			346,274		1,231,239		90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	9,657,139					554,992		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,018,750							90.06
91	Emergency	138,292,532			16,366,495		21,413,064		91
92	Observation Beds (Non-Distinct	55,853,268			10,641,652		11,098,446		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	3,381,873,348			459,540,594		418,032,566		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

WORKSHEET D
PART V

Check [] Title V - O/P [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/IID

(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	0.275841	40,897,532			11,281,216		50	
51	Recovery Room	0.135096	9,924,883			1,340,812		51	
52	Delivery Room & Labor Room	0.486303						52	
53	Anesthesiology	0.096844	4,066,911			393,856		53	
54	Radiology-Diagnostic	0.152334	17,213,607			2,622,218		54	
55	Radiology-Therapeutic	0.175115	20,963,899	314		3,671,093	55	55	
56	Radioisotope	0.131744	8,976,164			1,182,556		56	
57	CT Scan	0.025355	34,962,395			886,472		57	
58	MRI	0.063441	14,776,107			937,411		58	
60	Laboratory	0.127576	26,801,905	79,255		3,419,280	10,111	60	
62	Whole Blood & Packed Red Blood	0.312073	1,510,060			471,249		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	Intravenous Therapy	0.046734	8,109,746			379,001		64	
65	Respiratory Therapy	0.154067	1,813,584			279,413		65	
66	Physical Therapy	0.308759	288,271			89,006		66	
67	Occupational Therapy	0.233082	100,508			23,427		67	
68	Speech Pathology	0.214318	107,828			23,109		68	
69	Electrocardiology	0.332672	16,954,320			5,640,228		69	
70	Electroencephalography	0.182991	2,741,070			501,591		70	
71	Medical Supplies Charged to Pat	0.023175	32,635,707	518		756,333	12	71	
72	Impl. Dev. Charged to Patients	0.152524	21,301,421	406		3,248,978	62	72	
73	Drugs Charged to Patients	0.149674	111,919,931		324,948	16,751,504		48,636	
74	Renal Dialysis	0.317373	441,765			140,204		74	
75.01	CARDIAC REHAB	0.383814	936,808			359,560		75.01	
75.02	SLEEP LAB							75.02	
75.03	INPATIENT DIALYSIS							75.03	
75.04	PAIN MANAGEMENT	0.119494	3,969,819			474,370		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	0.371975	2,320,584			863,199		90	
90.01	PATIENT TREATMENT CENTER	0.456475	1,231,239			562,030		90.01	
90.02	REHAB SERVICES-BLOOMINGDALE							90.02	
90.03	CANTERA							90.03	
90.04	MENTAL HEALTH O/P	0.528441	554,992			293,281		90.04	
90.05	WOMEN'S CLINIC							90.05	
90.06	WOUND CARE	0.993733						90.06	
91	Emergency	0.170086	21,413,064			3,642,062		91	
92	Observation Beds (Non-Distinct)	0.496981	11,098,446	1,642		5,515,717	816	92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		418,032,566	82,135	324,948	65,749,176	11,056	48,636	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		418,032,566	82,135	324,948	65,749,176	11,056	48,636	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S242

**WORKSHEET D
PART II**

Check [] Title V [] Hospital [] SUB (Other) [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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	12,357,239	338,805,164	0.036473			50
51	Recovery Room	1,456,917	68,410,163	0.021297	113,928	2,426	51
52	Delivery Room & Labor Room	3,043,308	39,427,484	0.077187			52
53	Anesthesiology	149,779	41,283,500	0.003628	79,800	290	53
54	Radiology-Diagnostic	4,049,122	112,861,641	0.035877	40,752	1,462	54
55	Radiology-Therapeutic	2,923,068	91,389,295	0.031985	314	10	55
56	Radioisotope	413,002	24,028,171	0.017188	7,010	120	56
57	CT Scan	509,333	158,840,551	0.003207	118,650	381	57
58	MRI	522,962	63,704,138	0.008209	22,422	184	58
60	Laboratory	5,978,474	713,165,617	0.008383	389,850	3,268	60
62	Whole Blood & Packed Red Blood	292,258	15,795,078	0.018503			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	124,776	40,015,256	0.003118	12,739	40	64
65	Respiratory Therapy	582,091	42,526,744	0.013688	18,827	258	65
66	Physical Therapy	2,530,522	60,924,297	0.041536	13,314	553	66
67	Occupational Therapy	218,087	11,284,431	0.019326	4,025	78	67
68	Speech Pathology	103,992	7,054,972	0.014740	1,763	26	68
69	Electrocardiology	3,518,492	93,278,458	0.037720	40,209	1,517	69
70	Electroencephalography	583,559	21,293,770	0.027405	7,217	198	70
71	Medical Supplies Charged to Pat	722,738	346,154,619	0.002088	107,471	224	71
72	Impl. Dev. Charged to Patients	3,037,268	204,765,240	0.014833			72
73	Drugs Charged to Patients	3,448,855	562,751,415	0.006129	1,329,424	8,148	73
74	Renal Dialysis	167,163	4,506,924	0.037090	8,155	302	74
75.01	CARDIAC REHAB	153,560	2,725,859	0.056335			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	335,640	10,727,005	0.031289			75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,452,530	92,351,354	0.059041			90
90.01	PATIENT TREATMENT CENTER	735,902	8,980,513	0.081944	11,548	946	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	1,057,950	9,657,139	0.109551			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	230,935	1,018,750	0.226685			90.06
91	Emergency	3,915,954	138,292,532	0.028316	367,335	10,401	91
92	Observation Beds (Non-Distinct)		55,853,268				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	58,615,476	3,381,873,348		2,694,753	30,832	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

(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						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	338,805,164							50
51	Recovery Room	68,410,163			113,928				51
52	Delivery Room & Labor Room	39,427,484							52
53	Anesthesiology	41,283,500			79,800				53
54	Radiology-Diagnostic	112,861,641			40,752				54
55	Radiology-Therapeutic	91,389,295			314				55
56	Radioisotope	24,028,171			7,010				56
57	CT Scan	158,840,551			118,650				57
58	MRI	63,704,138			22,422				58
60	Laboratory	713,165,617			389,850				60
62	Whole Blood & Packed Red Blood	15,795,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	40,015,256			12,739				64
65	Respiratory Therapy	42,526,744			18,827				65
66	Physical Therapy	60,924,297			13,314				66
67	Occupational Therapy	11,284,431			4,025				67
68	Speech Pathology	7,054,972			1,763				68
69	Electrocardiology	93,278,458			40,209				69
70	Electroencephalography	21,293,770			7,217				70
71	Medical Supplies Charged to Pat	346,154,619			107,471				71
72	Impl. Dev. Charged to Patients	204,765,240							72
73	Drugs Charged to Patients	562,751,415			1,329,424				73
74	Renal Dialysis	4,506,924			8,155				74
75.01	CARDIAC REHAB	2,725,859							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	10,727,005							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	92,351,354							90
90.01	PATIENT TREATMENT CENTER	8,980,513			11,548				90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	9,657,139					27,801		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,018,750							90.06
91	Emergency	138,292,532			367,335				91
92	Observation Beds (Non-Distinct)	55,853,268							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	3,381,873,348			2,694,753		27,801		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.275841						50
51	Recovery Room	0.135096						51
52	Delivery Room & Labor Room	0.486303						52
53	Anesthesiology	0.096844						53
54	Radiology-Diagnostic	0.152334						54
55	Radiology-Therapeutic	0.175115						55
56	Radioisotope	0.131744						56
57	CT Scan	0.025355						57
58	MRI	0.063441						58
60	Laboratory	0.127576						60
62	Whole Blood & Packed Red Blood	0.312073						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.046734						64
65	Respiratory Therapy	0.154067						65
66	Physical Therapy	0.308759						66
67	Occupational Therapy	0.233082						67
68	Speech Pathology	0.214318						68
69	Electrocardiology	0.332672						69
70	Electroencephalography	0.182991						70
71	Medical Supplies Charged to Pat	0.023175						71
72	Impl. Dev. Charged to Patients	0.152524						72
73	Drugs Charged to Patients	0.149674						73
74	Renal Dialysis	0.317373						74
75.01	CARDIAC REHAB	0.383814						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	0.119494						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	0.371975						90
90.01	PATIENT TREATMENT CENTER	0.456475						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	0.528441	27,801			14,691		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	0.993733						90.06
91	Emergency	0.170086						91
92	Observation Beds (Non-Distinct	0.496981						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		27,801			14,691		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		27,801			14,691		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	22,959,568		22,959,568	81,438	281.93	3,281	925,012	30
31	Intensive Care Unit	4,681,879		4,681,879	9,173	510.40	1,539	785,506	31
32	Coronary Care Unit	853,156		853,156	49	17,411.35	8	139,291	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	1,046,383		1,046,383	7,694	136.00	1,532	208,352	35
40	Subprovider - IPF	4,386,612		4,386,612	9,785	448.30	2,098	940,533	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	1,029,600		1,029,600	6,389	161.15	1,072	172,753	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	34,957,198		34,957,198	114,528		9,530	3,171,447	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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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	12,357,239	338,805,164	0.036473			50
51	Recovery Room	1,456,917	68,410,163	0.021297			51
52	Delivery Room & Labor Room	3,043,308	39,427,484	0.077187			52
53	Anesthesiology	149,779	41,283,500	0.003628			53
54	Radiology-Diagnostic	4,049,122	112,861,641	0.035877			54
55	Radiology-Therapeutic	2,923,068	91,389,295	0.031985			55
56	Radioisotope	413,002	24,028,171	0.017188			56
57	CT Scan	509,333	158,840,551	0.003207			57
58	MRI	522,962	63,704,138	0.008209			58
60	Laboratory	5,978,474	713,165,617	0.008383			60
62	Whole Blood & Packed Red Blood	292,258	15,795,078	0.018503			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	124,776	40,015,256	0.003118			64
65	Respiratory Therapy	582,091	42,526,744	0.013688			65
66	Physical Therapy	2,530,522	60,924,297	0.041536			66
67	Occupational Therapy	218,087	11,284,431	0.019326			67
68	Speech Pathology	103,992	7,054,972	0.014740			68
69	Electrocardiology	3,518,492	93,278,458	0.037720			69
70	Electroencephalography	583,559	21,293,770	0.027405			70
71	Medical Supplies Charged to Pat	722,738	346,154,619	0.002088			71
72	Impl. Dev. Charged to Patients	3,037,268	204,765,240	0.014833			72
73	Drugs Charged to Patients	3,448,855	562,751,415	0.006129			73
74	Renal Dialysis	167,163	4,506,924	0.037090			74
75.01	CARDIAC REHAB	153,560	2,725,859	0.056335			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	335,640	10,727,005	0.031289			75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,452,530	92,351,354	0.059041			90
90.01	PATIENT TREATMENT CENTER	735,902	8,980,513	0.081944			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	1,057,950	9,657,139	0.109551			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	230,935	1,018,750	0.226685			90.06
91	Emergency	3,915,954	138,292,532	0.028316			91
92	Observation Beds (Non-Distinct	5,625,577	55,853,268	0.100721			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	64,241,053	3,381,873,348				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	81,438		3,281		30
31	Intensive Care Unit	9,173		1,539		31
32	Coronary Care Unit	49		8		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,694		1,532		35
40	Subprovider - IPF	9,785		2,098		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,389		1,072		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	114,528		9,530		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(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						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0242

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	338,805,164							50
51	Recovery Room	68,410,163							51
52	Delivery Room & Labor Room	39,427,484							52
53	Anesthesiology	41,283,500							53
54	Radiology-Diagnostic	112,861,641							54
55	Radiology-Therapeutic	91,389,295							55
56	Radioisotope	24,028,171							56
57	CT Scan	158,840,551							57
58	MRI	63,704,138							58
60	Laboratory	713,165,617							60
62	Whole Blood & Packed Red Blood	15,795,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	40,015,256							64
65	Respiratory Therapy	42,526,744							65
66	Physical Therapy	60,924,297							66
67	Occupational Therapy	11,284,431							67
68	Speech Pathology	7,054,972							68
69	Electrocardiology	93,278,458							69
70	Electroencephalography	21,293,770							70
71	Medical Supplies Charged to Pat	346,154,619							71
72	Impl. Dev. Charged to Patients	204,765,240							72
73	Drugs Charged to Patients	562,751,415							73
74	Renal Dialysis	4,506,924							74
75.01	CARDIAC REHAB	2,725,859							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	10,727,005							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	92,351,354							90
90.01	PATIENT TREATMENT CENTER	8,980,513							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	9,657,139							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,018,750							90.06
91	Emergency	138,292,532							91
92	Observation Beds (Non-Distinct)	55,853,268							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	3,381,873,348							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0242

WORKSHEET D
PART V

Check [] Title V - O/P [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/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.275841						50
51	Recovery Room	0.135096						51
52	Delivery Room & Labor Room	0.486303						52
53	Anesthesiology	0.096844						53
54	Radiology-Diagnostic	0.152334						54
55	Radiology-Therapeutic	0.175115						55
56	Radioisotope	0.131744						56
57	CT Scan	0.025355						57
58	MRI	0.063441						58
60	Laboratory	0.127576						60
62	Whole Blood & Packed Red Blood	0.312073						62
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.046734						64
65	Respiratory Therapy	0.154067						65
66	Physical Therapy	0.308759						66
67	Occupational Therapy	0.233082						67
68	Speech Pathology	0.214318						68
69	Electrocardiology	0.332672						69
70	Electroencephalography	0.182991						70
71	Medical Supplies Charged to Pat	0.023175						71
72	Impl. Dev. Charged to Patients	0.152524						72
73	Drugs Charged to Patients	0.149674						73
74	Renal Dialysis	0.317373						74
75.01	CARDIAC REHAB	0.383814						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	0.119494						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	0.371975						90
90.01	PATIENT TREATMENT CENTER	0.456475						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	0.528441						90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	0.993733						90.06
91	Emergency	0.170086						91
92	Observation Beds (Non-Distinct	0.496981						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART II

Check [] Title V [] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [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	12,357,239	338,805,164	0.036473			50
51	Recovery Room	1,456,917	68,410,163	0.021297			51
52	Delivery Room & Labor Room	3,043,308	39,427,484	0.077187			52
53	Anesthesiology	149,779	41,283,500	0.003628			53
54	Radiology-Diagnostic	4,049,122	112,861,641	0.035877			54
55	Radiology-Therapeutic	2,923,068	91,389,295	0.031985			55
56	Radioisotope	413,002	24,028,171	0.017188			56
57	CT Scan	509,333	158,840,551	0.003207			57
58	MRI	522,962	63,704,138	0.008209			58
60	Laboratory	5,978,474	713,165,617	0.008383			60
62	Whole Blood & Packed Red Blood	292,258	15,795,078	0.018503			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	124,776	40,015,256	0.003118			64
65	Respiratory Therapy	582,091	42,526,744	0.013688			65
66	Physical Therapy	2,530,522	60,924,297	0.041536			66
67	Occupational Therapy	218,087	11,284,431	0.019326			67
68	Speech Pathology	103,992	7,054,972	0.014740			68
69	Electrocardiology	3,518,492	93,278,458	0.037720			69
70	Electroencephalography	583,559	21,293,770	0.027405			70
71	Medical Supplies Charged to Pat	722,738	346,154,619	0.002088			71
72	Impl. Dev. Charged to Patients	3,037,268	204,765,240	0.014833			72
73	Drugs Charged to Patients	3,448,855	562,751,415	0.006129			73
74	Renal Dialysis	167,163	4,506,924	0.037090			74
75.01	CARDIAC REHAB	153,560	2,725,859	0.056335			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	335,640	10,727,005	0.031289			75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,452,530	92,351,354	0.059041			90
90.01	PATIENT TREATMENT CENTER	735,902	8,980,513	0.081944			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	1,057,950	9,657,139	0.109551			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	230,935	1,018,750	0.226685			90.06
91	Emergency	3,915,954	138,292,532	0.028316			91
92	Observation Beds (Non-Distinct		55,853,268				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	58,615,476	3,381,873,348				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

(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						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75.01	CARDIAC REHAB						75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT						75.04
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PATIENT TREATMENT CENTER						90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P						90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE						90.06
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S242

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	338,805,164							50
51	Recovery Room	68,410,163							51
52	Delivery Room & Labor Room	39,427,484							52
53	Anesthesiology	41,283,500							53
54	Radiology-Diagnostic	112,861,641							54
55	Radiology-Therapeutic	91,389,295							55
56	Radioisotope	24,028,171							56
57	CT Scan	158,840,551							57
58	MRI	63,704,138							58
60	Laboratory	713,165,617							60
62	Whole Blood & Packed Red Blood	15,795,078							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	40,015,256							64
65	Respiratory Therapy	42,526,744							65
66	Physical Therapy	60,924,297							66
67	Occupational Therapy	11,284,431							67
68	Speech Pathology	7,054,972							68
69	Electrocardiology	93,278,458							69
70	Electroencephalography	21,293,770							70
71	Medical Supplies Charged to Pat	346,154,619							71
72	Impl. Dev. Charged to Patients	204,765,240							72
73	Drugs Charged to Patients	562,751,415							73
74	Renal Dialysis	4,506,924							74
75.01	CARDIAC REHAB	2,725,859							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	10,727,005							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	92,351,354							90
90.01	PATIENT TREATMENT CENTER	8,980,513							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	9,657,139							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,018,750							90.06
91	Emergency	138,292,532							91
92	Observation Beds (Non-Distinct)	55,853,268							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	3,381,873,348							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S242

WORKSHEET D
PART V

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

(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.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.275841						50
51	Recovery Room	0.135096						51
52	Delivery Room & Labor Room	0.486303						52
53	Anesthesiology	0.096844						53
54	Radiology-Diagnostic	0.152334						54
55	Radiology-Therapeutic	0.175115						55
56	Radioisotope	0.131744						56
57	CT Scan	0.025355						57
58	MRI	0.063441						58
60	Laboratory	0.127576						60
62	Whole Blood & Packed Red Blood	0.312073						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.046734						64
65	Respiratory Therapy	0.154067						65
66	Physical Therapy	0.308759						66
67	Occupational Therapy	0.233082						67
68	Speech Pathology	0.214318						68
69	Electrocardiology	0.332672						69
70	Electroencephalography	0.182991						70
71	Medical Supplies Charged to Pat	0.023175						71
72	Impl. Dev. Charged to Patients	0.152524						72
73	Drugs Charged to Patients	0.149674						73
74	Renal Dialysis	0.317373						74
75.01	CARDIAC REHAB	0.383814						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	0.119494						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	0.371975						90
90.01	PATIENT TREATMENT CENTER	0.456475						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	0.528441						90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	0.993733						90.06
91	Emergency	0.170086						91
92	Observation Beds (Non-Distinct	0.496981						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	81,438	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,438	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)	61,484	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	22,686	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	113,288,472	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	113,288,472	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	113,288,472	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					19,954	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,391.10	88
89	Observation bed cost (line 87 x line 88) (see instructions)					27,758,009	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	22,959,568	113,288,472	0.202665	27,758,009	5,625,577	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,785	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,785	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)	9,785	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,720	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	18,586,502	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	18,586,502	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	18,586,502	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [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)	1,899.49	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,267,123	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)	3,267,123	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	379,905	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,647,028	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	771,076	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	30,832	51
52	Total Program excludable cost (sum of lines 50 and 51)	801,908	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,845,120	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [] 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)	81,438	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,438	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)	61,484	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,281	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	6,389	15
16	Nursery days (title V or XIX only)	1,072	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)	113,288,472	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	113,288,472	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	113,288,472	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					19,954	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [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)	9,785	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,785	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)	9,785	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,098	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	18,586,502	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	18,586,502	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	18,586,502	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S242

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,899.49	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,985,130	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)	3,985,130	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,985,130	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	940,533	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	940,533	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

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

(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		68,144,038		30
31	Intensive Care Unit		16,607,344		31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.275942	55,133,460	15,213,637	50
51	Recovery Room	0.135096	6,879,881	929,444	51
52	Delivery Room & Labor Room	0.486303	48,676	23,671	52
53	Anesthesiology	0.096844	6,033,057	584,265	53
54	Radiology-Diagnostic	0.152408	13,823,391	2,106,795	54
55	Radiology-Therapeutic	0.175651	520,488	91,424	55
56	Radioisotope	0.131744	2,134,414	281,196	56
57	CT Scan	0.025355	20,590,937	522,083	57
58	MRI	0.063441	5,298,730	336,157	58
60	Laboratory	0.127576	45,796,854	5,842,579	60
62	Whole Blood & Packed Red Blood Cells	0.312073	2,209,844	689,633	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.046734	3,801,162	177,644	64
65	Respiratory Therapy	0.154067	17,204,983	2,650,720	65
66	Physical Therapy	0.308759	3,552,627	1,096,906	66
67	Occupational Therapy	0.233082	1,886,688	439,753	67
68	Speech Pathology	0.214318	2,032,986	435,705	68
69	Electrocardiology	0.332672	14,017,797	4,663,329	69
70	Electroencephalography	0.183133	2,169,561	397,318	70
71	Medical Supplies Charged to Patients	0.023175	82,042,651	1,901,338	71
72	Impl. Dev. Charged to Patients	0.152524	62,048,393	9,463,869	72
73	Drugs Charged to Patients	0.149674	81,082,028	12,135,871	73
74	Renal Dialysis	0.317373	3,229,329	1,024,902	74
75.01	CARDIAC REHAB	0.383814	69,502	26,676	75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.119494	526,926	62,964	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	0.371975	51,808	19,271	90
90.01	PATIENT TREATMENT CENTER	0.456475	346,274	158,065	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.530001			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.993733			90.06
91	Emergency	0.170086	16,366,495	2,783,712	91
92	Observation Beds (Non-Distinct Part)	0.496981	10,641,652	5,288,699	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		459,540,594	69,347,626	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		459,540,594		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

Check [] Title V [] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/IID [] 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		6,532,690		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.275942			50
51	Recovery Room	0.135096	113,928	15,391	51
52	Delivery Room & Labor Room	0.486303			52
53	Anesthesiology	0.096844	79,800	7,728	53
54	Radiology-Diagnostic	0.152408	40,752	6,211	54
55	Radiology-Therapeutic	0.175651	314	55	55
56	Radioisotope	0.131744	7,010	924	56
57	CT Scan	0.025355	118,650	3,008	57
58	MRI	0.063441	22,422	1,422	58
60	Laboratory	0.127576	389,850	49,736	60
62	Whole Blood & Packed Red Blood Cells	0.312073			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.046734	12,739	595	64
65	Respiratory Therapy	0.154067	18,827	2,901	65
66	Physical Therapy	0.308759	13,314	4,111	66
67	Occupational Therapy	0.233082	4,025	938	67
68	Speech Pathology	0.214318	1,763	378	68
69	Electrocardiology	0.332672	40,209	13,376	69
70	Electroencephalography	0.183133	7,217	1,322	70
71	Medical Supplies Charged to Patients	0.023175	107,471	2,491	71
72	Impl. Dev. Charged to Patients	0.152524			72
73	Drugs Charged to Patients	0.149674	1,329,424	198,980	73
74	Renal Dialysis	0.317373	8,155	2,588	74
75.01	CARDIAC REHAB	0.383814			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.119494			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	0.371975			90
90.01	PATIENT TREATMENT CENTER	0.456475	11,548	5,271	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.530001			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.993733			90.06
91	Emergency	0.170086	367,335	62,479	91
92	Observation Beds (Non-Distinct Part)	0.496981			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,694,753	379,905	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,694,753		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0242

WORKSHEET D-3

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

(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	0.275841			50
51	Recovery Room	0.135096			51
52	Delivery Room & Labor Room	0.486303			52
53	Anesthesiology	0.096844			53
54	Radiology-Diagnostic	0.152334			54
55	Radiology-Therapeutic	0.175115			55
56	Radioisotope	0.131744			56
57	CT Scan	0.025355			57
58	MRI	0.063441			58
60	Laboratory	0.127576			60
62	Whole Blood & Packed Red Blood Cells	0.312073			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.046734			64
65	Respiratory Therapy	0.154067			65
66	Physical Therapy	0.308759			66
67	Occupational Therapy	0.233082			67
68	Speech Pathology	0.214318			68
69	Electrocardiology	0.332672			69
70	Electroencephalography	0.182991			70
71	Medical Supplies Charged to Patients	0.023175			71
72	Impl. Dev. Charged to Patients	0.152524			72
73	Drugs Charged to Patients	0.149674			73
74	Renal Dialysis	0.317373			74
75.01	CARDIAC REHAB	0.383814			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.119494			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	0.371975			90
90.01	PATIENT TREATMENT CENTER	0.456475			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.528441			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.993733			90.06
91	Emergency	0.170086			91
92	Observation Beds (Non-Distinct Part)	0.496981			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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S242

WORKSHEET D-3

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

(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	0.275841			50
51	Recovery Room	0.135096			51
52	Delivery Room & Labor Room	0.486303			52
53	Anesthesiology	0.096844			53
54	Radiology-Diagnostic	0.152334			54
55	Radiology-Therapeutic	0.175115			55
56	Radioisotope	0.131744			56
57	CT Scan	0.025355			57
58	MRI	0.063441			58
60	Laboratory	0.127576			60
62	Whole Blood & Packed Red Blood Cells	0.312073			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.046734			64
65	Respiratory Therapy	0.154067			65
66	Physical Therapy	0.308759			66
67	Occupational Therapy	0.233082			67
68	Speech Pathology	0.214318			68
69	Electrocardiology	0.332672			69
70	Electroencephalography	0.182991			70
71	Medical Supplies Charged to Patients	0.023175			71
72	Impl. Dev. Charged to Patients	0.152524			72
73	Drugs Charged to Patients	0.149674			73
74	Renal Dialysis	0.317373			74
75.01	CARDIAC REHAB	0.383814			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.119494			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	0.371975			90
90.01	PATIENT TREATMENT CENTER	0.456475			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.528441			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.993733			90.06
91	Emergency	0.170086			91
92	Observation Beds (Non-Distinct Part)	0.496981			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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	5,118,035			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	56,298,381			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	6,636,071			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	10,525,504			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	293.48			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0197			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1802			31
32	Sum of lines 30 and 31	0.1999			32
33	Allowable disproportionate share percentage (see instructions)	0.0574			33
34	Disproportionate share adjustment (see instructions)	881,326			34
	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)	3,131,196		2,576,520	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	257,359		2,365,330	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,622,689			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
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)	71,556,502			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	71,556,502			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	6,568,758			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	18,271			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	78,143,531			59
60	Primary payer payments	4,925			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	78,138,606			61
62	Deductibles billed to program beneficiaries	5,887,784			62
63	Coinsurance billed to program beneficiaries	116,858			63
64	Allowable bad debts (see instructions)	519,682			64
65	Adjusted reimbursable bad debts (see instructions)	337,793			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	372,416			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	72,471,757			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.01	OTHER ADJUSTMENT PER PS&R				70.01
70.02	SEQUESTRATION ADJUSTMENT				70.02
70.93	HVBP payment adjustment amount (see instructions)	-122,541			70.93
70.94	HRR adjustment amount (see instructions)	-164,953			70.94
71	Amount due provider (see instructions)	72,184,263			71
71.01	Sequestration adjustment (see instructions)	1,443,685			71.01
72	Interim payments	70,211,190			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	529,388			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,296,315			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0242

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	59,692			1
2	Medical and other services reimbursed under OPPS (see instructions)	65,749,176			2
3	PPS payments	46,756,790			3
4	Outlier payment (see instructions)	992,294			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	59,692			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	407,083			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	407,083			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)	407,083			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	347,391			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)	59,692			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	47,749,084			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	9,078,028			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	38,730,748			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)	38,730,748			30
31	Primary payer payments	4,988			31
32	Subtotal (line 30 minus line 31)	38,725,760			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)	799,415			34
35	Adjusted reimbursable bad debts (see instructions)	519,620			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	622,945			36
37	Subtotal (see instructions)	39,245,380			37
38	MSP-LCC reconciliation amount from PS&R	-96,746			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	39,342,126			40
40.01	Sequestration adjustment (see instructions)	786,843			40.01
41	Interim payments	38,200,833			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	354,450			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	835,312			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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E
PART B

Check applicable box: [] Hospital [XX] IPF [] IRF [] SUB (Other) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	14,691			2
3	PPS payments	10,279			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	10,279			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,056			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	8,223			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	8,223			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	8,223			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	8,223			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	8,223			40
40.01	Sequestration adjustment (see instructions)	164			40.01
41	Interim payments	8,059			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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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		70,192,866		38,177,831	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 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	04/11/2016	18,324	04/11/2016	23,002	3.01
						3.02
	Program					3.03
	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)		18,324		23,002	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)		70,211,190		38,200,833	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					5.01
						5.02
	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)		529,388		354,450	6.01
7	Total Medicare program liability (see instructions)		70,740,578		38,555,283	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.

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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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		1,862,047		8,059	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 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						3.01
						3.02
	Program					3.03
	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)		1,862,047		8,059	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
	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)		9			6.01
						6.02
7	Total Medicare program liability (see instructions)		1,862,056		8,059	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.

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

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 (Wkst. S-3, Pt. I, col. 15, line 14)	20,149	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	25,774	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	4,438	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	78,400	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	3,735,645,522	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	81,425,696	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,142,310	8
9	Sequestration adjustment amount (see instructions)	22,846	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,119,464	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,312,854	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-193,390	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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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)	1,515,405	1
2	Net IPF PPS Outlier payment	538,295	2
3	Net IPF PPS ECT payment	32,277	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	26.734973	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)	2,085,977	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	2,085,977	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,085,977	18
19	Deductibles	133,028	19
20	Subtotal (line 18 minus line 19)	1,952,949	20
21	Coinsurance	52,892	21
22	Subtotal (line 20 minus line 21)	1,900,057	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)	1,900,057	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,900,057	31
31.01	Sequestration adjustment (see instructions)	38,001	31.01
32	Interim payments	1,862,047	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	9	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E-3
PART VII

Check [] Title V [] Hospital [] NF [] PPS
 Applicable [XX] Title XIX [XX] Subprovider IPF [] ICF/IID [] TEFRA
 Boxes: [] SNF [XX] Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	3,985,130	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	3,985,130	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,985,130	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges		8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a charge basis		13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,985,130	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)		21
PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments		22
23	Outlier payments		23
24	Program capital payments		24
25	Capital exception payments (see instructions)		25
26	Routine and ancillary service other pass through costs		26
27	Subtotal (sum of lines 22 through 26)		27
28	Customary charges (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	3,985,130	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)		38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)		40
41	Interim payments		41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/08/2017 Run Time: 12:50 Version: 2016.05 (01/14/2017)
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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-231,362			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	-105,372,408			4
5	Other receivables	1,117,838			5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory	3,522,817			7
8	Prepaid expenses	2,342,144			8
9	Other current assets	260,172,790			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	161,551,819			11
FIXED ASSETS					
12	Land	15,150,000			12
13	Land improvements	11,253,700			13
14	Accumulated depreciation				14
15	Buildings	370,737,744			15
16	Accumulated depreciation	-31,826,992			16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	108,504,445			19
20	Accumulated depreciation	-47,946,877			20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment				23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	425,872,020			30
OTHER ASSETS					
31	Investments	366,292,940			31
32	Deposits on leases				32
33	Due from owners/officers	-11,813,637			33
34	Other assets				34
35	Total other assets (sum of lines 31-34)	354,479,303			35
36	Total assets (sum of lines 11, 30 and 35)	941,903,142			36
Liabilities and Fund Balances (Omit Cents)					
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	15,023,962			37
38	Salaries, wages and fees payable	23,025,283			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	124,763,461			43
44	Other current liabilities	16,199,564			44
45	Total current liabilities (sum of lines 37 thru 44)	179,012,270			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable				47
48	Unsecured loans				48
49	Other long term liabilities	3,486,034			49
50	Total long term liabilities (sum of lines 46 thru 49)	3,486,034			50
51	Total liabilities (sum of lines 45 and 50)	182,498,304			51
CAPITAL ACCOUNTS					
52	General fund balance	759,404,838			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	759,404,838			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	941,903,142			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		799,901,599			1
2	Net income (loss) (from Worksheet G-3, line 29)		218,819,858			2
3	Total (sum of line 1 and line 2)		1,018,721,457			3
4	Additions (credit adjustments) (specify)					4
5	NET ASSETS RELEASED					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		1,018,721,457			11
12	Deductions (debit adjustments) (specify)					12
13	NET EQUITY TRANSFERS	259,316,619				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		259,316,619			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		759,404,838			19

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

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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	353,264,544		353,264,544	1
2	Subprovider IPF	36,864,057		36,864,057	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)	390,128,601		390,128,601	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	82,188,974		82,188,974	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE UNIT	41,823,000		41,823,000	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	124,011,974		124,011,974	16
17	Total inpatient routine care services (sum of lines 10 and 16)	514,140,575		514,140,575	17
18	Ancillary services	1,002,471,298		1,002,471,298	18
19	Outpatient services		2,219,033,402	2,219,033,402	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,516,611,873	2,219,033,402	3,735,645,275	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		714,867,216	29
30	BAD DEBTS	30,899,679		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		30,899,679	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)		745,766,895	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	3,735,645,275	1
2	Less contractual allowances and discounts on patients' accounts	2,792,200,693	2
3	Net patient revenues (line 1 minus line 2)	943,444,582	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	745,766,895	4
5	Net income from service to patients (line 3 minus line 4)	197,677,687	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (TRAINING PROGRAM)	164,017	24
24.01	Other (WORKSHOPS, CONFERENCES ETC)	2,519	24.01
24.02	Other (NON-GOVT GRANT REVENUE)	315,001	24.02
24.03	Other (FEDERAL GRANT REVENUE)	-254,972	24.03
24.04	Other (STATE GRANT REVENUE)	5,865	24.04
24.05	Other (NET ASSETS REL FR RESTR - OP)	263,448	24.05
24.06	Other (DIETARY GUEST TRAYS)	654,196	24.06
24.07	Other (FEINBERG CAFETERIA REVENUE)	33,597	24.07
24.08	Other (CDH CAFETERIA REVENUE)	2,787,733	24.08
24.09	Other (BUILDING RENT NON NMFF/NU)	2,130,617	24.09
24.10	Other (INTERCOMPANY RENT INCOME)	1,816,270	24.10
24.11	Other (PARKING REVENUE ERIE MCCLURG)	268	24.11
24.12	Other (CORPORATE BILLING ADJUSTMENT)	-775	24.12
24.13	Other (SHARED SERVICES INCOME, EL004)	21,340	24.13
24.14	Other (REPAIR AND MAINTENANCE REVENUE)	312	24.14
24.15	Other (INSTYMEDS REVENUE)	361,891	24.15
24.16	Other (OTHER SERVICE REVENUE)	559,670	24.16
24.17	Other (WORK ORDER REVENUE)	1,649	24.17
24.18	Other (RECOVERY LIVING REVENUE)	34,615	24.18
24.19	Other (NON-PATIENT MEDICAL SUPPLIES)	139,009	24.19
24.20	Other (GIFT SHOP SALES - BED TOWER)	391,889	24.20
24.21	Other (GIFT SHOP SALES - MOTHER/BABY)	104,883	24.21
24.22	Other (AUXILIARY - BABY PHOTOS)	11,100	24.22
24.23	Other (AUXILIARY - MISC FUNCTIONS)	1,328	24.23
24.24	Other (AUXILIARY - HOSPITALITY EVENTS)	-4,717	24.24
24.25	Other (COST OF CONSIGNMENT SALE)	-60,438	24.25
24.26	Other (AP CASH DISCOUNTS)	4,098	24.26
24.27	Other (OTHER OPERATING INCOME)	11,629,418	24.27
24.28	Other (MEMBERSHIP REVENUE)	28,340	24.28
25	Total other income (sum of lines 6-24)	21,142,171	25
26	Total (line 5 plus line 25)	218,819,858	26
29	Net income (or loss) for the period (line 26 minus line 28)	218,819,858	29

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
32	Coronary Care Unit							32
35	NEONATAL INTENSIVE CARE UNIT							35
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
60	Laboratory							60
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD 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

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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