

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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 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.	Date: 01/29/2018 Time: 14:44
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 09/01/2016 and ending 08/31/2017, 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 V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		161,365	148,774	-18,264		1
2	SUBPROVIDER - IPF		29,666				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		191,031	148,774	-18,264		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 / 2016	To: 08 / 31 / 2017							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.	2,876	3,708			7,934		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 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 OPSS 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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete 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		65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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		67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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-I, 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:	1,042,732	13,327,381		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		Title V	Title XIX	
		Part A	Part B			
		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)	0.25			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 / 2016	08 / 31 / 2017		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
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	12/01/2017	Y	12/01/2017
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 relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's 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	272	99,280			23,072	4,538	62,553	1
2	HMO and other (see instructions)						3,600	7,934		2
3	HMO IPF Subprovider							1,293		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)		272	99,280			23,072	4,538	62,553	7
8	Intensive Care Unit	31	36	13,140			3,364	604	8,328	8
9	Coronary Care Unit	32	16	5,840				136	1,878	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATAL INTENSIVE CARE UNIT	35	23	8,395				536	7,387	12
13	Nursery	43						448	6,174	13
14	Total (see instructions)		347	126,655			26,436	6,262	86,320	14
15	CAH Visits									15
16	Subprovider - IPF	40	48	17,520			1,614	777	10,139	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								19,985	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							322	2,743	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	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)					6,350	1,550	19,956	1
2	HMO and other (see instructions)					838	1,960		2
3	HMO IPF Subprovider						285		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)		3,236.19			6,350	1,550	19,956	14
15	CAH Visits								15
16	Subprovider - IPF		78.53			200	223	1,476	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)		3,314.72						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	Total salaries (see instructions)	200	233,733,191	233,733,191	6,894,622.82	33.90	1	
2	Non-physician anesthetist Part A						2	
3	Non-physician anesthetest Part B						3	
4	Physician-Part A - Administrative						4	
4.01	Physician-Part A - Teaching						4.01	
5	Physician-Part B						5	
6	Non-physician-Part B						6	
7	Interns & residents (in an approved program)	21					7	
7.01	Contracted interns & residents (in an approved program)						7.01	
8	Home office and/or related organization personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		5,516,871	5,516,871	172,027.40	32.07	10	
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,311,138	1,311,138	18,645.50	70.32	11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative		511,047	511,047	3,009.00	169.84	13	
14	Home office salaries & wage-related costs						14	
14.01	Home office salaries		60,170,055	60,170,055	1,351,444.00	44.52	14.01	
14.02	Related organization salaries						14.02	
15	Home office: Physician Part A - Administrative						15	
16	Home office & Contract Physicians Part A - Teaching						16	
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		59,443,109	59,443,109			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		1,436,970	1,436,970			19	
20	Non-physician anesthetist Part A						20	
21	Non-physician anesthetist Part B						21	
22	Physician Part A - Administrative						22	
22.01	Physician Part A - Teaching						22.01	
23	Physician Part B						23	
24	Wage-related costs (RHC/FQHC)						24	
25	Interns & residents (in an approved program)						25	
25.50	Home office wage-related		16,283,064	16,283,064			25.50	
25.51	Related organization wage-related						25.51	
25.52	Home office: Physician Part A - Administrative - wage-related						25.52	
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53	
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department						26	
27	Administrative & General		25,044,124	25,044,124	481,941.70	51.97	27	
28	Administrative & General under contract (see instructions)		325,969	325,969	10,576.67	30.82	28	
29	Maintenance & Repairs						29	
30	Operation of Plant		2,464,297	2,464,297	81,339.44	30.30	30	
31	Laundry & Linen Service		186,963	186,963	14,711.40	12.71	31	
32	Housekeeping		4,208,043	4,208,043	270,096.65	15.58	32	
33	Housekeeping under contract (see instructions)						33	
34	Dietary		2,832,200	-1,046,032	1,786,168	116,033.30	15.39	34
35	Dietary under contract (see instructions)						35	
36	Cafeteria			1,046,032	1,046,032	67,952.46	15.39	36
37	Maintenance of Personnel						37	
38	Nursing Administration		2,804,097	2,804,097	58,083.83	48.28	38	
39	Central Services and Supply		2,735,214	2,735,214	135,148.32	20.24	39	
40	Pharmacy		5,462,702	5,462,702	119,213.34	45.82	40	
41	Medical Records & Medical Records Library		611,904	611,904	20,983.13	29.16	41	
42	Social Service						42	
43	Other General Service						43	

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		234,059,160	234,059,160	6,905,199.49	33.90	1
2	Excluded area salaries (see instructions)		5,516,871	5,516,871	172,027.40	32.07	2
3	Subtotal salaries (line 1 minus line 2)		228,542,289	228,542,289	6,733,172.09	33.94	3
4	Subtotal other wages & related costs (see instructions)		61,992,240	61,992,240	1,373,098.50	45.15	4
5	Subtotal wage-related costs (see instructions)		75,726,173	75,726,173		33.13%	5
6	Total (sum of lines 3 through 5)		366,260,702	366,260,702	8,106,270.59	45.18	6
7	Total overhead cost (see instructions)		46,675,513	46,675,513	1,376,080.24	33.92	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	17,096,896	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,803,343	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	6,651,261	9
10	Dental, Hearing and Vision Plan	1,048,562	10
11	Life Insurance (If employee is owner or beneficiary)	399,875	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	595,370	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance		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	16,421,504	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	130,162	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	733,105	23
24	Total Wage Related cost (Sum of lines 1-23)	60,880,078	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL 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)		0.181391	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		51,301,806	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		490,474,211	6
7	Medicaid cost (line 1 times line 6)		88,967,608	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.		37,665,802	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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (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)		37,665,802	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	71,366,310	24,776,019	96,142,329	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,945,206	24,776,019	37,721,225	21
22	Payments received from patients for amounts previously written off as charity care	818,508	1,014,714	1,833,222	22
23	Cost of charity care (line 21 minus line 22)	12,126,698	23,761,305	35,888,003	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, charges for patient days beyond the indigent care program's length of stay limit			25
26	Total bad debt expense for the entire hospital complex (see instructions)		32,332,010	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,150,341	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,769,755	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)		30,562,255	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,163,132	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		42,051,135	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		79,716,937	31

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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		16,416,536	16,416,536	20,809,070	37,225,606	1	37,225,607	1
2	00200	Cap Rel Costs-Mvble Equip		19,579,391	19,579,391		19,579,391		19,579,391	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department								4
5.10	00540	NON PATIENT TELEPHONES		2	2		2		2	5.10
5.30	00560	PURCHASING AND STORES								5.30
5.40	00570	ADMITTING	2,237,296	1,578,528	3,815,824		3,815,824		3,815,824	5.40
5.50	00580	ACCOUNTS RECEIVABLE AND CASHIERS								5.50
5.60	00590	ADMINISTRATION & GENERAL	22,806,828	251,998,868	274,805,696	-18,571,328	256,234,368	-31,060,178	225,174,190	5.60
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,464,297	21,383,622	23,847,919	-46,569	23,801,350	-475,857	23,325,493	7
8	00800	Laundry & Linen Service	186,963	-43,608	143,355		143,355		143,355	8
9	00900	Housekeeping	4,208,043	3,196,235	7,404,278		7,404,278		7,404,278	9
10	01000	Dietary	2,832,200	4,791,035	7,623,235	-2,815,531	4,807,704	-554,797	4,252,907	10
11	01100	Cafeteria				2,815,531	2,815,531	-2,424,590	390,941	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,804,097	1,248,326	4,052,423	-167,332	3,885,091	-31,679	3,853,412	13
14	01400	Central Services & Supply	2,735,214	5,468,057	8,203,271	4,271	8,207,542	-1,199	8,206,343	14
15	01500	Pharmacy	5,462,702	58,381,899	63,844,601	-57,066,225	6,778,376		6,778,376	15
16	01600	Medical Records & Library	611,904	206,490	818,394		818,394		818,394	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	39,848,158	34,146,543	73,994,701	-2,836,779	71,157,922	-16,727,043	54,430,879	30
31	03100	Intensive Care Unit	9,709,031	4,478,617	14,187,648	-452,149	13,735,499	-47,616	13,687,883	31
32	03200	Coronary Care Unit	1,420,753	621,621	2,042,374	-19,564	2,022,810		2,022,810	32
35	02060	NEONATAL INTENSIVE CARE UNIT	4,916,488	1,608,659	6,525,147	-10,505	6,514,642	-9,874	6,504,768	35
40	04000	Subprovider - IPF	5,326,092	2,408,506	7,734,598	-8,250	7,726,348	-594,686	7,131,662	40
43	04300	Nursery				1,986,757	1,986,757		1,986,757	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	13,632,789	49,561,978	63,194,767	-19,084,007	44,110,760	-42,868	44,067,892	50
51	05100	Recovery Room	3,637,668	1,300,188	4,937,856	-10,162	4,927,694		4,927,694	51
52	05200	Delivery Room & Labor Room	6,756,510	3,399,698	10,156,208	-2,107	10,154,101	-733,927	9,420,174	52
53	05300	Anesthesiology	508,430	2,390,570	2,899,000	-13,095	2,885,905	-126,000	2,759,905	53
54	05400	Radiology-Diagnostic	5,581,218	2,257,881	7,839,099	-324	7,838,775	-8,135	7,830,640	54
55	05500	Radiology-Therapeutic	6,259,066	3,797,270	10,056,336	-9,938	10,046,398	-51,282	9,995,116	55
56	05600	Radioisotope	564,220	1,406,768	1,970,988	-239,706	1,731,282	-46,958	1,684,324	56
57	05700	CT Scan	1,334,380	919,656	2,254,036	-26,891	2,227,145		2,227,145	57
58	05800	MRI	1,701,380	906,779	2,608,159	-7,493	2,600,666	-7	2,600,659	58
60	06000	Laboratory	28,841,748	45,813,621	74,655,369	-11,236	74,644,133	-2,863,818	71,780,315	60
62	06200	Whole Blood & Packed Red Blood Cells	1,145,709	3,670,694	4,816,403	-344,645	4,471,758		4,471,758	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy	743,051	534,796	1,277,847	-5,580	1,272,267		1,272,267	64
65	06500	Respiratory Therapy	2,859,446	1,485,859	4,345,305	-210,281	4,135,024		4,135,024	65
66	06600	Physical Therapy	8,712,254	3,709,893	12,422,147	-7,285	12,414,862		12,414,862	66
67	06700	Occupational Therapy	1,352,328	467,524	1,819,852	-1,204	1,818,648		1,818,648	67
68	06800	Speech Pathology	782,326	185,925	968,251	-347	967,904		967,904	68
69	06900	Electrocardiology	9,431,786	17,688,088	27,119,874	-4,532,528	22,587,346	-690,444	21,896,902	69
70	07000	Electroencephalography	1,372,090	741,089	2,113,179	-4,987	2,108,192	-330	2,107,862	70
71	07100	Medical Supplies Charged to Patients				1,296,534	1,296,534		1,296,534	71
72	07200	Impl. Dev. Charged to Patients				21,664,384	21,664,384		21,664,384	72
73	07300	Drugs Charged to Patients				57,066,225	57,066,225		57,066,225	73
74	07400	Renal Dialysis				944,660	944,660		944,660	74
75.01	07501	CARDIAC REHAB	473,543	275,960	749,503	-1,619	747,884		747,884	75.01
75.02	07502	SLEEP LAB								75.02
75.03	07503	INPATIENT DIALYSIS								75.03
75.04	07504	PAIN MANAGEMENT	379,286	269,484	648,770		648,770		648,770	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	18,872,858	8,642,932	27,515,790	-1,913	27,513,877	-4,229,841	23,284,036	90
90.01	09001	PATIENT TREATMENT CENTER	1,786,553	741,057	2,527,610	-37,784	2,489,826	-234,982	2,254,844	90.01
90.02	09002	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	09003	CANTERA								90.03
90.04	09004	MENTAL HEALTH O/P	1,322,604	445,880	1,768,484	-960	1,767,524	-221,200	1,546,324	90.04
90.05	09005	WOMEN'S CLINIC								90.05

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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	
90.06	09006	WOUND CARE	230,982	269,128	500,110	-7,019	493,091		493,091	90.06
91	09100	Emergency	7,690,121	4,570,784	12,260,905	-32,089	12,228,816	-565,756	11,663,060	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)	233,542,412	582,922,829	816,465,241		816,465,241	-61,743,066	754,722,175	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	190,779	658,268	849,047		849,047		849,047	190
190.01	19001	KOFEE KORNER								190.01
191	19100	Research								191
192.01	19201	WSKF								192.01
193.01	19301	DEVELOPMENT								193.01
193.02	19302	MARKETING								193.02
193.04	19303	PHYSICIAN ANSWERING SERVICE								193.04
193.05	19304	CAR SEAT SAFETY PROGRAM								193.05
193.07	19305	JOINT VENTURE								193.07
193.08	19306	PARKINSONS CENTER		-133,020	-133,020		-133,020	133,020		193.08
200		TOTAL (sum of lines 118-199)	233,733,191	583,448,077	817,181,268		817,181,268	-61,610,046	755,571,222	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CHARGEABLE MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		1,296,534	1
2			Impl. Dev. Charged to Patient	72		21,664,384	2
3			Central Services & Supply	14		4,271	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
500	Total reclassifications Code Letter - B					22,965,189	500
1	CAFETERIA	C	Cafeteria	11	1,046,032	1,769,499	1
500	Total reclassifications Code Letter - C				1,046,032	1,769,499	500
1	DRUGS	D	Drugs Charged to Patients	73		57,066,225	1
500	Total reclassifications Code Letter - D					57,066,225	500
1	INSURANCE	E	Cap Rel Costs-Bldg & Fixt	1		650,315	1
500	Total reclassifications Code Letter - E					650,315	500
1	NURSERY	I	Nursery	43	1,472,166	514,591	1
500	Total reclassifications Code Letter - I				1,472,166	514,591	500
1	RENAL DIALYSIS	J	Renal Dialysis	74		944,660	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications Code Letter - J					944,660	500
1	INTEREST	K	Cap Rel Costs-Bldg & Fixt	1		20,158,755	1
500	Total reclassifications Code Letter - K					20,158,755	500
1	INTERCOMPANY	M	ADMINISTRATION & GENERAL	5.60		2,237,742	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications Code Letter - M					2,237,742	500
	GRAND TOTAL (Increases)				2,518,198	106,306,976	

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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) 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.

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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		2,382	1	
2			Nursing Administration	13		167,332	2	
3							3	
4							4	
5			Adults & Pediatrics	30		251,447	5	
6			Intensive Care Unit	31		18,878	6	
7			NEONATAL INTENSIVE CARE UNIT	35		10,505	7	
8			Subprovider - IPF	40		583	8	
9							9	
10			Operating Room	50		19,084,007	10	
11			Recovery Room	51		10,162	11	
12			Delivery Room & Labor Room	52		2,107	12	
13			Anesthesiology	53		13,095	13	
14			Radiology-Diagnostic	54		324	14	
15			Radiology-Therapeutic	55		9,938	15	
16			Radioisotope	56		48,027	16	
17			CT Scan	57		224	17	
18			MRI	58		7,493	18	
19			Laboratory	60		11,236	19	
20			Whole Blood & Packed Red Bloo	62		344,645	20	
21			Intravenous Therapy	64		5,580	21	
22			Respiratory Therapy	65		210,281	22	
23			Physical Therapy	66		3,910	23	
24			Occupational Therapy	67		1,204	24	
25			Speech Pathology	68		347	25	
26			Electrocardiology	69		2,714,157	26	
27			Electroencephalography	70		4,987	27	
28			Clinic	90		1,913	28	
29			PATIENT TREATMENT CENTER	90.01		13	29	
30			CARDIAC REHAB	75.01		1,619	30	
31			WOUND CARE	90.06		7,019	31	
32			Emergency	91		31,774	32	
500	Total reclassifications					22,965,189	500	
	Code letter - B							
1	CAFETERIA	C	Dietary	10	1,046,032	1,769,499	1	
500	Total reclassifications				1,046,032	1,769,499	500	
	Code letter - C							
1	DRUGS	D	Pharmacy	15		57,066,225	1	
500	Total reclassifications					57,066,225	500	
	Code letter - D							
1	INSURANCE	E	ADMINISTRATION & GENERAL	5.60		650,315	9	
500	Total reclassifications					650,315	500	
	Code letter - E							
1	NURSERY	I	Adults & Pediatrics	30	1,472,166	514,591	1	
500	Total reclassifications				1,472,166	514,591	500	
	Code letter - I							
1	RENAL DIALYSIS	J	Adults & Pediatrics	30		455,161	1	
2			Intensive Care Unit	31		433,271	2	
3			Coronary Care Unit	32		17,182	3	
4							4	
5			PATIENT TREATMENT CENTER	90.01		37,771	5	
6			MENTAL HEALTH O/P	90.04		960	6	
7			Emergency	91		315	7	
500	Total reclassifications					944,660	500	
	Code letter - J							
1	INTEREST	K	ADMINISTRATION & GENERAL	5.60		20,158,755	9	
500	Total reclassifications					20,158,755	500	
	Code letter - K							
1	INTERCOMPANY	M	Operation of Plant	7		46,569	1	
2			Adults & Pediatrics	30		143,414	2	
3			Subprovider - IPF	40		7,667	3	
4			Radioisotope	56		191,679	4	
5			CT Scan	57		26,667	5	
6			Physical Therapy	66		3,375	6	
7			Electrocardiology	69		1,818,371	7	
500	Total reclassifications					2,237,742	500	
	Code letter - M							

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref. 10
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	
	GRAND TOTAL (Decreases)				2,518,198	106,306,976	

(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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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	15,150,000	455,503		455,503		15,605,503		1
2	Land Improvements								2
3	Buildings and Fixtures	381,991,444	11,501,393		11,501,393		393,492,837		3
4	Building Improvements								4
5	Fixed Equipment	108,504,445	19,424,758		19,424,758		127,929,203		5
6	Movable Equipment								6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	505,645,889	31,381,654		31,381,654		537,027,543		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	505,645,889	31,381,654		31,381,654		537,027,543		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	17,531,586		-1,108,838			-6,212	16,416,536	1	
2	Cap Rel Costs-Mvble Equip	19,616,047					-36,656	19,579,391	2	
3	Total (sum of lines 1-2)	37,147,633		-1,108,838			-42,868	35,995,927	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 Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	38,340,657		-1,108,838			-6,212	37,225,607	1	
2	Cap Rel Costs-Mvble Equip	19,616,047					-36,656	19,579,391	2	
3	Total (sum of lines 1-2)	57,956,704		-1,108,838			-42,868	56,804,998	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
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)						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	-21,558,982				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-8,915,208				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-2,424,590	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients	B	-7,415	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	-131,230	PATIENT TREATMENT CENTER	90.01		34.02
35							35
35.04	MEALS REVENUE	B	-547,120	Dietary	10		35.04
36							36
36.01	OTHER INCOME	B	-97,759	ADMINISTRATION & GENERAL	5.60		36.01
36.03	OTHER INCOME	B	-7,677	Dietary	10		36.03
36.09	OTHER INCOME	B	121	Operating Room	50		36.09
36.10	OTHER INCOME	B	-286,586	Electrocardiology	69		36.10
36.11	OTHER INCOME	B	-13,608	PATIENT TREATMENT CENTER	90.01		36.11
36.12	OTHER INCOME	B	-113,121	Clinic	90		36.12
36.13	OTHER INCOME	B	-330	Electroencephalography	70		36.13
36.14	OTHER INCOME	B	-1,199	Central Services & Supply	14		36.14
37							37
38	TUITION INCOME	B	-31,679	Nursing Administration	13		38
38.01	TUITION INCOME	B	-198	Laboratory	60		38.01
38.02	TUITION INCOME	B	-50,800	Emergency	91		38.02
38.03	TUITION INCOME	B	-5,289	Subprovider - IPF	40		38.03
39	RENTAL INCOME	B	-2,456,443	Clinic	90		39
39.01	RENTAL INCOME	B	-26,090	Subprovider - IPF	40		39.01
39.03	INTERCOMPANY RENTAL INCOME	B	-1,275,788	Clinic	90		39.03
39.04	INTERCOMPANY RENTAL INCOME	B	-446,332	Operation of Plant	7		39.04
39.05	INTERCOMPANY RENTAL INCOME	B	-922,282	ADMINISTRATION & GENERAL	5.60		39.05
40	OTHER SERVICE REVENUE	B	-54,973	PATIENT TREATMENT CENTER	90.01		40
40.01	OTHER SERVICE REVENUE	B	-127,294	Subprovider - IPF	40		40.01
40.02	OTHER SERVICE REVENUE	B	-200,426	Adults & Pediatrics	30		40.02
40.03	OTHER SERVICE REVENUE	B	-191,498	MENTAL HEALTH O/P	90.04		40.03
40.05	OTHER SERVICE REVENUE	B	-1,755	Clinic	90		40.05
40.06	OTHER SERVICE REVENUE	B	-8,120	Radiology-Diagnostic	54		40.06
40.09	OTHER INCOME	B	-61,839	Laboratory	60		40.09
41	INSTYMED REV	B	-378,568	Clinic	90		41
41.03	RECOVERY LIVING REV	B	-24,962	Adults & Pediatrics	30		41.03

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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	
42							42
42.04	LOBBYING DUES	A	-69,718	ADMINISTRATION & GENERAL	5.60		42.04
42.05	PHYSICIAN BILLING SVC	A	-14,980	Adults & Pediatrics	30		42.05
42.06	PHYSICIAN BILLING SVC	A	-28,659	Electrocardiology	69		42.06
42.07	REAL ESTATE TAXES	A	7,879	ADMINISTRATION & GENERAL	5.60		42.07
42.08	PHYSICIAN BILLING SVC	A	-700	Operating Room	50		42.08
42.09	PHYSICIAN BILLING SVC	A	-460,000	Laboratory	60		42.09
43							43
44	CHARITABLE CONTRIBUTIONS	A	-573,375	ADMINISTRATION & GENERAL	5.60		44
44.02	CHARITABLE CONTRIBUTIONS	A	-6,495	Adults & Pediatrics	30		44.02
44.04	CHARITABLE CONTRIBUTIONS	A	-267	Intensive Care Unit	31		44.04
44.05	CHARITABLE CONTRIBUTIONS	A	-774	Subprovider - IPF	40		44.05
44.06	CHARITABLE CONTRIBUTIONS	A	-45	Operating Room	50		44.06
44.07	CHARITABLE CONTRIBUTIONS	A	-2,725	Delivery Room & Labor Room	52		44.07
44.08	CHARITABLE CONTRIBUTIONS	A	-15	Radiology-Diagnostic	54		44.08
44.09	CHARITABLE CONTRIBUTIONS	A	-7	MRI	58		44.09
44.10	CHARITABLE CONTRIBUTIONS	A	-16	Electrocardiology	69		44.10
44.11	CHARITABLE CONTRIBUTIONS	A	-266	Clinic	90		44.11
44.12	CHARITABLE CONTRIBUTIONS	A	-1,481	Emergency	91		44.12
44.13	CHARITABLE CONTRIBUTIONS	A	-2,518	NEONATAL INTENSIVE CARE UNIT	35		44.13
44.14	CHARITABLE CONTRIBUTIONS	A	-25	Radiology-Therapeutic	55		44.14
45	INTEREST RATE SWAP COSTS	A	1	Cap Rel Costs-Bldg & Fixt	1	9	45
46							46
47							47
48	WS A ADJ	A	133,020	PARKINSONS CENTER	193.08		48
49	MEDICAID TAX OFFSET	A	-20,188,285	ADMINISTRATION & GENERAL	5.60		49
49.01	NON ALLOWABLE EXPENSE	A	-2,030	ADMINISTRATION & GENERAL	5.60		49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-61,610,046				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	188,167,053	197,082,261	-8,915,208	1
2							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			188,167,053	197,082,261	-8,915,208	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	306,200	299,400	6,800	211,500	101	10,270	514	1
2										2
3	30	Adults & Pediatrics AGGREGATE	16,484,655	16,478,120	6,535	179,000	52	4,475	224	3
4										4
5	31	Intensive Care Unit AGGREGATE	47,349	47,349						5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE	9,844	656	9,188	246,400	21	2,488	124	7
8	40	Subprovider - IPF AGGREGATE	573,655	329,863	243,792	181,300	1,588	138,416	6,921	8
9	50	Operating Room AGGREGATE	91,050	14,350	76,700	246,400	412	48,806	2,440	9
10										10
11	52	Delivery Room & Labo AGGREGATE	723,787	723,787		237,100				11
12	53	Anesthesiology AGGREGATE	126,000	126,000						12
13										13
14	55	Radiology-Therapeuti AGGREGATE	97,925	8,562	89,363	271,900	357	46,668	2,333	14
15	56	Radioisotope AGGREGATE	46,958	46,958						15
16										16
17										17
18	60	Laboratory AGGREGATE	2,341,781	2,341,781						18
19										19
20										20
21	69	Electrocardiology AGGREGATE	375,183	375,183						21
24	90	Clinic AGGREGATE	3,900	3,900						24
25	90.01	PATIENT TREATMENT CE AGGREGATE	35,171	35,171						25
26	90.04	MENTAL HEALTH O/P AGGREGATE	46,437	14,846	31,590	181,300	192	16,735	837	26
27	91	Emergency AGGREGATE	542,556	495,477	47,079	211,500	286	29,081	1,454	27
200		TOTAL	21,852,451	21,341,403	511,047		3,009	296,939	14,847	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					10,270		299,400	1
2										2
3	30	Adults & Pediatrics AGGREGATE					4,475	2,060	16,480,180	3
4										4
5	31	Intensive Care Unit AGGREGATE							47,349	5
6										6
7	35	NEONATAL INTENSIVE C AGGREGATE					2,488	6,700	7,356	7
8	40	Subprovider - IPF AGGREGATE					138,416	105,376	435,239	8
9	50	Operating Room AGGREGATE					48,806	27,894	42,244	9
10										10
11	52	Delivery Room & Labo AGGREGATE							723,787	11
12	53	Anesthesiology AGGREGATE							126,000	12
13										13
14	55	Radiology-Therapeuti AGGREGATE					46,668	42,695	51,257	14
15	56	Radioisotope AGGREGATE							46,958	15
16										16
17										17
18	60	Laboratory AGGREGATE							2,341,781	18
19										19
20										20
21	69	Electrocardiology AGGREGATE							375,183	21
24	90	Clinic AGGREGATE							3,900	24
25	90.01	PATIENT TREATMENT CE AGGREGATE							35,171	25
26	90.04	MENTAL HEALTH O/P AGGREGATE					16,735	14,855	29,702	26
27	91	Emergency AGGREGATE					29,081	17,998	513,475	27
200		TOTAL					296,939	217,578	21,558,982	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	NON PATIEN TELEPHONES	ADMITTING	SUBTOTAL (cols.0-4)	
		0	1	2	5.10	5.40	4A	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	37,225,607	37,225,607					1
2	Cap Rel Costs-Mvble Equip	19,579,391		19,579,391				2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES	2	753,940		753,942			5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING	3,815,824	23,269	381	1,193	3,840,667		5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	225,174,190	1,342,081	287,626	37,379		226,841,276	5.60
6	Maintenance & Repairs							6
7	Operation of Plant	23,325,493	14,244,853	11,262,906	25,052		48,858,304	7
8	Laundry & Linen Service	143,355	130,392	56,748	596		331,091	8
9	Housekeeping	7,404,278	418,552	195,515	7,357		8,025,702	9
10	Dietary	4,252,907	515,392	235,769	5,766		5,009,834	10
11	Cafeteria	390,941	301,809	119,886	2,982		815,618	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,853,412	299,848	122,919	14,713		4,290,892	13
14	Central Services & Supply	8,206,343	472,829	117,959	10,140		8,807,271	14
15	Pharmacy	6,778,376	122,123	58,144	11,532		6,970,175	15
16	Medical Records & Library	818,394					818,394	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	54,430,879	5,717,812	1,946,129	115,518	558,843	62,769,181	30
31	Intensive Care Unit	13,687,883	919,898	418,666	30,022	133,885	15,190,354	31
32	Coronary Care Unit	2,022,810	222,037	100,474		604	2,345,925	32
35	NEONATAL INTENSIVE CARE UNIT	6,504,768	295,422	79,955	6,561	79,228	6,965,934	35
40	Subprovider - IPF	7,131,662	1,079,177	455,021	16,701	58,068	8,740,629	40
43	Nursery	1,986,757	247,400	108,617	7,953	27,568	2,378,295	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	44,067,892	2,399,315	1,071,370	89,272	399,890	48,027,739	50
51	Recovery Room	4,927,694	317,101	137,983	2,187	54,479	5,439,444	51
52	Delivery Room & Labor Room	9,420,174	646,764	284,431	34,794	80,697	10,466,860	52
53	Anesthesiology	2,759,905	45,531		9,544	50,966	2,865,946	53
54	Radiology-Diagnostic	7,830,640	911,444	403,060	48,911	76,691	9,270,746	54
55	Radiology-Therapeutic	9,995,116	680,953	296,358	43,543	4,673	11,020,643	55
56	Radioisotope	1,684,324	86,981	37,855	199	10,808	1,820,167	56
57	CT Scan	2,227,145	135,480	45,837	795	113,958	2,523,215	57
58	MRI	2,600,659	110,223	47,970	1,392	41,405	2,801,649	58
60	Laboratory	71,780,315	1,080,662	314,420	30,420	236,634	73,442,451	60
62	Whole Blood & Packed Red Blood Cells	4,471,758	33,314	14,498	1,392	27,918	4,548,880	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,272,267	16,458	7,163	596	23,490	1,319,974	64
65	Respiratory Therapy	4,135,024	140,224	38,247	4,573	96,202	4,414,270	65
66	Physical Therapy	12,414,862	272,683	98,398	15,111	17,175	12,818,229	66
67	Occupational Therapy	1,818,648	8,375	3,645	994	8,167	1,839,829	67
68	Speech Pathology	967,904	12,165	5,294	596	9,337	995,296	68
69	Electrocardiology	21,896,902	906,461	296,196	26,841	82,369	23,208,769	69
70	Electroencephalography	2,107,862	116,505	53,795	3,380	20,197	2,301,739	70
71	Medical Supplies Charged to Patients	1,296,534				537,641	1,834,175	71
72	Impl. Dev. Charged to Patients	21,664,384				386,855	22,051,239	72
73	Drugs Charged to Patients	57,066,225				553,695	57,619,920	73
74	Renal Dialysis	944,660	14,417	14,971		10,715	984,763	74
75.01	CARDIAC REHAB	747,884				560	748,444	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	648,770	84,463	36,759	2,784	4,918	777,694	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	23,284,036	512,503	223,047	87,880	330	24,107,796	90
90.01	PATIENT TREATMENT CENTER	2,254,844	176,373	74,430	14,514	21,048	2,541,209	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	1,546,324	255,563	111,224	3,181	7	1,916,299	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	493,091	46,326	17,636	1,988	23	559,064	90.06
91	Emergency	11,663,060	1,108,489	378,089	34,198	111,623	13,295,459	91

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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	NON PATIEN TELEPHONES	ADMITTING	SUBTOTAL (cols.0-4)	
		0	1	2	5.10	5.40	4A	
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)	754,722,175	37,225,607	19,579,391	752,550	3,840,667	754,720,783	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	849,047					849,047	190
190.01	KOFEE KORNER							190.01
191	Research				1,392		1,392	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)	755,571,222	37,225,607	19,579,391	753,942	3,840,667	755,571,222	202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits 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	226,841,276						5.60
6	Maintenance & Repairs							6
7	Operation of Plant	20,961,727	69,820,031					7
8	Laundry & Linen Service	142,048	493,511	966,650				8
9	Housekeeping	3,443,275	1,700,305		13,169,282			9
10	Dietary	2,149,374	2,050,377		399,283	9,608,868		10
11	Cafeteria	349,925	1,042,592		203,030		2,411,165	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,840,926	1,068,972		208,168		23,883	13
14	Central Services & Supply	3,778,592	1,025,840		199,768		55,584	14
15	Pharmacy	2,990,421	505,648		98,468		49,023	15
16	Medical Records & Library	351,116					8,631	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	26,929,924	16,924,607	295,098	3,295,836	7,719,212	459,158	30
31	Intensive Care Unit	6,517,133	3,640,946	52,247	709,024	1,153,530	103,915	31
32	Coronary Care Unit	1,006,475	873,775	19,878	170,156		15,834	32
35	NEONATAL INTENSIVE CARE UNIT	2,988,602	695,329	4,321	135,406		48,014	35
40	Subprovider - IPF	3,750,001	3,957,113	29,117	770,594	736,126	67,175	40
43	Nursery	1,020,362	944,592		183,946		15,312	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	20,605,389	9,317,222	167,101	1,814,402		160,817	50
51	Recovery Room	2,333,690	1,199,973	15,557	233,678		42,548	51
52	Delivery Room & Labor Room	4,490,607	2,473,572	59,049	481,694		67,774	52
53	Anesthesiology	1,229,580					8,605	53
54	Radiology-Diagnostic	3,977,437	3,505,230	57,531	682,596		66,440	54
55	Radiology-Therapeutic	4,728,197	2,577,290	51,618	501,892		73,497	55
56	Radioisotope	780,908	329,208		64,109		5,235	56
57	CT Scan	1,082,537	398,620	5,625	77,626		16,920	57
58	MRI	1,201,994	417,177		81,240		17,194	58
60	Laboratory	31,508,828	2,734,370	974	532,481		510,293	60
62	Whole Blood & Packed Red Blood Cells	1,951,611	126,086		24,554		14,414	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	566,310	62,291		12,130		6,766	64
65	Respiratory Therapy	1,893,859	332,618		64,773		36,363	65
66	Physical Therapy	5,499,418	855,720	17,659	166,640		106,387	66
67	Occupational Therapy	789,344	31,697		6,173		15,201	67
68	Speech Pathology	427,013	46,041		8,966		7,818	68
69	Electrocardiology	9,957,281	2,575,885	27,656	501,618		70,332	69
70	Electroencephalography	987,517	467,832	14,782	91,104		16,441	70
71	Medical Supplies Charged to Patients	786,918						71
72	Impl. Dev. Charged to Patients	9,460,665						72
73	Drugs Charged to Patients	24,720,732						73
74	Renal Dialysis	422,494	130,199		25,354			74
75.01	CARDIAC REHAB	321,106		4,933			5,073	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	333,655	319,679	6,049	62,253		4,422	75.04
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	10,342,992	1,939,738	42,953	377,737		181,415	90
90.01	PATIENT TREATMENT CENTER	1,090,257	647,281	6,049	126,049		19,563	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	822,152	967,261	5,022	188,361		17,023	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	239,856	153,369		29,867		3,584	90.06
91	Emergency	5,704,164	3,288,065	83,431	640,306		86,747	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
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)	226,476,412	69,820,031	966,650	13,169,282	9,608,868	2,407,401	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	364,267					3,567	190
190.01	KOFEE KORNER							190.01
191	Research	597						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						197	193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	226,841,276	69,820,031	966,650	13,169,282	9,608,868	2,411,165	202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	7,432,841						13
14	Central Services & Supply		13,867,055					14
15	Pharmacy			10,613,735				15
16	Medical Records & Library			9	1,178,150			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	2,694,684		12,887	76,899	121,177,486		30
31	Intensive Care Unit	609,827		4,619	20,687	28,002,282		31
32	Coronary Care Unit	92,933		239	2,933	4,528,148		32
35	NEONATAL INTENSIVE CARE UNIT	281,803		9	10,582	11,130,000		35
40	Subprovider - IPF					11,213	18,061,968	40
43	Nursery	89,856			3,040	4,635,403		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	943,793		2,948	100,170	81,139,581		50
51	Recovery Room	249,722		2	21,617	9,536,231		51
52	Delivery Room & Labor Room	397,756		10,898	12,039	18,460,249		52
53	Anesthesiology	50,491		2,383	13,095	4,170,100		53
54	Radiology-Diagnostic			2,565	33,110	17,595,655		54
55	Radiology-Therapeutic			2,228	27,065	18,982,430		55
56	Radioisotope	30,734		99	7,729	3,038,189		56
57	CT Scan			1,768	47,379	4,153,690		57
58	MRI			1,129	21,233	4,541,616		58
60	Laboratory			3,090	229,972	108,962,459		60
62	Whole Blood & Packed Red Blood Cells				4,686	6,670,231		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy			816	10,861	1,979,148		64
65	Respiratory Therapy	213,403		190	14,238	6,969,714		65
66	Physical Therapy	624,369		285	19,899	20,108,606		66
67	Occupational Therapy	89,200			3,882	2,775,326		67
68	Speech Pathology	45,908			2,149	1,533,191		68
69	Electrocardiology	412,771		1,413	33,446	36,789,171		69
70	Electroencephalography	96,479			6,169	3,982,063		70
71	Medical Supplies Charged to Patients		783,031		109,791	3,513,915		71
72	Impl. Dev. Charged to Patients		13,084,024		63,144	44,659,072		72
73	Drugs Charged to Patients			10,490,287	190,189	93,021,128		73
74	Renal Dialysis				1,492	1,564,302		74
75.01	CARDIAC REHAB			104	751	1,080,411		75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT			3	3,620	1,507,375		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			71,514	25,579	37,089,724		90
90.01	PATIENT TREATMENT CENTER			510	5,514	4,436,432		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P				2,879	3,918,997		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE			308	299	986,347		90.06
91	Emergency	509,112		3,432	40,799	23,651,515		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	7,432,841	13,867,055	10,613,735	1,178,150	754,352,155		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					1,216,881		190
190.01	KOFEE KORNER							190.01
191	Research					1,989		191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER					197		193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	7,432,841	13,867,055	10,613,735	1,178,150	755,571,222		202

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	121,177,486					30
31	Intensive Care Unit	28,002,282					31
32	Coronary Care Unit	4,528,148					32
35	NEONATAL INTENSIVE CARE UNIT	11,130,000					35
40	Subprovider - IPF	18,061,968					40
43	Nursery	4,635,403					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	81,139,581					50
51	Recovery Room	9,536,231					51
52	Delivery Room & Labor Room	18,460,249					52
53	Anesthesiology	4,170,100					53
54	Radiology-Diagnostic	17,595,655					54
55	Radiology-Therapeutic	18,982,430					55
56	Radioisotope	3,038,189					56
57	CT Scan	4,153,690					57
58	MRI	4,541,616					58
60	Laboratory	108,962,459					60
62	Whole Blood & Packed Red Blood Cells	6,670,231					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	1,979,148					64
65	Respiratory Therapy	6,969,714					65
66	Physical Therapy	20,108,606					66
67	Occupational Therapy	2,775,326					67
68	Speech Pathology	1,533,191					68
69	Electrocardiology	36,789,171					69
70	Electroencephalography	3,982,063					70
71	Medical Supplies Charged to Patients	3,513,915					71
72	Impl. Dev. Charged to Patients	44,659,072					72
73	Drugs Charged to Patients	93,021,128					73
74	Renal Dialysis	1,564,302					74
75.01	CARDIAC REHAB	1,080,411					75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,507,375					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	37,089,724					90
90.01	PATIENT TREATMENT CENTER	4,436,432					90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	3,918,997					90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	986,347					90.06
91	Emergency	23,651,515					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	754,352,155						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,216,881						190
190.01	KOFEE KORNER							190.01
191	Research	1,989						191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER	197						193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	755,571,222						202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	NON PATIEN TELEPHONES	ADMITTING	
		0	1	2	2A	5.10	5.40	
	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		753,940		753,940	753,940		5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING		23,269	381	23,650	1,193	24,843	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	21,136,254	1,342,081	287,626	22,765,961	37,379		5.60
6	Maintenance & Repairs							6
7	Operation of Plant		14,244,853	11,262,906	25,507,759	25,052		7
8	Laundry & Linen Service		130,392	56,748	187,140	596		8
9	Housekeeping		418,552	195,515	614,067	7,356		9
10	Dietary	64,905	515,392	235,769	816,066	5,766		10
11	Cafeteria	38,010	301,809	119,886	459,705	2,982		11
12	Maintenance of Personnel							12
13	Nursing Administration	490	299,848	122,919	423,257	14,713		13
14	Central Services & Supply	2,418,445	472,829	117,959	3,009,233	10,140		14
15	Pharmacy		122,123	58,144	180,267	11,532		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	177,879	5,717,812	1,946,129	7,841,820	115,518	4,164	30
31	Intensive Care Unit	47,671	919,898	418,666	1,386,235	30,022	844	31
32	Coronary Care Unit	1,931	222,037	100,474	324,442		4	32
35	NEONATAL INTENSIVE CARE UNIT		295,422	79,955	375,377	6,561	499	35
40	Subprovider - IPF		1,079,177	455,021	1,534,198	16,701	366	40
43	Nursery	214	247,400	108,617	356,231	7,953	174	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	475,256	2,399,315	1,071,370	3,945,941	89,272	2,520	50
51	Recovery Room		317,101	137,983	455,084	2,187	343	51
52	Delivery Room & Labor Room	42,681	646,764	284,431	973,876	34,794	508	52
53	Anesthesiology		45,531		45,531	9,544	321	53
54	Radiology-Diagnostic	975	911,444	403,060	1,315,479	48,911	483	54
55	Radiology-Therapeutic	3,278	680,953	296,358	980,589	43,542	29	55
56	Radioisotope		86,981	37,855	124,836	199	68	56
57	CT Scan		135,480	45,837	181,317	795	718	57
58	MRI		110,223	47,970	158,193	1,392	261	58
60	Laboratory	158,010	1,080,662	314,420	1,553,092	30,420	1,491	60
62	Whole Blood & Packed Red Blood Cells		33,314	14,498	47,812	1,392	176	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		16,458	7,163	23,621	596	148	64
65	Respiratory Therapy	11,484	140,224	38,247	189,955	4,573	606	65
66	Physical Therapy	39,767	272,683	98,398	410,848	15,111	108	66
67	Occupational Therapy		8,375	3,645	12,020	994	51	67
68	Speech Pathology		12,165	5,294	17,459	596	59	68
69	Electrocardiology	23,353	906,461	296,196	1,226,010	26,841	519	69
70	Electroencephalography	1,383	116,505	53,795	171,683	3,380	127	70
71	Medical Supplies Charged to Patients						3,388	71
72	Impl. Dev. Charged to Patients						2,438	72
73	Drugs Charged to Patients						3,489	73
74	Renal Dialysis		14,417	14,971	29,388		68	74
75.01	CARDIAC REHAB						4	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		84,463	36,759	121,222	2,784	31	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		512,503	223,047	735,550	87,880	2	90
90.01	PATIENT TREATMENT CENTER	1,561	176,373	74,430	252,364	14,514	133	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P		255,563	111,224	366,787	3,181		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		46,326	17,636	63,962	1,988		90.06
91	Emergency		1,108,489	378,089	1,486,578	34,198	703	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	NON PATIEN TELEPHONES	ADMITTING	
		0	1	2	2A	5.10	5.40	
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)	24,643,547	37,225,607	19,579,391	81,448,545	752,548	24,843	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.01	KOFEE KORNER							190.01
191	Research					1,392		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)	24,643,547	37,225,607	19,579,391	81,448,545	753,940	24,843	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits 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	22,803,340						5.60
6	Maintenance & Repairs							6
7	Operation of Plant	2,107,210	27,640,021					7
8	Laundry & Linen Service	14,280	195,369	397,385				8
9	Housekeeping	346,141	673,109		1,640,673			9
10	Dietary	216,069	811,693		49,744	1,899,338		10
11	Cafeteria	35,177	412,736		25,294		935,894	11
12	Maintenance of Personnel							12
13	Nursing Administration	185,062	423,180		25,934		9,270	13
14	Central Services & Supply	379,849	406,105		24,888		21,575	14
15	Pharmacy	300,617	200,173		12,267		19,028	15
16	Medical Records & Library	35,297					3,350	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	2,707,172	6,700,036	121,313	410,606	1,525,819	178,222	30
31	Intensive Care Unit	655,145	1,441,360	21,478	88,333	228,013	40,335	31
32	Coronary Care Unit	101,177	345,906	8,172	21,199		6,146	32
35	NEONATAL INTENSIVE CARE UNIT	300,434	275,263	1,776	16,869		18,637	35
40	Subprovider - IPF	376,975	1,566,523	11,970	96,003	145,506	26,074	40
43	Nursery	102,573	373,940		22,917		5,943	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,071,388	3,688,457	68,694	226,044		62,421	50
51	Recovery Room	234,598	475,040	6,395	29,112		16,515	51
52	Delivery Room & Labor Room	451,425	979,226	24,275	60,011		26,306	52
53	Anesthesiology	123,605					3,340	53
54	Radiology-Diagnostic	399,838	1,387,634	23,651	85,040		25,789	54
55	Radiology-Therapeutic	475,309	1,020,285	21,220	62,527		28,528	55
56	Radioisotope	78,502	130,325		7,987		2,032	56
57	CT Scan	108,824	157,804	2,312	9,671		6,567	57
58	MRI	120,832	165,150		10,121		6,674	58
60	Laboratory	3,167,243	1,082,469	400	66,338		198,072	60
62	Whole Blood & Packed Red Blood Cells	196,189	49,914		3,059		5,595	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	56,929	24,659		1,511		2,626	64
65	Respiratory Therapy	190,383	131,675		8,070		14,114	65
66	Physical Therapy	552,837	338,758	7,260	20,761		41,294	66
67	Occupational Therapy	79,350	12,548		769		5,900	67
68	Speech Pathology	42,926	18,226		1,117		3,035	68
69	Electrocardiology	1,000,971	1,019,729	11,369	62,493		27,299	69
70	Electroencephalography	99,272	185,203	6,077	11,350		6,382	70
71	Medical Supplies Charged to Patients	79,106						71
72	Impl. Dev. Charged to Patients	951,048						72
73	Drugs Charged to Patients	2,485,090						73
74	Renal Dialysis	42,472	51,542		3,159			74
75.01	CARDIAC REHAB	32,280		2,028			1,969	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	33,541	126,553	2,487	7,756		1,717	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	1,039,745	767,894	17,658	47,060		70,416	90
90.01	PATIENT TREATMENT CENTER	109,600	256,243	2,487	15,704		7,593	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	82,648	382,915	2,065	23,467		6,607	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	24,112	60,715		3,721		1,391	90.06
91	Emergency	573,420	1,301,664	34,298	79,771		33,671	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.60	7	8	9	10	11	
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)	22,766,661	27,640,021	397,385	1,640,673	1,899,338	934,433	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	36,619					1,385	190
190.01	KOFEE KORNER							190.01
191	Research	60						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						76	193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	22,803,340	27,640,021	397,385	1,640,673	1,899,338	935,894	202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.10	NON PATIENT TELEPHONES							5.10
5.30	PURCHASING AND STORES							5.30
5.40	ADMITTING							5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL							5.60
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,081,416						13
14	Central Services & Supply		3,851,790					14
15	Pharmacy			723,884				15
16	Medical Records & Library			1	38,648			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	392,054		879	2,446	20,000,049		30
31	Intensive Care Unit	88,725		315	658	3,981,463		31
32	Coronary Care Unit	13,521		16	93	820,676		32
35	NEONATAL INTENSIVE CARE UNIT	41,000		1	337	1,036,754		35
40	Subprovider - IPF					377,673		40
43	Nursery	13,073				882,901		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	137,314		201	3,186	10,295,438		50
51	Recovery Room	36,332			687	1,256,293		51
52	Delivery Room & Labor Room	57,870		743	383	2,609,417		52
53	Anesthesiology	7,346		163	416	190,266		53
54	Radiology-Diagnostic			175	1,053	3,288,053		54
55	Radiology-Therapeutic			152	861	2,633,042		55
56	Radioisotope	4,472		7	246	348,674		56
57	CT Scan			121	1,507	469,636		57
58	MRI			77	675	463,375		58
60	Laboratory			211	8,494	6,108,230		60
62	Whole Blood & Packed Red Blood Cells				149	304,286		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy			56	345	110,491		64
65	Respiratory Therapy	31,048		13	453	570,890		65
66	Physical Therapy	90,840		19	633	1,478,469		66
67	Occupational Therapy	12,978			123	124,733		67
68	Speech Pathology	6,679			68	90,165		68
69	Electrocardiology	60,055		96	1,064	3,436,446		69
70	Electroencephalography	14,037			196	497,707		70
71	Medical Supplies Charged to Patients		217,499		3,492	303,485		71
72	Impl. Dev. Charged to Patients		3,634,291		2,008	4,589,785		72
73	Drugs Charged to Patients			715,464	6,048	3,210,091		73
74	Renal Dialysis				47	126,676		74
75.01	CARDIAC REHAB			7	24	36,312		75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT				115	296,206		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			4,877	813	2,771,895		90
90.01	PATIENT TREATMENT CENTER			35	175	658,848		90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P				92	867,762		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE			21	10	155,920		90.06
91	Emergency	74,072		234	1,297	3,619,906		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,081,416	3,851,790	723,884	38,648	81,409,013		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					38,004		190
190.01	KOFEE KORNER							190.01
191	Research					1,452		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					76		193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,081,416	3,851,790	723,884	38,648	81,448,545		202

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.10	NON PATIENT TELEPHONES						5.10
5.30	PURCHASING AND STORES						5.30
5.40	ADMITTING						5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS						5.50
5.60	ADMINISTRATION & GENERAL						5.60
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	20,000,049					30
31	Intensive Care Unit	3,981,463					31
32	Coronary Care Unit	820,676					32
35	NEONATAL INTENSIVE CARE UNIT	1,036,754					35
40	Subprovider - IPF	3,774,673					40
43	Nursery	882,901					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,295,438					50
51	Recovery Room	1,256,293					51
52	Delivery Room & Labor Room	2,609,417					52
53	Anesthesiology	190,266					53
54	Radiology-Diagnostic	3,288,053					54
55	Radiology-Therapeutic	2,633,042					55
56	Radioisotope	348,674					56
57	CT Scan	469,636					57
58	MRI	463,375					58
60	Laboratory	6,108,230					60
62	Whole Blood & Packed Red Blood Cells	304,286					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	110,491					64
65	Respiratory Therapy	570,890					65
66	Physical Therapy	1,478,469					66
67	Occupational Therapy	124,733					67
68	Speech Pathology	90,165					68
69	Electrocardiology	3,436,446					69
70	Electroencephalography	497,707					70
71	Medical Supplies Charged to Patients	303,485					71
72	Impl. Dev. Charged to Patients	4,589,785					72
73	Drugs Charged to Patients	3,210,091					73
74	Renal Dialysis	126,676					74
75.01	CARDIAC REHAB	36,312					75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	296,206					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	2,771,895					90
90.01	PATIENT TREATMENT CENTER	658,848					90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	867,762					90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	155,920					90.06
91	Emergency	3,619,906					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	81,409,013					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	38,004					190
190.01	KOFEE KORNER						190.01
191	Research	1,452					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	76					193.08
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	81,448,545					202

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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	1,404,613						1
2	Cap Rel Costs-Mvble Equip		1,697,519					2
4	Employee Benefits Department			233,733,191				4
5.10	NON PATIENT TELEPHONES	28,448			3,792			5.10
5.30	PURCHASING AND STORES					91,669,329		5.30
5.40	ADMITTING	878	33	2,237,296	6	6,630	1,423,596,093	5.40
5.50	ACCOUNTS RECEIVABLE AND CASHIERS							5.50
5.60	ADMINISTRATION & GENERAL	50,640	24,937	22,806,828	188			5.60
6	Maintenance & Repairs							6
7	Operation of Plant	537,493	976,486	2,464,297	126	808,370		7
8	Laundry & Linen Service	4,920	4,920	186,963	3	974		8
9	Housekeeping	15,793	16,951	4,208,043	37	793,495		9
10	Dietary	19,447	20,441	1,786,168	29	95,561		10
11	Cafeteria	11,388	10,394	1,046,032	15			11
12	Maintenance of Personnel							12
13	Nursing Administration	11,314	10,657	2,804,097	74	142,055		13
14	Central Services & Supply	17,841	10,227	2,735,214	51	824,377		14
15	Pharmacy	4,608	5,041	5,462,702	58	117,690		15
16	Medical Records & Library			611,904		2,128		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	215,747	168,728	38,375,992	581	2,323,545	207,205,068	30
31	Intensive Care Unit	34,710	36,298	9,709,031	151	1,256,939	49,623,666	31
32	Coronary Care Unit	8,378	8,711	1,420,753		265,512	223,968	32
35	NEONATAL INTENSIVE CARE UNIT	11,147	6,932	4,916,488	33	353,168	29,365,299	35
40	Subprovider - IPF	40,720	39,450	5,326,092	84	97,748	21,522,504	40
43	Nursery	9,335	9,417	1,472,166	40		10,217,905	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	90,532	92,887	13,632,789	449	24,661,504	148,217,318	50
51	Recovery Room	11,965	11,963	3,637,668	11	262,235	20,192,412	51
52	Delivery Room & Labor Room	24,404	24,660	6,756,510	175	586,554	29,909,933	52
53	Anesthesiology	1,718		508,430	48	1,964,662	18,890,440	53
54	Radiology-Diagnostic	34,391	34,945	5,581,218	246	387,707	28,424,990	54
55	Radiology-Therapeutic	25,694	25,694	6,259,066	219	747,011	1,731,929	55
56	Radioisotope	3,282	3,282	564,220	1	958,294	4,006,057	56
57	CT Scan	5,112	3,974	1,334,380	4	433,996	42,238,088	57
58	MRI	4,159	4,159	1,701,380	7	466,761	15,346,418	58
60	Laboratory	40,776	27,260	28,841,748	153	17,434,353	87,707,151	60
62	Whole Blood & Packed Red Blood Cells	1,257	1,257	1,145,709	7	408,590	10,347,755	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	621	621	743,051	3	362,024	8,706,295	64
65	Respiratory Therapy	5,291	3,316	2,859,446	23	466,620	35,656,793	65
66	Physical Therapy	10,289	8,531	8,712,254	76	102,416	6,366,003	66
67	Occupational Therapy	316	316	1,352,328	5	35,840	3,027,205	67
68	Speech Pathology	459	459	782,326	3	1,890	3,460,876	68
69	Electrocardiology	34,203	25,680	9,431,786	135	9,513,093	30,529,642	69
70	Electroencephalography	4,396	4,664	1,372,090	17	137,663	7,485,965	70
71	Medical Supplies Charged to Patients					1,296,534	199,273,791	71
72	Impl. Dev. Charged to Patients					21,664,384	143,385,692	72
73	Drugs Charged to Patients						205,224,080	73
74	Renal Dialysis	544	1,298				3,971,512	74
75.01	CARDIAC REHAB			473,543		5,867	207,675	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	3,187	3,187	379,286	14	152,643	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	18,872,858	442	507,564	122,262	90
90.01	PATIENT TREATMENT CENTER	6,655	6,453	1,786,553	73	207,766	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	1,322,604	16	29,432	2,428	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	1,748	1,529	230,982	10	128,407	8,702	90.06
91	Emergency	41,826	32,780	7,690,121	172	1,407,264	41,372,331	91
92	Observation Beds (Non-Distinct Part)							92

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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	
	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)	1,404,613	1,697,519	233,542,412	3,785	91,419,266	1,423,596,093	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			190,779		250,063		190
190.01	KOFEE KORNER							190.01
191	Research				7			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	Cost to be allocated (Per Wkst. B, Part I)	37,225,607	19,579,391		753,942		3,840,667	202
203	Unit Cost Multiplier (Wkst. B, Part I)	26.502394	11.534122		198,824367		0.002698	203
204	Cost to be allocated (Per Wkst. B, Part II)				753,940		24,843	204
205	Unit Cost Multiplier (Wkst. B, Part II)				198.823840		0.000017	205

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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	-226,841,276	528,729,946					5.60
6	Maintenance & Repairs							6
7	Operation of Plant		48,858,304	696,063				7
8	Laundry & Linen Service		331,091	4,920	1,555,246			8
9	Housekeeping		8,025,702	16,951		674,192		9
10	Dietary		5,009,834	20,441		20,441	235,155	10
11	Cafeteria		815,618	10,394		10,394		11
12	Maintenance of Personnel							12
13	Nursing Administration		4,290,892	10,657		10,657		13
14	Central Services & Supply		8,807,271	10,227		10,227		14
15	Pharmacy		6,970,175	5,041		5,041		15
16	Medical Records & Library		818,394					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		62,769,181	168,728	474,786	168,728	188,910	30
31	Intensive Care Unit		15,190,354	36,298	84,060	36,298	28,230	31
32	Coronary Care Unit		2,345,925	8,711	31,981	8,711		32
35	NEONATAL INTENSIVE CARE UNIT		6,965,934	6,932	6,952	6,932		35
40	Subprovider - IPF		8,740,629	39,450	46,846	39,450	18,015	40
43	Nursery		2,378,295	9,417		9,417		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		48,027,739	92,887	268,849	92,887		50
51	Recovery Room		5,439,444	11,963	25,029	11,963		51
52	Delivery Room & Labor Room		10,466,860	24,660	95,004	24,660		52
53	Anesthesiology		2,865,946					53
54	Radiology-Diagnostic		9,270,746	34,945	92,562	34,945		54
55	Radiology-Therapeutic		11,020,643	25,694	83,049	25,694		55
56	Radioisotope		1,820,167	3,282		3,282		56
57	CT Scan		2,523,215	3,974	9,050	3,974		57
58	MRI		2,801,649	4,159		4,159		58
60	Laboratory		73,442,451	27,260	1,567	27,260		60
62	Whole Blood & Packed Red Blood Cells		4,548,880	1,257		1,257		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		1,319,974	621		621		64
65	Respiratory Therapy		4,414,270	3,316		3,316		65
66	Physical Therapy		12,818,229	8,531	28,412	8,531		66
67	Occupational Therapy		1,839,829	316		316		67
68	Speech Pathology		995,296	459		459		68
69	Electrocardiology		23,208,769	25,680	44,495	25,680		69
70	Electroencephalography		2,301,739	4,664	23,782	4,664		70
71	Medical Supplies Charged to Patients		1,834,175					71
72	Impl. Dev. Charged to Patients		22,051,239					72
73	Drugs Charged to Patients		57,619,920					73
74	Renal Dialysis		984,763	1,298		1,298		74
75.01	CARDIAC REHAB		748,444		7,936			75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT		777,694	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		24,107,796	19,338	69,107	19,338		90
90.01	PATIENT TREATMENT CENTER		2,541,209	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		1,916,299	9,643	8,080	9,643		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE		559,064	1,529		1,529		90.06
91	Emergency		13,295,459	32,780	134,233	32,780		91
92	Observation Beds (Non-Distinct Part)							92

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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	
	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)	-226,841,276	527,879,507	696,063	1,555,246	674,192	235,155	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		849,047					190
190.01	KOFEE KORNER							190.01
191	Research		1,392					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	Cost to be allocated (Per Wkst. B, Part I)		226,841,276	69,820,031	966,650	13,169,282	9,608,868	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.429031	100.307057	0.621542	19.533430	40.861849	203
204	Cost to be allocated (Per Wkst. B, Part II)		22,803,340	27,640,021	397,385	1,640,673	1,899,338	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.043129	39.709079	0.255513	2.433540	8.076962	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	281,873					11
12	Maintenance of Personnel						12
13	Nursing Administration	2,792	3,079,641				13
14	Central Services & Supply	6,498		22,960,918			14
15	Pharmacy	5,731			57,737,773		15
16	Medical Records & Library	1,009			50	4,158,710,423	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	53,677	1,116,485		70,104	271,728,996	30
31	Intensive Care Unit	12,148	252,669		25,125	73,099,798	31
32	Coronary Care Unit	1,851	38,505		1,300	10,365,016	32
35	NEONATAL INTENSIVE CARE UNIT	5,613	116,759		48	37,391,496	35
40	Subprovider - IPF	7,853				39,621,605	40
43	Nursery	1,790	37,230			10,740,702	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	18,800	391,041		16,038	353,956,622	50
51	Recovery Room	4,974	103,467		9	76,385,084	51
52	Delivery Room & Labor Room	7,923	164,802		59,285	42,541,306	52
53	Anesthesiology	1,006	20,920		12,965	46,273,839	53
54	Radiology-Diagnostic	7,767			13,954	116,995,163	54
55	Radiology-Therapeutic	8,592			12,118	95,634,385	55
56	Radioisotope	612	12,734		539	27,309,273	56
57	CT Scan	1,978			9,618	167,415,533	57
58	MRI	2,010			6,142	75,027,776	58
60	Laboratory	59,655			16,811	808,261,781	60
62	Whole Blood & Packed Red Blood Cells	1,685				16,558,907	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	791			4,441	38,378,181	64
65	Respiratory Therapy	4,251	88,419		1,034	50,310,838	65
66	Physical Therapy	12,437	258,694		1,548	70,314,764	66
67	Occupational Therapy	1,777	36,958			13,716,743	67
68	Speech Pathology	914	19,021			7,594,697	68
69	Electrocardiology	8,222	171,023		7,688	118,182,792	69
70	Electroencephalography	1,922	39,974			21,798,311	70
71	Medical Supplies Charged to Patients			1,296,534		387,955,057	71
72	Impl. Dev. Charged to Patients			21,664,384		223,122,763	72
73	Drugs Charged to Patients				57,066,225	672,046,147	73
74	Renal Dialysis					5,271,833	74
75.01	CARDIAC REHAB	593			567	2,655,213	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	517			19	12,791,091	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	21,208			389,030	90,385,213	90
90.01	PATIENT TREATMENT CENTER	2,287			2,773	19,485,120	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	1,990				10,172,031	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	419			1,673	1,056,525	90.06

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE		
		11	13	14	15	16		
91	Emergency	10,141	210,940		18,669	144,165,822		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)	281,433	3,079,641	22,960,918	57,737,773	4,158,710,423		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	417						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)	2,411,165	7,432,841	13,867,055	10,613,735	1,178,150		202
203	Unit Cost Multiplier (Wkst. B, Part I)	8.554083	2.413541	0.603942	0.183827	0.000283		203
204	Cost to be allocated (Per Wkst. B, Part II)	935,894	1,081,416	3,851,790	723,884	38,648		204
205	Unit Cost Multiplier (Wkst. B, Part II)	3.320268	0.351150	0.167754	0.012537	0.000009		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

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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	121,177,486		121,177,486	2,060	121,179,546	30
31	Intensive Care Unit	28,002,282		28,002,282		28,002,282	31
32	Coronary Care Unit	4,528,148		4,528,148		4,528,148	32
35	NEONATAL INTENSIVE CARE UNIT	11,130,000		11,130,000	6,700	11,136,700	35
40	Subprovider - IPF	18,061,968		18,061,968	105,376	18,167,344	40
43	Nursery	4,635,403		4,635,403		4,635,403	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,139,581		81,139,581	27,894	81,167,475	50
51	Recovery Room	9,536,231		9,536,231		9,536,231	51
52	Delivery Room & Labor Room	18,460,249		18,460,249		18,460,249	52
53	Anesthesiology	4,170,100		4,170,100		4,170,100	53
54	Radiology-Diagnostic	17,595,655		17,595,655		17,595,655	54
55	Radiology-Therapeutic	18,982,430		18,982,430	42,695	19,025,125	55
56	Radioisotope	3,038,189		3,038,189		3,038,189	56
57	CT Scan	4,153,690		4,153,690		4,153,690	57
58	MRI	4,541,616		4,541,616		4,541,616	58
60	Laboratory	108,962,459		108,962,459		108,962,459	60
62	Whole Blood & Packed Red Blood Cells	6,670,231		6,670,231		6,670,231	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	1,979,148		1,979,148		1,979,148	64
65	Respiratory Therapy	6,969,714		6,969,714		6,969,714	65
66	Physical Therapy	20,108,606		20,108,606		20,108,606	66
67	Occupational Therapy	2,775,326		2,775,326		2,775,326	67
68	Speech Pathology	1,533,191		1,533,191		1,533,191	68
69	Electrocardiology	36,789,171		36,789,171		36,789,171	69
70	Electroencephalography	3,982,063		3,982,063		3,982,063	70
71	Medical Supplies Charged to Patients	3,513,915		3,513,915		3,513,915	71
72	Impl. Dev. Charged to Patients	44,659,072		44,659,072		44,659,072	72
73	Drugs Charged to Patients	93,021,128		93,021,128		93,021,128	73
74	Renal Dialysis	1,564,302		1,564,302		1,564,302	74
75.01	CARDIAC REHAB	1,080,411		1,080,411		1,080,411	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	1,507,375		1,507,375		1,507,375	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	37,089,724		37,089,724		37,089,724	90
90.01	PATIENT TREATMENT CENTER	4,436,432		4,436,432		4,436,432	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	3,918,997		3,918,997	14,855	3,933,852	90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	986,347		986,347		986,347	90.06
91	Emergency	23,651,515		23,651,515	17,998	23,669,513	91
92	Observation Beds (Non-Distinct Part)	29,341,377		29,341,377		29,341,377	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)	783,693,532		783,693,532	217,578	783,911,110	200
201	Less Observation Beds	29,341,377		29,341,377		29,341,377	201
202	Total (line 200 minus line 201)	754,352,155		754,352,155		754,569,733	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	222,150,928		222,150,928				30
31	Intensive Care Unit	72,388,748		72,388,748				31
32	Coronary Care Unit	10,294,594		10,294,594				32
35	NEONATAL INTENSIVE CARE UNIT	37,380,200		37,380,200				35
40	Subprovider - IPF	39,605,379		39,605,379				40
43	Nursery	10,740,702		10,740,702				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	174,388,309	179,566,257	353,954,566	0.229237	0.229237	0.229316	50
51	Recovery Room	25,279,625	51,105,460	76,385,085	0.124844	0.124844	0.124844	51
52	Delivery Room & Labor Room	33,515,848	8,307,731	41,823,579	0.441384	0.441384	0.441384	52
53	Anesthesiology	21,415,140	24,858,700	46,273,840	0.090118	0.090118	0.090118	53
54	Radiology-Diagnostic	30,280,159	86,715,004	116,995,163	0.150396	0.150396	0.150396	54
55	Radiology-Therapeutic	1,548,536	94,085,849	95,634,385	0.198490	0.198490	0.198936	55
56	Radioisotope	4,137,873	23,171,400	27,309,273	0.111251	0.111251	0.111251	56
57	CT Scan	49,760,643	117,654,889	167,415,532	0.024811	0.024811	0.024811	57
58	MRI	17,834,069	57,193,707	75,027,776	0.060532	0.060532	0.060532	58
60	Laboratory	119,858,194	688,403,587	808,261,781	0.134811	0.134811	0.134811	60
62	Whole Blood & Packed Red Blood Cells	10,336,104	6,222,803	16,558,907	0.402818	0.402818	0.402818	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	6,628,270	31,749,911	38,378,181	0.051570	0.051570	0.051570	64
65	Respiratory Therapy	46,098,807	4,212,031	50,310,838	0.138533	0.138533	0.138533	65
66	Physical Therapy	9,550,472	60,764,293	70,314,765	0.285980	0.285980	0.285980	66
67	Occupational Therapy	5,267,052	8,449,691	13,716,743	0.202331	0.202331	0.202331	67
68	Speech Pathology	4,049,237	3,545,459	7,594,696	0.201877	0.201877	0.201877	68
69	Electrocardiology	40,686,046	77,496,746	118,182,792	0.311290	0.311290	0.311290	69
70	Electroencephalography	7,901,058	13,897,253	21,798,311	0.182678	0.182678	0.182678	70
71	Medical Supplies Charged to Patients	237,811,657	150,143,400	387,955,057	0.009058	0.009058	0.009058	71
72	Impl. Dev. Charged to Patients	149,806,938	73,315,825	223,122,763	0.200155	0.200155	0.200155	72
73	Drugs Charged to Patients	253,118,210	418,927,937	672,046,147	0.138415	0.138415	0.138415	73
74	Renal Dialysis	5,271,832		5,271,832	0.296728	0.296728	0.296728	74
75.01	CARDIAC REHAB	231,549	2,423,664	2,655,213	0.406902	0.406902	0.406902	75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	1,724,518	11,066,574	12,791,092	0.117846	0.117846	0.117846	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	142,268	90,242,945	90,385,213	0.410352	0.410352	0.410352	90
90.01	PATIENT TREATMENT CENTER	6,508,452	12,976,668	19,485,120	0.227683	0.227683	0.227683	90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	425	10,171,606	10,172,031	0.385272	0.385272	0.386732	90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	6,211	1,050,314	1,056,525	0.933577	0.933577	0.933577	90.06
91	Emergency	41,111,922	103,053,900	144,165,822	0.164058	0.164058	0.164183	91
92	Observation Beds (Non-Distinct Part)	16,131,080	34,975,766	51,106,846	0.574118	0.574118	0.574118	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)	1,712,961,055	2,445,749,370	4,158,710,425				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,712,961,055	2,445,749,370	4,158,710,425				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check [] Title V [XX] PPS
Applicable [XX] 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	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	20,000,049		20,000,049	82,538	242.31	23,072	5,590,576	30
31	Intensive Care Unit	3,981,463		3,981,463	8,328	478.08	3,364	1,608,261	31
32	Coronary Care Unit	820,676		820,676	1,878	436.99			32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	1,036,754		1,036,754	7,387	140.35			35
40	Subprovider - IPF	3,774,673		3,774,673	10,139	372.29	1,614	600,876	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	882,901		882,901	6,174	143.00			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	30,496,516		30,496,516	116,444		28,050	7,799,713	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	10,295,438	353,954,566	0.029087	61,700,586	1,794,685	50
51	Recovery Room	1,256,293	76,385,085	0.016447	8,700,231	143,093	51
52	Delivery Room & Labor Room	2,609,417	41,823,579	0.062391	10,365	647	52
53	Anesthesiology	190,266	46,273,840	0.004112	7,235,884	29,754	53
54	Radiology-Diagnostic	3,288,053	116,995,163	0.028104	14,247,850	400,422	54
55	Radiology-Therapeutic	2,633,042	95,634,385	0.027532	608,005	16,740	55
56	Radioisotope	348,674	27,309,273	0.012768	2,033,844	25,968	56
57	CT Scan	469,636	167,415,532	0.002805	21,718,683	60,921	57
58	MRI	463,375	75,027,776	0.006176	6,680,286	41,257	58
60	Laboratory	6,108,230	808,261,781	0.007557	51,233,084	387,168	60
62	Whole Blood & Packed Red Blood	304,286	16,558,907	0.018376	2,512,287	46,166	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	110,491	38,378,181	0.002879	2,451,390	7,058	64
65	Respiratory Therapy	570,890	50,310,838	0.011347	20,486,721	232,463	65
66	Physical Therapy	1,478,469	70,314,765	0.021026	4,739,065	99,644	66
67	Occupational Therapy	124,733	13,716,743	0.009093	2,662,159	24,207	67
68	Speech Pathology	90,165	7,594,696	0.011872	2,113,553	25,092	68
69	Electrocardiology	3,436,446	118,182,792	0.029077	15,782,775	458,916	69
70	Electroencephalography	497,707	21,798,311	0.022832	2,514,321	57,407	70
71	Medical Supplies Charged to Pat	303,485	387,955,057	0.000782	93,072,522	72,783	71
72	Impl. Dev. Charged to Patients	4,589,785	223,122,763	0.020571	73,362,669	1,509,143	72
73	Drugs Charged to Patients	3,210,091	672,046,147	0.004777	83,160,143	397,256	73
74	Renal Dialysis	126,676	5,271,832	0.024029	4,093,592	98,365	74
75.01	CARDIAC REHAB	36,312	2,655,213	0.013676	73,696	1,008	75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	296,206	12,791,092	0.023157	701,949	16,255	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	2,771,895	90,385,213	0.030668	61,855	1,897	90
90.01	PATIENT TREATMENT CENTER	658,848	19,485,120	0.033813	2,049,309	69,293	90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	867,762	10,172,031	0.085309			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	155,920	1,056,525	0.147578			90.06
91	Emergency	3,619,906	144,165,822	0.025109	16,855,579	423,227	91
92	Observation Beds (Non-Distinct	4,842,648	51,106,846	0.094755	9,295,246	880,771	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	55,755,145	3,766,149,874		510,157,649	7,321,606	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	82,538		23,072		30
31	Intensive Care Unit	8,328		3,364		31
32	Coronary Care Unit	1,878				32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,387				35
40	Subprovider - IPF	10,139		1,614		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,174				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	116,444		28,050		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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 [XX] PPS
 Applicable [XX] 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	353,954,566			61,700,586		40,319,341		50
51	Recovery Room	76,385,085			8,700,231		10,560,147		51
52	Delivery Room & Labor Room	41,823,579			10,365				52
53	Anesthesiology	46,273,840			7,235,884		5,472,742		53
54	Radiology-Diagnostic	116,995,163			14,247,850		17,495,742		54
55	Radiology-Therapeutic	95,634,385			608,005		22,565,010		55
56	Radioisotope	27,309,273			2,033,844		9,371,576		56
57	CT Scan	167,415,532			21,718,683		36,956,792		57
58	MRI	75,027,776			6,680,286		16,724,225		58
60	Laboratory	808,261,781			51,233,084		29,776,198		60
62	Whole Blood & Packed Red Blood	16,558,907			2,512,287		1,309,807		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	38,378,181			2,451,390		7,688,309		64
65	Respiratory Therapy	50,310,838			20,486,721		1,877,514		65
66	Physical Therapy	70,314,765			4,739,065		485,035		66
67	Occupational Therapy	13,716,743			2,662,159		181,235		67
68	Speech Pathology	7,594,696			2,113,553		113,701		68
69	Electrocardiology	118,182,792			15,782,775		21,583,403		69
70	Electroencephalography	21,798,311			2,514,321		3,041,769		70
71	Medical Supplies Charged to Pat	387,955,057			93,072,522		35,775,873		71
72	Impl. Dev. Charged to Patients	223,122,763			73,362,669		19,852,446		72
73	Drugs Charged to Patients	672,046,147			83,160,143		129,894,378		73
74	Renal Dialysis	5,271,832			4,093,592		561,845		74
75.01	CARDIAC REHAB	2,655,213			73,696		795,220		75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	12,791,092			701,949		4,720,979		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	90,385,213			61,855		2,685,842		90
90.01	PATIENT TREATMENT CENTER	19,485,120			2,049,309		1,973,481		90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	10,172,031					682,664		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,056,525							90.06
91	Emergency	144,165,822			16,855,579		21,160,773		91
92	Observation Beds (Non-Distinct	51,106,846			9,295,246		9,510,181		92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	3,766,149,874			510,157,649		453,136,228		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	0.229237	40,319,341			9,242,685			50
51	Recovery Room	0.124844	10,560,147			1,318,371			51
52	Delivery Room & Labor Room	0.441384							52
53	Anesthesiology	0.090118	5,472,742			493,193			53
54	Radiology-Diagnostic	0.150396	17,495,742			2,631,290			54
55	Radiology-Therapeutic	0.198490	22,565,010			4,478,929			55
56	Radioisotope	0.111251	9,371,576			1,042,597			56
57	CT Scan	0.024811	36,956,792			916,935			57
58	MRI	0.060532	16,724,225			1,012,351			58
60	Laboratory	0.134811	29,776,198	63,786		4,014,159	8,599		60
62	Whole Blood & Packed Red Blood	0.402818	1,309,807			527,614			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.051570	7,688,309			396,486			64
65	Respiratory Therapy	0.138533	1,877,514			260,098			65
66	Physical Therapy	0.285980	485,035			138,710			66
67	Occupational Therapy	0.202331	181,235			36,669			67
68	Speech Pathology	0.201877	113,701			22,954			68
69	Electrocardiology	0.311290	21,583,403			6,718,698			69
70	Electroencephalography	0.182678	3,041,769			555,664			70
71	Medical Supplies Charged to Pat	0.009058	35,775,873			324,058			71
72	Impl. Dev. Charged to Patients	0.200155	19,852,446	40,411		3,973,566	8,088		72
73	Drugs Charged to Patients	0.138415	129,894,378	3,814	260,475	17,979,330	528	36,054	73
74	Renal Dialysis	0.296728	561,845			166,715			74
75.01	CARDIAC REHAB	0.406902	795,220			323,577			75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	0.117846	4,720,979			556,348			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	0.410352	2,685,842			1,102,141			90
90.01	PATIENT TREATMENT CENTER	0.227683	1,973,481			449,328			90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.385272	682,664			263,011			90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	0.933577							90.06
91	Emergency	0.164058	21,160,773			3,471,594			91
92	Observation Beds (Non-Distinct	0.574118	9,510,181	1,642		5,459,966	943		92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		453,136,228	109,653	260,475	67,877,037	18,158	36,054	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		453,136,228	109,653	260,475	67,877,037	18,158	36,054	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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) PPS
 Applicable 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	10,295,438	353,954,566	0.029087	2,064	60	50
51	Recovery Room	1,256,293	76,385,085	0.016447	185,834	3,056	51
52	Delivery Room & Labor Room	2,609,417	41,823,579	0.062391			52
53	Anesthesiology	190,266	46,273,840	0.004112	122,598	504	53
54	Radiology-Diagnostic	3,288,053	116,995,163	0.028104	57,329	1,611	54
55	Radiology-Therapeutic	2,633,042	95,634,385	0.027532	2,756	76	55
56	Radioisotope	348,674	27,309,273	0.012768			56
57	CT Scan	469,636	167,415,532	0.002805	96,816	272	57
58	MRI	463,375	75,027,776	0.006176	27,668	171	58
60	Laboratory	6,108,230	808,261,781	0.007557	480,849	3,634	60
62	Whole Blood & Packed Red Blood	304,286	16,558,907	0.018376			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	110,491	38,378,181	0.002879	19,546	56	64
65	Respiratory Therapy	570,890	50,310,838	0.011347	23,772	270	65
66	Physical Therapy	1,478,469	70,314,765	0.021026	7,441	156	66
67	Occupational Therapy	124,733	13,716,743	0.009093	1,010	9	67
68	Speech Pathology	90,165	7,594,696	0.011872	2,620	31	68
69	Electrocardiology	3,436,446	118,182,792	0.029077	41,231	1,199	69
70	Electroencephalography	497,707	21,798,311	0.022832	3,394	77	70
71	Medical Supplies Charged to Pat	303,485	387,955,057	0.000782	125,959	98	71
72	Impl. Dev. Charged to Patients	4,589,785	223,122,763	0.020571			72
73	Drugs Charged to Patients	3,210,091	672,046,147	0.004777	865,839	4,136	73
74	Renal Dialysis	126,676	5,271,832	0.024029	17,940	431	74
75.01	CARDIAC REHAB	36,312	2,655,213	0.013676			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	296,206	12,791,092	0.023157	2,450	57	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	2,771,895	90,385,213	0.030668	303	9	90
90.01	PATIENT TREATMENT CENTER	658,848	19,485,120	0.033813			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	867,762	10,172,031	0.085309			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	155,920	1,056,525	0.147578			90.06
91	Emergency	3,619,906	144,165,822	0.025109	443,155	11,127	91
92	Observation Beds (Non-Distinct		51,106,846				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	50,912,497	3,766,149,874		2,530,574	27,040	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	353,954,566			2,064				50
51	Recovery Room	76,385,085			185,834				51
52	Delivery Room & Labor Room	41,823,579							52
53	Anesthesiology	46,273,840			122,598				53
54	Radiology-Diagnostic	116,995,163			57,329		1,545		54
55	Radiology-Therapeutic	95,634,385			2,756				55
56	Radioisotope	27,309,273							56
57	CT Scan	167,415,532			96,816		5,150		57
58	MRI	75,027,776			27,668				58
60	Laboratory	808,261,781			480,849		1,354		60
62	Whole Blood & Packed Red Blood	16,558,907							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	38,378,181			19,546				64
65	Respiratory Therapy	50,310,838			23,772				65
66	Physical Therapy	70,314,765			7,441				66
67	Occupational Therapy	13,716,743			1,010				67
68	Speech Pathology	7,594,696			2,620				68
69	Electrocardiology	118,182,792			41,231		2,848		69
70	Electroencephalography	21,798,311			3,394		2,274		70
71	Medical Supplies Charged to Pat	387,955,057			125,959				71
72	Impl. Dev. Charged to Patients	223,122,763							72
73	Drugs Charged to Patients	672,046,147			865,839				73
74	Renal Dialysis	5,271,832			17,940				74
75.01	CARDIAC REHAB	2,655,213							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	12,791,092			2,450				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	90,385,213			303				90
90.01	PATIENT TREATMENT CENTER	19,485,120							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	10,172,031					24,561		90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,056,525							90.06
91	Emergency	144,165,822			443,155				91
92	Observation Beds (Non-Distinct	51,106,846							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	3,766,149,874			2,530,574		37,732		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	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	0.229237						50
51	Recovery Room	0.124844						51
52	Delivery Room & Labor Room	0.441384						52
53	Anesthesiology	0.090118						53
54	Radiology-Diagnostic	0.150396	1,545			232		54
55	Radiology-Therapeutic	0.198490						55
56	Radioisotope	0.111251						56
57	CT Scan	0.024811	5,150			128		57
58	MRI	0.060532						58
60	Laboratory	0.134811	1,354			183		60
62	Whole Blood & Packed Red Blood	0.402818						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.051570						64
65	Respiratory Therapy	0.138533						65
66	Physical Therapy	0.285980						66
67	Occupational Therapy	0.202331						67
68	Speech Pathology	0.201877						68
69	Electrocardiology	0.311290	2,848			887		69
70	Electroencephalography	0.182678	2,274			415		70
71	Medical Supplies Charged to Pat	0.009058						71
72	Impl. Dev. Charged to Patients	0.200155						72
73	Drugs Charged to Patients	0.138415						73
74	Renal Dialysis	0.296728						74
75.01	CARDIAC REHAB	0.406902						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	0.117846						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	0.410352						90
90.01	PATIENT TREATMENT CENTER	0.227683						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	0.385272	24,561			9,463		90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	0.933577						90.06
91	Emergency	0.164058						91
92	Observation Beds (Non-Distinct	0.574118						92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		37,732			11,308		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		37,732			11,308		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	20,000,049		20,000,049	82,538	242.31	4,538	1,099,603	30
31	Intensive Care Unit	3,981,463		3,981,463	8,328	478.08	604	288,760	31
32	Coronary Care Unit	820,676		820,676	1,878	436.99	136	59,431	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATAL INTENSIVE CARE UNIT	1,036,754		1,036,754	7,387	140.35	536	75,228	35
40	Subprovider - IPF	3,774,673		3,774,673	10,139	372.29	777	289,269	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	882,901		882,901	6,174	143.00	448	64,064	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	30,496,516		30,496,516	116,444		7,039	1,876,355	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0242

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 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	10,295,438	353,954,566	0.029087			50
51	Recovery Room	1,256,293	76,385,085	0.016447			51
52	Delivery Room & Labor Room	2,609,417	41,823,579	0.062391			52
53	Anesthesiology	190,266	46,273,840	0.004112			53
54	Radiology-Diagnostic	3,288,053	116,995,163	0.028104			54
55	Radiology-Therapeutic	2,633,042	95,634,385	0.027532			55
56	Radioisotope	348,674	27,309,273	0.012768			56
57	CT Scan	469,636	167,415,532	0.002805			57
58	MRI	463,375	75,027,776	0.006176			58
60	Laboratory	6,108,230	808,261,781	0.007557			60
62	Whole Blood & Packed Red Blood	304,286	16,558,907	0.018376			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	110,491	38,378,181	0.002879			64
65	Respiratory Therapy	570,890	50,310,838	0.011347			65
66	Physical Therapy	1,478,469	70,314,765	0.021026			66
67	Occupational Therapy	124,733	13,716,743	0.009093			67
68	Speech Pathology	90,165	7,594,696	0.011872			68
69	Electrocardiology	3,436,446	118,182,792	0.029077			69
70	Electroencephalography	497,707	21,798,311	0.022832			70
71	Medical Supplies Charged to Pat	303,485	387,955,057	0.000782			71
72	Impl. Dev. Charged to Patients	4,589,785	223,122,763	0.020571			72
73	Drugs Charged to Patients	3,210,091	672,046,147	0.004777			73
74	Renal Dialysis	126,676	5,271,832	0.024029			74
75.01	CARDIAC REHAB	36,312	2,655,213	0.013676			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	296,206	12,791,092	0.023157			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	2,771,895	90,385,213	0.030668			90
90.01	PATIENT TREATMENT CENTER	658,848	19,485,120	0.033813			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	867,762	10,172,031	0.085309			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	155,920	1,056,525	0.147578			90.06
91	Emergency	3,619,906	144,165,822	0.025109			91
92	Observation Beds (Non-Distinct	4,842,648	51,106,846	0.094755			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	55,755,145	3,766,149,874				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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	82,538		4,538		30
31	Intensive Care Unit	8,328		604		31
32	Coronary Care Unit	1,878		136		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATAL INTENSIVE CARE UNIT	7,387		536		35
40	Subprovider - IPF	10,139		777		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	6,174		448		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	116,444		7,039		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
60	Laboratory							60
62	Whole Blood & Packed Red Blood							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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	353,954,566							50
51	Recovery Room	76,385,085							51
52	Delivery Room & Labor Room	41,823,579							52
53	Anesthesiology	46,273,840							53
54	Radiology-Diagnostic	116,995,163							54
55	Radiology-Therapeutic	95,634,385							55
56	Radioisotope	27,309,273							56
57	CT Scan	167,415,532							57
58	MRI	75,027,776							58
60	Laboratory	808,261,781							60
62	Whole Blood & Packed Red Blood	16,558,907							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	38,378,181							64
65	Respiratory Therapy	50,310,838							65
66	Physical Therapy	70,314,765							66
67	Occupational Therapy	13,716,743							67
68	Speech Pathology	7,594,696							68
69	Electrocardiology	118,182,792							69
70	Electroencephalography	21,798,311							70
71	Medical Supplies Charged to Pat	387,955,057							71
72	Impl. Dev. Charged to Patients	223,122,763							72
73	Drugs Charged to Patients	672,046,147							73
74	Renal Dialysis	5,271,832							74
75.01	CARDIAC REHAB	2,655,213							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	12,791,092							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	90,385,213							90
90.01	PATIENT TREATMENT CENTER	19,485,120							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	10,172,031							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,056,525							90.06
91	Emergency	144,165,822							91
92	Observation Beds (Non-Distinct	51,106,846							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	3,766,149,874							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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	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	0.229237						50
51	Recovery Room	0.124844						51
52	Delivery Room & Labor Room	0.441384						52
53	Anesthesiology	0.090118						53
54	Radiology-Diagnostic	0.150396						54
55	Radiology-Therapeutic	0.198490						55
56	Radioisotope	0.111251						56
57	CT Scan	0.024811						57
58	MRI	0.060532						58
60	Laboratory	0.134811						60
62	Whole Blood & Packed Red Blood	0.402818						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.051570						64
65	Respiratory Therapy	0.138533						65
66	Physical Therapy	0.285980						66
67	Occupational Therapy	0.202331						67
68	Speech Pathology	0.201877						68
69	Electrocardiology	0.311290						69
70	Electroencephalography	0.182678						70
71	Medical Supplies Charged to Pat	0.009058						71
72	Impl. Dev. Charged to Patients	0.200155						72
73	Drugs Charged to Patients	0.138415						73
74	Renal Dialysis	0.296728						74
75.01	CARDIAC REHAB	0.406902						75.01
75.02	SLEEP LAB							75.02
75.03	INPATIENT DIALYSIS							75.03
75.04	PAIN MANAGEMENT	0.117846						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	0.410352						90
90.01	PATIENT TREATMENT CENTER	0.227683						90.01
90.02	REHAB SERVICES-BLOOMINGDALE							90.02
90.03	CANTERA							90.03
90.04	MENTAL HEALTH O/P	0.385272						90.04
90.05	WOMEN'S CLINIC							90.05
90.06	WOUND CARE	0.933577						90.06
91	Emergency	0.164058						91
92	Observation Beds (Non-Distinct	0.574118						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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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 IPF
 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	10,295,438	353,954,566	0.029087			50
51	Recovery Room	1,256,293	76,385,085	0.016447			51
52	Delivery Room & Labor Room	2,609,417	41,823,579	0.062391			52
53	Anesthesiology	190,266	46,273,840	0.004112			53
54	Radiology-Diagnostic	3,288,053	116,995,163	0.028104			54
55	Radiology-Therapeutic	2,633,042	95,634,385	0.027532			55
56	Radioisotope	348,674	27,309,273	0.012768			56
57	CT Scan	469,636	167,415,532	0.002805			57
58	MRI	463,375	75,027,776	0.006176			58
60	Laboratory	6,108,230	808,261,781	0.007557			60
62	Whole Blood & Packed Red Blood	304,286	16,558,907	0.018376			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	110,491	38,378,181	0.002879			64
65	Respiratory Therapy	570,890	50,310,838	0.011347			65
66	Physical Therapy	1,478,469	70,314,765	0.021026			66
67	Occupational Therapy	124,733	13,716,743	0.009093			67
68	Speech Pathology	90,165	7,594,696	0.011872			68
69	Electrocardiology	3,436,446	118,182,792	0.029077			69
70	Electroencephalography	497,707	21,798,311	0.022832			70
71	Medical Supplies Charged to Pat	303,485	387,955,057	0.000782			71
72	Impl. Dev. Charged to Patients	4,589,785	223,122,763	0.020571			72
73	Drugs Charged to Patients	3,210,091	672,046,147	0.004777			73
74	Renal Dialysis	126,676	5,271,832	0.024029			74
75.01	CARDIAC REHAB	36,312	2,655,213	0.013676			75.01
75.02	SLEEP LAB						75.02
75.03	INPATIENT DIALYSIS						75.03
75.04	PAIN MANAGEMENT	296,206	12,791,092	0.023157			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	2,771,895	90,385,213	0.030668			90
90.01	PATIENT TREATMENT CENTER	658,848	19,485,120	0.033813			90.01
90.02	REHAB SERVICES-BLOOMINGDALE						90.02
90.03	CANTERA						90.03
90.04	MENTAL HEALTH O/P	867,762	10,172,031	0.085309			90.04
90.05	WOMEN'S CLINIC						90.05
90.06	WOUND CARE	155,920	1,056,525	0.147578			90.06
91	Emergency	3,619,906	144,165,822	0.025109			91
92	Observation Beds (Non-Distinct		51,106,846				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	50,912,497	3,766,149,874				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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	353,954,566							50
51	Recovery Room	76,385,085							51
52	Delivery Room & Labor Room	41,823,579							52
53	Anesthesiology	46,273,840							53
54	Radiology-Diagnostic	116,995,163							54
55	Radiology-Therapeutic	95,634,385							55
56	Radioisotope	27,309,273							56
57	CT Scan	167,415,532							57
58	MRI	75,027,776							58
60	Laboratory	808,261,781							60
62	Whole Blood & Packed Red Blood	16,558,907							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	38,378,181							64
65	Respiratory Therapy	50,310,838							65
66	Physical Therapy	70,314,765							66
67	Occupational Therapy	13,716,743							67
68	Speech Pathology	7,594,696							68
69	Electrocardiology	118,182,792							69
70	Electroencephalography	21,798,311							70
71	Medical Supplies Charged to Pat	387,955,057							71
72	Impl. Dev. Charged to Patients	223,122,763							72
73	Drugs Charged to Patients	672,046,147							73
74	Renal Dialysis	5,271,832							74
75.01	CARDIAC REHAB	2,655,213							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	12,791,092							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	90,385,213							90
90.01	PATIENT TREATMENT CENTER	19,485,120							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	10,172,031							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	1,056,525							90.06
91	Emergency	144,165,822							91
92	Observation Beds (Non-Distinct	51,106,846							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	3,766,149,874							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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.229237							50
51	Recovery Room	0.124844							51
52	Delivery Room & Labor Room	0.441384							52
53	Anesthesiology	0.090118							53
54	Radiology-Diagnostic	0.150396							54
55	Radiology-Therapeutic	0.198490							55
56	Radioisotope	0.111251							56
57	CT Scan	0.024811							57
58	MRI	0.060532							58
60	Laboratory	0.134811							60
62	Whole Blood & Packed Red Blood	0.402818							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.051570							64
65	Respiratory Therapy	0.138533							65
66	Physical Therapy	0.285980							66
67	Occupational Therapy	0.202331							67
68	Speech Pathology	0.201877							68
69	Electrocardiology	0.311290							69
70	Electroencephalography	0.182678							70
71	Medical Supplies Charged to Pat	0.009058							71
72	Impl. Dev. Charged to Patients	0.200155							72
73	Drugs Charged to Patients	0.138415							73
74	Renal Dialysis	0.296728							74
75.01	CARDIAC REHAB	0.406902							75.01
75.02	SLEEP LAB								75.02
75.03	INPATIENT DIALYSIS								75.03
75.04	PAIN MANAGEMENT	0.117846							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	0.410352							90
90.01	PATIENT TREATMENT CENTER	0.227683							90.01
90.02	REHAB SERVICES-BLOOMINGDALE								90.02
90.03	CANTERA								90.03
90.04	MENTAL HEALTH O/P	0.385272							90.04
90.05	WOMEN'S CLINIC								90.05
90.06	WOUND CARE	0.933577							90.06
91	Emergency	0.164058							91
92	Observation Beds (Non-Distinct	0.574118							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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	82,538	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	82,538	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)	62,553	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)	23,072	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)	121,179,546	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)	121,179,546	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)	121,179,546	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,468.17	38	
39	Program general inpatient routine service cost (line 9 x line 38)					33,873.618	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)					33,873.618	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	28,002.282	8,328	3,362.43	3,364	11,311.215	43	
44	Coronary Care Unit	4,528.148	1,878	2,411.15			44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATAL INTENSIVE CARE UNIT	11,136.700	7,387	1,507.61			47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					74,862.144	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					120,046.977	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,198.837	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,321.606	51
52	Total Program excludable cost (sum of lines 50 and 51)					14,520.443	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					105,526.534	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)					19,985	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,468.17	88
89	Observation bed cost (line 87 x line 88) (see instructions)					29,341,377	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	20,000,049	121,179,546	0.165045	29,341,377	4,842,648	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	10,139	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,139	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)	10,139	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)	1,614	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)	18,167,344	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)	18,167,344	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)	18,167,344	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	82,538	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	82,538	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)	62,553	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)	4,538	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	6,174	15
16	Nursery days (title V or XIX only)	448	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)	121,177,486	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)	121,177,486	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)	121,177,486	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0242

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,468.14	38	
39	Program general inpatient routine service cost (line 9 x line 38)					6,662,419	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)					6,662,419	41	
42	Nursery (Titles V and XIX only)	4,635,403	6,174	750.79	448	336,354	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	28,002,282	8,328	3,362.43	604	2,030,908	43	
44	Coronary Care Unit	4,528,148	1,878	2,411.15	136	327,916	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	NEONATAL INTENSIVE CARE UNIT	11,130,000	7,387	1,506.70	536	807,591	47	

							1	
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)					10,165,188	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,587,086	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)					1,587,086	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)					19,985	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	10,139	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,139	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)	10,139	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)	777	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)	18,061,968	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)	18,061,968	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)	18,061,968	37

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	1,781.43	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,384,171	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,384,171	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)	1,384,171	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	289,269	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)	289,269	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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		70,836,018		30
31	Intensive Care Unit		18,465,605		31
32	Coronary Care Unit				32
35	NEONATAL INTENSIVE CARE UNIT				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.229316	61,700,586	14,148,932	50
51	Recovery Room	0.124844	8,700,231	1,086,172	51
52	Delivery Room & Labor Room	0.441384	10,365	4,575	52
53	Anesthesiology	0.090118	7,235,884	652,083	53
54	Radiology-Diagnostic	0.150396	14,247,850	2,142,820	54
55	Radiology-Therapeutic	0.198936	608,005	120,954	55
56	Radioisotope	0.111251	2,033,844	226,267	56
57	CT Scan	0.024811	21,718,683	538,862	57
58	MRI	0.060532	6,680,286	404,371	58
60	Laboratory	0.134811	51,233,084	6,906,783	60
62	Whole Blood & Packed Red Blood Cells	0.402818	2,512,287	1,011,994	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.051570	2,451,390	126,418	64
65	Respiratory Therapy	0.138533	20,486,721	2,838,087	65
66	Physical Therapy	0.285980	4,739,065	1,355,278	66
67	Occupational Therapy	0.202331	2,662,159	538,637	67
68	Speech Pathology	0.201877	2,113,553	426,678	68
69	Electrocardiology	0.311290	15,782,775	4,913,020	69
70	Electroencephalography	0.182678	2,514,321	459,311	70
71	Medical Supplies Charged to Patients	0.009058	93,072,522	843,051	71
72	Impl. Dev. Charged to Patients	0.200155	73,362,669	14,683,905	72
73	Drugs Charged to Patients	0.138415	83,160,143	11,510,611	73
74	Renal Dialysis	0.296728	4,093,592	1,214,683	74
75.01	CARDIAC REHAB	0.406902	73,696	29,987	75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.117846	701,949	82,722	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	0.410352	61,855	25,382	90
90.01	PATIENT TREATMENT CENTER	0.227683	2,049,309	466,593	90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.386732			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.933577			90.06
91	Emergency	0.164183	16,855,579	2,767,400	91
92	Observation Beds (Non-Distinct Part)	0.574118	9,295,246	5,336,568	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		510,157,649	74,862,144	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		510,157,649		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
COST CENTER DESCRIPTION				
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
32				32
35				35
40		6,304,800		40
ANCILLARY SERVICE COST CENTERS				
50	0.229316	2,064	473	50
51	0.124844	185,834	23,200	51
52	0.441384			52
53	0.090118	122,598	11,048	53
54	0.150396	57,329	8,622	54
55	0.198936	2,756	548	55
56	0.111251			56
57	0.024811	96,816	2,402	57
58	0.060532	27,668	1,675	58
60	0.134811	480,849	64,824	60
62	0.402818			62
62.30				62.30
64	0.051570	19,546	1,008	64
65	0.138533	23,772	3,293	65
66	0.285980	7,441	2,128	66
67	0.202331	1,010	204	67
68	0.201877	2,620	529	68
69	0.311290	41,231	12,835	69
70	0.182678	3,394	620	70
71	0.009058	125,959	1,141	71
72	0.200155			72
73	0.138415	865,839	119,845	73
74	0.296728	17,940	5,323	74
75.01	0.406902			75.01
75.02				75.02
75.03				75.03
75.04	0.117846	2,450	289	75.04
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90	0.410352	303	124	90
90.01	0.227683			90.01
90.02				90.02
90.03				90.03
90.04	0.386732			90.04
90.05				90.05
90.06	0.933577			90.06
91	0.164183	443,155	72,759	91
92	0.574118			92
OTHER REIMBURSABLE COST CENTERS				
200		2,530,574	332,890	200
201				201
202		2,530,574		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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	0.229237			50
51	Recovery Room	0.124844			51
52	Delivery Room & Labor Room	0.441384			52
53	Anesthesiology	0.090118			53
54	Radiology-Diagnostic	0.150396			54
55	Radiology-Therapeutic	0.198490			55
56	Radioisotope	0.111251			56
57	CT Scan	0.024811			57
58	MRI	0.060532			58
60	Laboratory	0.134811			60
62	Whole Blood & Packed Red Blood Cells	0.402818			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.051570			64
65	Respiratory Therapy	0.138533			65
66	Physical Therapy	0.285980			66
67	Occupational Therapy	0.202331			67
68	Speech Pathology	0.201877			68
69	Electrocardiology	0.311290			69
70	Electroencephalography	0.182678			70
71	Medical Supplies Charged to Patients	0.009058			71
72	Impl. Dev. Charged to Patients	0.200155			72
73	Drugs Charged to Patients	0.138415			73
74	Renal Dialysis	0.296728			74
75.01	CARDIAC REHAB	0.406902			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.117846			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	0.410352			90
90.01	PATIENT TREATMENT CENTER	0.227683			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.385272			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.933577			90.06
91	Emergency	0.164058			91
92	Observation Beds (Non-Distinct Part)	0.574118			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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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	0.229237			50
51	Recovery Room	0.124844			51
52	Delivery Room & Labor Room	0.441384			52
53	Anesthesiology	0.090118			53
54	Radiology-Diagnostic	0.150396			54
55	Radiology-Therapeutic	0.198490			55
56	Radioisotope	0.111251			56
57	CT Scan	0.024811			57
58	MRI	0.060532			58
60	Laboratory	0.134811			60
62	Whole Blood & Packed Red Blood Cells	0.402818			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.051570			64
65	Respiratory Therapy	0.138533			65
66	Physical Therapy	0.285980			66
67	Occupational Therapy	0.202331			67
68	Speech Pathology	0.201877			68
69	Electrocardiology	0.311290			69
70	Electroencephalography	0.182678			70
71	Medical Supplies Charged to Patients	0.009058			71
72	Impl. Dev. Charged to Patients	0.200155			72
73	Drugs Charged to Patients	0.138415			73
74	Renal Dialysis	0.296728			74
75.01	CARDIAC REHAB	0.406902			75.01
75.02	SLEEP LAB				75.02
75.03	INPATIENT DIALYSIS				75.03
75.04	PAIN MANAGEMENT	0.117846			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	0.410352			90
90.01	PATIENT TREATMENT CENTER	0.227683			90.01
90.02	REHAB SERVICES-BLOOMINGDALE				90.02
90.03	CANTERA				90.03
90.04	MENTAL HEALTH O/P	0.385272			90.04
90.05	WOMEN'S CLINIC				90.05
90.06	WOUND CARE	0.933577			90.06
91	Emergency	0.164058			91
92	Observation Beds (Non-Distinct Part)	0.574118			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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	5,528,339			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	60,811,726			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)	6,736,997			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	8,592,309			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	292.25			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)	0.0180			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1630			31
32	Sum of lines 30 and 31	0.1810			32
33	Allowable disproportionate share percentage (see instructions)	0.0452			33
34	Disproportionate share adjustment (see instructions)	749,643			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
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)	2,576,520		2,505,064	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	211,190		2,299,168	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,510,358			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
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	76,337,063			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)	76,337,063			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	7,019,788			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	11,640			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)	83,368,491			59
60	Primary payer payments	6,494			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	83,361,997			61
62	Deductibles billed to program beneficiaries	6,207,068			62
63	Coinsurance billed to program beneficiaries	198,037			63
64	Allowable bad debts (see instructions)	752,190			64
65	Adjusted reimbursable bad debts (see instructions)	488,924			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	358,619			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	77,445,816			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)	-266,321			70.93
70.94	HRR adjustment amount (see instructions)	-15,867			70.94
71	Amount due provider (see instructions)	77,163,628			71
71.01	Sequestration adjustment (see instructions)	1,543,273			71.01
72	Interim payments	75,458,990			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	161,365			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,234,614			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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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)	54,212			1
2	Medical and other services reimbursed under OPSS (see instructions)	67,877,037			2
3	PPS payments	47,976,943			3
4	Outlier payment (see instructions)	1,015,485			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)	54,212			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	370,128			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)	370,128			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)	370,128			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	315,916			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) (see instructions)	54,212			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)	48,992,428			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	9,048,361			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)	39,998,279			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)	39,998,279			30
31	Primary payer payments	1,997			31
32	Subtotal (line 30 minus line 31)	39,996,282			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)	971,009			34
35	Adjusted reimbursable bad debts (see instructions)	631,156			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	639,012			36
37	Subtotal (see instructions)	40,627,438			37
38	MSP-LCC reconciliation amount from PS&R	1,927			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	40,625,511			40
40.01	Sequestration adjustment (see instructions)	812,510			40.01
41	Interim payments	39,664,227			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	148,774			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	860,661			44

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S242

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	11,308			2
3	PPS payments	10,338			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) (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)	10,338			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,068			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)	8,270			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)	8,270			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	8,270			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)	8,270			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)	8,270			40
40.01	Sequestration adjustment (see instructions)	165			40.01
41	Interim payments	8,105			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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		75,436,014		39,503,213
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				
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)	.01	03/30/2017	03/30/2017	161,014
		.02			3.01
		.03			3.02
		.04			3.03
		.05			3.04
		.06			3.05
		.07			3.06
		.08			3.07
		.09			3.08
		.10			3.09
		.50			3.10
		.51			3.51
		.52			3.52
		.53			3.53
		.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	22,976		161,014
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		75,458,990		39,664,227
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
		.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		.52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	161,365		148,774
		.02			6.01
7	Total Medicare program liability (see instructions)		75,620,355		39,813,001
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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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 [XX] 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		2,105,638		8,105	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	Program	.01			3.01
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.02			3.02
		Provider	.03			3.03
			.04			3.04
			.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		Provider	.52			3.52
		to	.53			3.53
		Program	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					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)		2,105,638		8,105	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)	Program	.01			5.01
		to	.02			5.02
		Provider	.03			5.03
			.04			5.04
			.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		Provider	.52			5.52
		to	.53			5.53
		Program	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		29,666			6.01
						6.02
7	Total Medicare program liability (see instructions)		2,135,304		8,105	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	19,956	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	26,436	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,600	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	80,146	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	4,158,710,425	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	96,142,329	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)	552,518	8
9	Sequestration adjustment amount (see instructions)	11,050	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	541,468	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	559,732	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-18,264	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: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	1,456,907	1
2	Net IPF PPS Outlier payment	834,649	2
3	Net IPF PPS ECT payment	46,926	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)	27.778082	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)	2,338,482	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)	2,338,482	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,338,482	18
19	Deductibles	160,720	19
20	Subtotal (line 18 minus line 19)	2,177,762	20
21	Coinsurance	29,141	21
22	Subtotal (line 20 minus line 21)	2,148,621	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	46,556	23
24	Adjusted reimbursable bad debts (see instructions)	30,261	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	34,331	25
26	Subtotal (sum of lines 22 and 24)	2,178,882	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)	2,178,882	31
31.01	Sequestration adjustment (see instructions)	43,578	31.01
32	Interim payments	2,105,638	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	29,666	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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	146,943,320				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	135,495,569				4
5	Other receivables	4,771,334				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	5,202,477				7
8	Prepaid expenses	1,519,559				8
9	Other current assets	-47,866,442				9
10	Due from other funds	64,897,114				10
11	Total current assets (sum of lines 1-10)	310,962,931				11
FIXED ASSETS						
12	Land	15,605,503				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	393,492,837				15
16	Accumulated depreciation	-112,598,709				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	127,929,203				19
20	Accumulated depreciation					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)	424,428,834				30
OTHER ASSETS						
31	Investments	301,878,153				31
32	Deposits on leases					32
33	Due from owners/officers	-19,597				33
34	Other assets	1,626,174				34
35	Total other assets (sum of lines 31-34)	303,484,730				35
36	Total assets (sum of lines 11, 30 and 35)	1,038,876,495				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	7,626,519				37
38	Salaries, wages and fees payable	25,382,932				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	123,454,153				43
44	Other current liabilities	23,294,037				44
45	Total current liabilities (sum of lines 37 thru 44)	179,757,641				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	13,598,912				49
50	Total long term liabilities (sum of lines 46 thru 49)	13,598,912				50
51	Total liabilities (sum of lines 45 and 50)	193,356,553				51
CAPITAL ACCOUNTS						
52	General fund balance	845,519,942				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)	845,519,942				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,038,876,495				60

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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		759,404,838			1
2	Net income (loss) (from Worksheet G-3, line 29)		213,577,994			2
3	Total (sum of line 1 and line 2)		972,982,832			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)		972,982,832			11
12	Deductions (debit adjustments) (specify)					12
13	NET EQUITY TRANSFERS	127,462,890				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		127,462,890			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		845,519,942			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

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	288,141,201		288,141,201	1
2	Subprovider IPF	38,514,704		38,514,704	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)	326,655,905		326,655,905	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	67,420,903		67,420,903	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATAL INTENSIVE CARE UNIT	42,420,044		42,420,044	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	109,840,947		109,840,947	16
17	Total inpatient routine care services (sum of lines 10 and 16)	436,496,852		436,496,852	17
18	Ancillary services	1,237,840,258		1,237,840,258	18
19	Outpatient services		2,484,373,630	2,484,373,630	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)	1,674,337,110	2,484,373,630	4,158,710,740	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		817,181,268	29
30	BAD DEBTS	30,227,206		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		30,227,206	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)		847,408,474	43

KPMG LLP Compu-Max 2552-10

CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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)	4,158,710,740	1
2	Less contractual allowances and discounts on patients' accounts	3,122,093,084	2
3	Net patient revenues (line 1 minus line 2)	1,036,617,656	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	847,408,474	4
5	Net income from service to patients (line 3 minus line 4)	189,209,182	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 hosptial space		22
23	Governmental appropriations		23
24	Other (TRAINING PROGRAM)	87,326	24
24.01	Other (WORKSHOPS, CONFERENCES ETC)	640	24.01
24.02	Other (NON-GOVT GRANT REVENUE)	1,267,186	24.02
24.03	Other (FEDERAL GRANT REVENUE)	814,140	24.03
24.04	Other (STATE GRANT REVENUE)	-2,976	24.04
24.05	Other (NET ASSETS REL FR RESTR - OP)	685,579	24.05
24.06	Other (DIETARY GUEST TRAYS)	546,999	24.06
24.07	Other (FEINBERG CAFETERIA REVENUE)	272,600	24.07
24.08	Other (CDH CAFETERIA REVENUE)	2,424,590	24.08
24.09	Other (BUILDING RENT NON NMFF/NU)	2,482,532	24.09
24.10	Other (INTERCOMPANY RENT INCOME)	2,644,402	24.10
24.11	Other (IC LAB)	1,474,864	24.11
24.12	Other (CORPORATE BILLING ADJUSTMENT)	775	24.12
24.13	Other (SHARED SERVICES INCOME, EL004)	17,422	24.13
24.15	Other (INSTYMEDS REVENUE)	378,568	24.15
24.16	Other (OTHER SERVICE REVENUE)	456,101	24.16
24.18	Other (RECOVERY LIVING REVENUE)	24,962	24.18
24.19	Other (NON-PATIENT MEDICAL SUPPLIES)	138,646	24.19
24.20	Other (GIFT SHOP SALES - BED TOWER)	360,040	24.20
24.21	Other (GIFT SHOP SALES - MOTHER/BABY)	97,817	24.21
24.22	Other (AUXILIARY - BABY PHOTOS)	22,530	24.22
24.23	Other (GIFT SHOP SALES)	15,493	24.23
24.25	Other (COST OF CONSIGNMENT SALE)	-52,194	24.25
24.26	Other (AP CASH DISCOUNTS)	1,199	24.26
24.27	Other (OTHER OPERATING INCOME)	10,209,571	24.27
25	Total other income (sum of lines 6-24)	24,368,812	25
26	Total (line 5 plus line 25)	213,577,994	26
29	Net income (or loss) for the period (line 26 minus line 28)	213,577,994	29

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0242

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	5,366,405	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,452,679	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	227.09	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0180	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1630	8
9	Sum of lines 7 and 8	0.1810	9
10	Allowable disproportionate share percentage (see instructions)	0.0374	10
11	Disproportionate share adjustment (see instructions)	200,704	11
12	Total prospective capital payments (see instructions)	7,019,788	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
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
	OTHER REIMBURSABLE COST CENTERS						

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CENTRAL DUPAGE HOSPITAL Provider CCN: 14-0242	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 14:44 Version: 2017.10 (01/08/2018)
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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		
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
190.01	KOFEE KORNER							190.01
191	Research							191
192.01	WSKF							192.01
193.01	DEVELOPMENT							193.01
193.02	MARKETING							193.02
193.04	PHYSICIAN ANSWERING SERVICE							193.04
193.05	CAR SEAT SAFETY PROGRAM							193.05
193.07	JOINT VENTURE							193.07
193.08	PARKINSONS CENTER							193.08
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202