

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CARLE FOUNDATION HOSPITAL (14-0091) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	690907	41024		2
3	SWING BED - SNF	23379			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	714286	41024		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 611 W. PARK STREET
 1.01 CITY: URBANA

STATE: IL

P.O.BOX:

ZIP CODE: 61801-2595 COUNTY: CHAMPAIGN

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	CARLE FOUNDATION HOSPITAL	14-0091	07/01/1966	N	P	P	2
3	SUBPROVIDER I	CARLE INPATIENT REHAB	14-T091	07/01/1991	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	CARLE HOME CARE	14-7241	09/13/1983	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	CARLE HOSPICE	14-1526	05/09/1989				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	5	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES		21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES		YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES		YES	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-H077	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O. BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N	N	N	49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54	
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:	11528208			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55	
			DATE	Y/N	LIMIT	Y/N	FEE\$
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)			NO	NO	58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		58192							1
2 HMO XIX									2
2.01 HMO (IRF PPS Sub)									2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		58192							5
6 INTENSIVE CARE UNIT									6
6.01 NEONATAL ICU		8857							6.01
7 CORONARY CARE UNIT		3323							7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT		3259							9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		3815							11
12 TOTAL HOSPITAL		77446			39.80		39.80	1948.40	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4672						24.85	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		23024						45.39	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)		42358						30.90	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					39.80		39.80	2049.54	25
26 OBSERVATION BED DAYS		1273	106	1167					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		838							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5329	3391	19195	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NEONATAL ICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5329	3391	19195	12
13	RPCH VISITS					13
14	SUBPROVIDER I		166	23	415	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	102854217		102854217	4081767.00	25.20		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	2594961		2594961	80163.00	32.37		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	11198698		11198698	409111.00	27.37		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2302987		2302987	32549.75	70.75		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	3348450		3348450	36942.50	90.64	STYS & CONTRACT	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	3489133		3489133	13564.74	257.22	HOME OFFICE CR	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	28021810	-2910683	25111127			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS		2510603	2510603			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)		400080	400080			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	874142	-874142					21
22	ADMINISTRATIVE & GENERAL	15405468	874142	16279610	652061.00	24.97		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	4560640		4560640	46737.00	97.58		22.01
23	MAINTENANCE & REPAIRS	1446992		1446992	62015.00	23.33		23
24	OPERATION OF PLANT	453570		453570	24376.00	18.61		24
25	LAUNDRY & LINEN SERVICE	175000		175000	14557.00	12.02		25
26	HOUSEKEEPING	2318220		2318220	197639.00	11.73		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1864259	-891869	972390	74244.00	13.10		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		891869	891869	68096.00	13.10		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1626753		1626753	53631.00	30.33		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2452802		2452802	137317.00	17.86		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	100259256		100259256	4001604.00	25.05	1
2	EXCLUDED AREA SALARIES	11198698		11198698	409111.00	27.37	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	89060558		89060558	3592493.00	24.79	3
4	SUBTOTAL OTHER WAGES & REL COSTS	9140570		9140570	83056.99	110.05	4
5	SUBTOTAL WAGE-RELATED COSTS	28021810	-2910683	25111127		28.20%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	126222938	-2910683	123312255	3675549.99	33.55	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	31177846		31177846	1330673.00	23.43	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7241

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: CHAMPAIGN

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2936		500	3436	1
2 UNDUPLICATED CENSUS COUNT		976.00		1088.00	2064.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	5.16		5.16	5
6 DIRECT NURSING SERVICE	18.56		18.56	6
7 NURSING SUPERVISOR	1.26		1.26	7
8 PHYSICAL THERAPY SERVICE	4.42		4.42	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.96		1.96	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.14		.14	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.38		.38	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.65		1.65	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	4	1.01	4	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1400		16580		20
20.01		9914	19180		20.01
20.02		1040	14060		20.02
20.03		2040	99914		20.03

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7241

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	7216	696	395	143		8450	21
22	SKILLED NURSING VISIT CHARGES	1082400	104400	59250	21450		1267500	22
23	PHYSICAL THERAPY VISITS	2703	50	64	57		2874	23
24	PHYSICAL THERAPY VISIT CHARGES	433920	8000	10240	9120		461280	24
25	OCCUPATIONAL THERAPY VISITS	1033	9	10	33		1085	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	165280	1440	1600	5280		173600	26
27	SPEECH PATHOLOGY VISITS	95		1			96	27
28	SPEECH PATHOLOGY VISIT CHARGES	15200		160			15360	28
29	MEDICAL SOCIAL SERVICE VISITS	59	1	1	1		62	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	10915	185	185	185		11470	30
31	HOME HEALTH AIDE VISITS	1401	16	6	10		1433	31
32	HOME HEALTH AIDE VISIT CHARGES	112080	1280	480	800		114640	32
33	TOTAL VISITS	12507	772	477	244		14000	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1819795	115305	71915	36835		2043850	35
36	TOTAL NUMBER OF EPISODES	974		170	26		1170	36
37	TOTAL NUMBER OF OUTLIER EPISODES		12				12	37
38	TOTAL MEDICAL SUPPLY CHARGES	45737	8019	3350	921		58027	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 18:22

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1526

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	37810	614	14896	108	3540	41964	2
3 INPATIENT RESPITE CARE	180	5			22	207	3
4 GENERAL INPATIENT CARE	200	1	43		64	265	4
5 TOTAL HOSPICE DAYS	38190	620	14939	108	3626	42436	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	592	14	216	2	94	700	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	64.51	44.29	69.16	54.00	38.57	60.62	8
9 UNDUPLICATED CENSUS COUNT	483	13	159	1	81	577	9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	24200000	17
17.01	GROSS MEDICAID REVENUES		17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	24200000	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.314883	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	94000000	28
29	TOTAL GROSS MEDICAID COST	29599002	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	23619527	30
31	UNCOMPENSATED CARE COST	7437388	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	29599002	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				-139922	-139922	11106790	10966868	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3978676	3978676	8774856	12753532	4
5	0500 EMPLOYEE BENEFITS	874142	4156091	5030233	-1497151	3533082	-2583268	949814	5
6.01	0610 NON-PATIENT TELEPHONE								6.01
6.02	0620 DATA PROCESSING	686336	11952544	12638880	-3060568	9578312	-10501	9567811	6.02
6.03	0630 FOUNDATION OVERHEAD						7120802	7120802	6.03
6.04	0640 ADMITTING	1541628	656222	2197850	-506	2197344	-410652	1786692	6.04
6.05	0650 SHARED ADMINISTRATIVE & GENERAL	5621366	44358346	49979712	5171090	55150802	-39947398	15203404	6.05
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	7556138	5960592	13516730	-5077272	8439458	4325812	12765270	6.06
7	0700 MAINTENANCE & REPAIRS	1446992	5310576	6757568	-22	6757546	-130856	6626690	7
8	0800 OPERATION OF PLANT	453570	3734083	4187653		4187653	-639520	3548133	8
9	0900 LAUNDRY & LINEN SERVICE	175000	1148846	1323846		1323846	-272099	1051747	9
10	1000 HOUSEKEEPING	2318220	2532287	4850507	-176	4850331	-910133	3940198	10
11	1100 DIETARY	1864259	2404357	4268616	-2146745	2121871	-1039367	1082504	11
12	1200 CAFETERIA				2145972	2145972	-1151249	994723	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1626753	842929	2469682	-4866	2464816	-625	2464191	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	2452802	2269581	4722383	1401758	6124141	-1022771	5101370	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	2594961	2512525	5107486	-2512525	2594961		2594961	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				2512525	2512525	-1234337	1278188	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	20711078	9479467	30190545	-5693857	24496688	-42759	24453929	25
26.01	2601 NEONATAL ICU	4128191	1481785	5609976	-225361	5384615	-2889	5381726	26.01
27	2700 CORONARY CARE UNIT	2188992	801635	2990627	-218269	2772358	-10603	2761755	27
29	2900 SURGICAL INTENSIVE CARE UNIT	2397663	1157199	3554862	-393512	3161350	-16866	3144484	29
31	3100 SUBPROVIDER I	1484680	442031	1926711	-57467	1869244	-37603	1831641	31
33	3300 NURSERY				1045951	1045951		1045951	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	6202240	25295852	31498092	-20072351	11425741	-57117	11368624	37
38	3800 RECOVERY ROOM	1114418	457685	1572103	-20939	1551164		1551164	38
39	3900 DELIVERY ROOM & LABOR ROOM				2748623	2748623		2748623	39
40	4000 ANESTHESIOLOGY		723686	723686		723686		723686	40
41	4100 RADIOLOGY-DIAGNOSTIC				18890204	18890204		18890204	41
44	4400 LABORATORY		34363379	34363379	-18890204	15473175		15473175	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD		1970116	1970116		1970116		1970116	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1830938	1310894	3141832	-21668	3120164	-11401	3108763	49
50	5000 PHYSICAL THERAPY	10208273	9841444	20049717	-633932	19415785	-4890207	14525578	50
53.01	3120 CARDIAC CATH LAB	2458097	8080899	10538996	-6888050	3650946	-111270	3539676	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	1374668	1353038	2727706	32048465	34776171	-495996	34280175	55
56	5600 DRUGS CHARGED TO PATIENTS	2862283	10912723	13775006	-5777	13769229	-21755	13747474	56
58	5800 ASC (NON-DISTINCT PART)	771939	2041110	2813049	-935701	1877348	-473715	1403633	58
59	3950 ACUTE DIALYSIS	232302	116652	348954	-43232	305722	-165	305557	59
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	3340373	4800905	8141278	-617944	7523334	-78623	7444711	61
61.01	6101 SLEEP LAB	482545	231415	713960	-1414	712546	-20266	692280	61.01
61.02	6102 BRONCH & GASTRO LAB	1275373	1308043	2583416	-655670	1927746		1927746	61.02
61.03	6103 SURGICENTER								61.03
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
62.01	6201 OBSERVATION BEDS-DISTINCT	863979	558667	1422646	-56899	1365747		1365747	62.01
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	2710608	1585380	4295988	-800264	3495724	-206614	3289110	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
93	9300 HOSPICE	1627810	2317454	3945264	316091	4261355	-200749	4060606	93
95	SUBTOTALS	97478617	208470438	305949055	-412909	305536146	-24703114	280833032	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	151152	285439	436591	-198	436393		436393	96

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
97	9700 RESEARCH	98360	109319	207679		207679		207679	97
98	9800 PHYSICIANS' PRIVATE OFFICES	36923	38395	75318		75318		75318	98
98.01	9801 CHEMOTHERAPY RX	409620	72379	481999		481999		481999	98.01
98.02	9802 RURAL HEALTH	482308	222376	704684	-41	704643		704643	98.02
98.03	9803 ARBOURS RX								98.03
98.04	9804 FUND DEVELOPMENT		180	180		180		180	98.04
98.05	9805 MARKETING	481232	2259120	2740352	-861	2739491		2739491	98.05
98.06	9806 CARLE CLINIC								98.06
98.08	9808 CARLE FOUNDATION #14-8077								98.08
98.09	9809 CARLE ARBOURS #14-1439								98.09
98.10	9810 OTHER REL ENTITIES								98.10
98.11	9811 CHAMPAIGN ASC	250192	278360	528552	-20365	508187	-38079	470108	98.11
98.12	9812 SOUTH PARKING GARAGE	66940	31371	98311	281845	380156	-14724	365432	98.12
98.13	9813 PARISH NRSG	101264	84431	185695	-32	185663	-1100	184563	98.13
98.14	9814 COMM HLTH & WLNS	360026	1759122	2119148	-49	2119099	-1677638	441461	98.14
98.15	9815 MOBILE CLINIC								98.15
98.16	9816 CHILD CARE HUB								98.16
98.17	9817 SMOKING CESSATION								98.17
98.18	9818 HRT DISEASE PRVT								98.18
98.19	9819 STRATUM								98.19
99.01	9901 BROMENN DME								99.01
99.02	9902 TELEMEDICINE	62711	102946	165657	-20913	144744		144744	99.02
99.04	9904 NORTH GARAGE	67939	26847	94786	139829	234615	-8556	226059	99.04
99.05	9905 HOME INFUSION	533664	1832482	2366146	232198	2598344	-165828	2432516	99.05
99.06	9906 MISSION RELATED								99.06
99.07	9907 GRANT RELATED	2074931	2036156	4111087	-198504	3912583	-80196	3832387	99.07
99.08	9908 EMERGENCY MEDICAL SERVICES	198338	113156	311494		311494		311494	99.08
100	7950 UNDERGRADUATE MEDICAL EDUCATION		42547	42547		42547		42547	100
101	TOTAL	102854217	217765064	320619281		320619281	-26689235	293930046	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23		2512525	1
2						2
3 HHA HOME OFFICE	B	HOSPICE	93	300957	116992	3
4	B	HOME INFUSION	99.05	185218	72001	4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATION	C	SOUTH PARKING GARAGE	98.12		281845	6
7	C	NORTH GARAGE	99.04		139829	7
8						8
9 INVESTMENT GAIN	D	SHARED ADMINISTRATIVE & GENER	6.05		5076203	9
10						10
11 OBSTETRICS	E	NURSERY	33	706052	339899	11
12	E	DELIVERY ROOM & LABOR ROOM	39	584	281	12
13						13
14 RADIOLOGY	F	RADIOLOGY-DIAGNOSTIC	41		18890204	14
15						15
16 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	39	1954279	793479	16
17						17
18 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		281751	18
19	H	NEW CAP REL COSTS-MVBLE EQUIP	4		3978676	19
20	H					20
21	H					21
22	H					22
23	H					23
24	H					24
25	H					25
26	H					26
27	H					27
28	H					28
29	H					29
30	H					30
31	H					31
32	H					32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				3147090	32483685	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 INTERNS AND RESIDENTS	A	I&R SERVICES-SALARY & FRINGES	22		2512525	1
2						2
3 HHA HOME OFFICE	B	HOME HEALTH AGENCY	71	486175	188993	3
4	B					4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATI	C	NEW CAP REL COSTS-BLDG & FIXT	3		421673	9 6
7	C					9 7
8						8
9 INVESTMENT GAIN	D	OTHER ADMINISTRATIVE & GENERA	6.06		5076203	9
10						10
11 OBSTETRICS	E	ADULTS & PEDIATRICS	25	706636	340180	11
12	E					12
13						13
14 RADIOLOGY	F	LABORATORY	44		18890204	14
15						15
16 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	25	1954279	793479	16
17						17
18 DEPRECIATION	H	DATA PROCESSING	6.02		3060568	9 18
19	H	ADMITTING	6.04		506	9 19
20	H	SHARED ADMINISTRATIVE & GENER	6.05		444	20
21	H	OTHER ADMINISTRATIVE & GENERA	6.06		1069	21
22	H	MAINTENANCE & REPAIRS	7		22	22
23	H	HOUSEKEEPING	10		176	23
24	H	DIETARY	11		773	24
25	H	NURSING ADMINISTRATION	14		4866	25
26	H	MEDICAL RECORDS & LIBRARY	17		62	26
27	H	ADULTS & PEDIATRICS	25		305	27
28	H	NEONATAL ICU	26.01		55	28
29	H	SURGICAL INTENSIVE CARE UNIT	29		1333	29
30	H	SUBPROVIDER I	31		253	30
31	H	OPERATING ROOM	37		26157	31
32	H	RESPIRATORY THERAPY	49		247	32
33	H	PHYSICAL THERAPY	50		237440	33
34	H	CARDIAC CATH LAB	53.01		191	34
35	H	MEDICAL SUPPLIES CHARGED TO P	55		414	35
36 SUBTOTAL				3147090	31558138	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7	H				7
8	H				8
9	H				9
10	H				10
11	H				11
12	H				12
13	H				13
14	H				14
15					15
16 HUMAN RESOURCES	M	SHARED ADMINISTRATIVE & GENER	6.05	874142	623009
17					17
18 MEDICAL RECORDS	N	MEDICAL RECORDS & LIBRARY	17		1401820
19					19
20 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		32048879
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33	O				33
34	O				34
35	O				35
36 SUBTOTAL				4021232	66557393

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10	
			LINE #	SALARY	OTHER		
	1	6	7	8	9		
1	H	ASC (NON-DISTINCT PART)	58		391934	1	
2	H	EMERGENCY	61		227	2	
3	H	BRONCH & GASTRO LAB	61.02		40447	3	
4	H	HOME HEALTH AGENCY	71		125096	4	
5	H	HOSPICE	93		101858	5	
6	H	GIFT, FLOWER, COFFEE SHOP & C	96		198	6	
7	H	RURAL HEALTH	98.02		41	7	
8	H	MARKETING	98.05		861	8	
9	H	CHAMPAIGN ASC	98.11		20365	9	
10	H	PARISH NRSG	98.13		32	10	
11	H	COMM HLTH & WLNS	98.14		49	11	
12	H	TELEMEDICINE	99.02		20913	12	
13	H	HOME INFUSION	99.05		25021	13	
14	H	GRANT RELATED	99.07		198504	14	
15						15	
16	HUMAN RESOURCES	M	EMPLOYEE BENEFITS	5	874142	623009	16
17							17
18	MEDICAL RECORDS	N	SHARED ADMINISTRATIVE & GENER	6.05		1401820	18
19							19
20	SUPPLIES	O	ADULTS & PEDIATRICS	25		1898978	20
21		O	NEONATAL ICU	26.01		225306	21
22		O	CORONARY CARE UNIT	27		218269	22
23		O	SURGICAL INTENSIVE CARE UNIT	29		392179	23
24		O	SUBPROVIDER I	31		57214	24
25		O	OPERATING ROOM	37		20046194	25
26		O	RECOVERY ROOM	38		20939	26
27		O	RESPIRATORY THERAPY	49		21421	27
28		O	PHYSICAL THERAPY	50		396492	28
29		O	CARDIAC CATH LAB	53.01		6887859	29
30		O	DRUGS CHARGED TO PATIENTS	56		5777	30
31		O	ASC (NON-DISTINCT PART)	58		543767	31
32		O	ACUTE DIALYSIS	59		43232	32
33		O	EMERGENCY	61		617717	33
34		O	SLEEP LAB	61.01		1414	34
35		O	BRONCH & GASTRO LAB	61.02		615223	35
36	SUBTOTAL				4021232	66500494	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	O				
2					
3 CAFETERIA	P	CAFETERIA	12	891869	1254103
4					
5					
6					
7					
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14					
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31					
32					
33					
34					
35					
36 TOTAL RECLASSIFICATIONS				4913101	67811496

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	O	OBSERVATION BEDS-DISTINCT	62.01		56899	1
2						2
3 CAFETERIA	P	DIETARY	11	891869	1254103	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
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				4913101	67811496	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	485000					485000		1
2 LAND IMPROVEMENTS		700769		700769		700769		2
3 BUILDINGS AND FIXTURES	6652100					6652100		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	1275782	26961025		26961025		28236807		5
6 MOVABLE EQUIPMENT	209044	311295		311295		520339		6
7 SUBTOTAL	8621926	27973089		27973089		36595015		7
8 RECONCILING ITEMS								8
9 TOTAL	8621926	27973089		27973089		36595015		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2568648			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	20232446			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1107772	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-31156	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 PROF LIABILITY INS	A	-11422915	SHARED ADMINISTRATIVE & GENERAL	6.05	37
37.01 PROF LIABILITY INS	A	-13000	PHYSICAL THERAPY	50	37.01
37.02 PROF LIABILITY INS	A	-49698	ASC (NON-DISTINCT PART)	58	37.02
37.03 PROF LIABILITY INS	A	-9065	HOME HEALTH AGENCY	71	37.03
37.04 PROF LIABILITY INS	A	-9065	HOSPICE	93	37.04
37.05 PROF LIABILITY INS	A	-6334	CHAMPAIGN ASC	98.11	37.05
37.06 PROF LIABILITY INS	A	-18130	HOME INFUSION	99.05	37.06
38 AHA AND IHA LOBBYING EXPENSE	A	-30642	OTHER ADMINISTRATIVE & GENERAL	6.06	38
39 PURCHASE DISCOUNTS	B	-191089	SHARED ADMINISTRATIVE & GENERAL	6.05	39
39.01 PURCHASE DISCOUNTS	B	-552485	OTHER ADMINISTRATIVE & GENERAL	6.06	39.01
39.02 PURCHASE DISCOUNTS	B	-63957	DIETARY	11	39.02
39.03 PURCHASE DISCOUNTS	B	-42	PHYSICAL THERAPY	50	39.03
39.04 PURCHASE DISCOUNTS	B	-11	ASC (NON-DISTINCT PART)	58	39.04
39.10 CATERING REVENUE	B	-197662	DIETARY	11	39.10
39.12 DR. MEAL REVENUE	B	-43477	CAFETERIA	12	39.12
40 MISC REV	B	-14	EMPLOYEE BENEFITS	5	40
40.01 MISC REV	B	-13603	SHARED ADMINISTRATIVE & GENERAL	6.05	40.01
40.02 MISC REV	B	-189966	OTHER ADMINISTRATIVE & GENERAL	6.06	40.02
40.03 MISC REV	B	-17554	MEDICAL RECORDS & LIBRARY	17	40.03
40.04 MISC REV	B	-42514	I&R SERVICES-OTHER PRGM COSTS A	23	40.04
40.05 MISC REV	B	-100514	PHYSICAL THERAPY	50	40.05
40.06 MISC REV	B	-814	DRUGS CHARGED TO PATIENTS	56	40.06
40.07 MISC REV	B	-362	EMERGENCY	61	40.07
40.08 MISC REV	B	-6743	HOME HEALTH AGENCY	71	40.08
40.09 MISC REV	B	-1486	HOSPICE	93	40.09
41 OUTSIDE CLEANING	B	-95	PHYSICAL THERAPY	50	41
41.01 MEAL TRAYS	B	-746534	DIETARY	11	41.01
41.03 NON ELIM CRIMCO FEE	B	-75040	OTHER ADMINISTRATIVE & GENERAL	6.06	41.03
41.05 FEE FOR SERVICE ORS HOME SVCS	B	-63056	OTHER ADMINISTRATIVE & GENERAL	6.06	41.05
42 EDUCATION REVENUE	B	-21175	SHARED ADMINISTRATIVE & GENERAL	6.05	42

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
42.01 EDUCATION REV	B	-2550	ADULTS & PEDIATRICS	25	42.01
42.02 EDUCATION REV	B	-9801	EMERGENCY	61	42.02
42.05 ST JOSEPH TUITION	B	-97496	PHYSICAL THERAPY	50	42.05
42.07 AQUATIC PROGRAM	B	-360	PHYSICAL THERAPY	50	42.07
42.09 INTERNAL SERVICES	B	-58	DIETARY	11	42.09
42.10 INTERNAL SERVICES	B	-88776	MEDICAL RECORDS & LIBRARY	17	42.10
42.11 INTERNAL SERVICES	B	-97963	PHYSICAL THERAPY	50	42.11
42.12 INTERNAL SERVICES	B	-14449	DRUGS CHARGED TO PATIENTS	56	42.12
42.20 OS CONTRACTS	B	-1510	PHYSICAL THERAPY	50	42.20
42.30 PULM MAINT REHAB PROGRAM	B	-8685	RESPIRATORY THERAPY	49	42.30
42.40 TRAINING REV	B	-23245	OTHER ADMINISTRATIVE & GENERAL	6.06	42.40
42.41 TRAINING REV	B	-2716	RESPIRATORY THERAPY	49	42.41
43 SERVICES TO CCA	B	-410652	ADMITTING	6.04	43
43.01 SERVICES TO CCA	B	-567851	SHARED ADMINISTRATIVE & GENERAL	6.05	43.01
43.02 SERVICES TO CCA	B	-445661	OTHER ADMINISTRATIVE & GENERAL	6.06	43.02
43.03 SERVICES TO CCA	B	-120506	MAINTENANCE & REPAIRS	7	43.03
43.04 SERVICES TO CCA	B	-639520	OPERATION OF PLANT	8	43.04
43.05 SERVICES TO CCA	B	-272099	LAUNDRY & LINEN SERVICE	9	43.05
43.06 SERVICES TO CCA	B	-910133	HOUSEKEEPING	10	43.06
43.07 SERVICES TO CCA	B	-911869	MEDICAL RECORDS & LIBRARY	17	43.07
43.08 SERVICES TO CCA	B	-281766	I&R SERVICES-OTHER PRGM COSTS A	23	43.08
43.09 SERVICES TO CCA	B	-9273	ADULTS & PEDIATRICS	25	43.09
43.10 SERVICES TO CCA	B	-11045	SUBPROVIDER I	31	43.10
43.11 SERVICES TO CCA	B	-481	PHYSICAL THERAPY	50	43.11
43.12 SERVICES TO CCA	B	-495996	MEDICAL SUPPLIES CHARGED TO PAT	55	43.12
43.13 SERVICES TO CCA	B	-6492	DRUGS CHARGED TO PATIENTS	56	43.13
44 INTERNAL RENT	A	-24892599	SHARED ADMINISTRATIVE & GENERAL	6.05	44
44.01 INTERNAL RENT	A	-22878	PHYSICAL THERAPY	50	44.01
44.02 INTERNAL RENT	A	-19973	SLEEP LAB	61.01	44.02
44.20 EXTERNAL RENT	B	-12000	OTHER ADMINISTRATIVE & GENERAL	6.06	44.20
44.21 EXTERNAL RENT	B	-10350	MAINTENANCE & REPAIRS	7	44.21
45 NON ALLOWABLE COSTS	A	-52	DATA PROCESSING	6.02	45
45.01 NON ALLOWABLE COSTS	A	-744	SHARED ADMINISTRATIVE & GENERAL	6.05	45.01
45.02 NON ALLOWABLE COSTS	A	-516	OTHER ADMINISTRATIVE & GENERAL	6.06	45.02
45.03 NON ALLOWABLE COSTS	A	-129	NURSING ADMINISTRATION	14	45.03
45.04 NON ALLOWABLE COSTS	A	-8	I&R SERVICES-OTHER PRGM COSTS A	23	45.04
45.05 NON ALLOWABLE COSTS	A	-15	NEONATAL ICU	26.01	45.05
45.06 NON ALLOWABLE COSTS	A	-71	SUBPROVIDER I	31	45.06
45.07 NON ALLOWABLE COSTS	A	-14	CARDIAC CATH LAB	53.01	45.07
45.50 DOMESTIC CLAIMS HEALTH INS	A	-2583254	EMPLOYEE BENEFITS	5	45.50
46 GOODWILL	A	-42500	HOME HEALTH AGENCY	71	46
46.01 GOODWILL	A	-42500	HOSPICE	93	46.01
47 DONATIONS	A	-221554	SHARED ADMINISTRATIVE & GENERAL	6.05	47
47.01 DONATIONS	A	-440	NURSING ADMINISTRATION	14	47.01
47.02 DONATIONS	A	-13283	PHYSICAL THERAPY	50	47.02
47.03 DONATIONS	A	-200	HOME HEALTH AGENCY	71	47.03
47.04 DONATIONS	A	-1100	PARISH NRSG	98.13	47.04
47.05 DONATIONS	A	-1677638	COMM HLTH & WLNS	98.14	47.05
47.06 DONATIONS	A	-73872	GRANT RELATED	99.07	47.06
47.50 STATE PROVIDER TAX	A	5863325	OTHER ADMINISTRATIVE & GENERAL	6.06	47.50
47.70 FEDERAL AND STATE TAXES	A	-101737	OTHER ADMINISTRATIVE & GENERAL	6.06	47.70
47.80 INTERNAL PARKING	A	-17558	SHARED ADMINISTRATIVE & GENERAL	6.05	47.80
47.81 INTERNAL PARKING	A	-24394	OTHER ADMINISTRATIVE & GENERAL	6.06	47.81
47.82 INTERNAL PARKING	A	-56	NURSING ADMINISTRATION	14	47.82
48					48
49					49
50 TOTAL		-26689235			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC BLDG & FIXT	10650894	281751	10369143	9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	NEW CRC MOV EQUIP	12753532	3978676	8774856	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC EXTERNAL RENT	737647		737647	9 3
4	6.03	FOUNDATION OVERHEAD	POOL HOME OFFICE ALLOCATION	7120802		7120802	4
4.01	6.05	SHARED ADMINISTRATIVE & GENERAL	INTERNAL MANAGEMENT FEE		1243500	-1243500	4.01
4.02	6.06	OTHER ADMINISTRATIVE & GENERAL	INTERNAL MANAGEMENT FEE		7056	-7056	4.02
4.03	23	I&R SERVICES-OTHER PRGM COSTS A	INTERNAL MANAGEMENT FEE		64488	-64488	4.03
4.04	37	OPERATING ROOM	INTERNAL MANAGEMENT FEE		42000	-42000	4.04
4.05	50	PHYSICAL THERAPY	INTERNAL MANAGEMENT FEE		4506477	-4506477	4.05
4.06	58	ASC (NON-DISTINCT PART)	INTERNAL MANAGEMENT FEE		407954	-407954	4.06
4.07	61.01	SLEEP LAB	INTERNAL MANAGEMENT FEE		-6324	6324	4.07
4.08	71	HOME HEALTH AGENCY	INTERNAL MANAGEMENT FEE		148106	-148106	4.08
4.09	93	HOSPICE	INTERNAL MANAGEMENT FEE		147698	-147698	4.09
4.10	98.11	CHAMPAIGN ASC	INTERNAL MANAGEMENT FEE		31745	-31745	4.10
4.11	98.12	SOUTH PARKING GARAGE	INTERNAL MANAGEMENT FEE		14724	-14724	4.11
4.12	99.04	NORTH GARAGE	INTERNAL MANAGEMENT FEE		8556	-8556	4.12
4.13	99.05	HOME INFUSION	INTERNAL MANAGEMENT FEE		147698	-147698	4.13
4.14	99.07	GRANT RELATED	INTERNAL MANAGEMENT FEE		6324	-6324	4.14
5		TOTALS		31262875	11030429	20232446	5

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

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B		CARLE FOUNDATIO	100.00	HOME OFFICE	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.02	DATA PROCESSING	AGGREGATE		25611	25611	171400	184	758
2	6.05	SHARED ADMINISTRATIVE &	AGGREGATE		1377883	36974	171400	280	1154
3	6.06	OTHER ADMINISTRATIVE & G	AGGREGATE	1340909	28773	28773	171400	207	853
4	17	MEDICAL RECORDS & LIBRAR	AGGREGATE		11329	11329	171400	82	338
5	23	I&R SERVICES-OTHER PRGM	AGGREGATE		845561			6757	
6	25	ADULTS & PEDIATRICS	AGGREGATE		74044	10000	64044	194500	2155
7	26.01	NEONATAL ICU	AGGREGATE		7159	7159	171400	52	214
8	27	CORONARY CARE UNIT	AGGREGATE		22881	22881	171400	149	614
9	29	SURGICAL INTENSIVE CARE	AGGREGAYE		41422	41422	171400	298	1228
10	31	SUBPROVIDER I	SANJIV		65052	65052	171400	468	1928
11	37	OPERATING ROOM	AGGREGATE		49206	49206	200300	354	1704
12	50	PHYSICAL THERAPY	AGREGATE		88682	88682	171400	638	2629
13	53.01	CARDIAC CATH LAB	AGGREGATE		305682	305682	200300	2019	9721
14	58	ASC (NON-DISTINCT PART)	AGGREGATE		39372	39372	171400	283	1166
15	59	ACUTE DIALYSIS	HUMPHERYS		313	313	154100	2	7
16	61	EMERGENCY	AGGREGATE		168086	168086	171400	1209	4981
17	61.01	SLEEP LAB	AGGREGATE		14248	14248	154100	103	382
18	6.05	SHARED ADMINISTRATIVE &	TRAUMA SURGERY COVE		2444670	2444670	204100	30623	150244
101		TOTAL			5609974	2196470	3413504	37412	180076

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6.02 DATA PROCESSING	AGGREGATE					15162	10449	10449
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE					23073	13901	1354810
3	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE					17058	11715	11715
4	17 MEDICAL RECORDS & LIBRAR	AGGREGATE					6757	4572	4572
5	23 I&R SERVICES-OTHER PRGM	AGGREGATE							845561
6	25 ADULTS & PEDIATRICS	AGGREGATE					43108	20936	30936
7	26.01 NEONATAL ICU	AGGREGATE					4285	2874	2874
8	27 CORONARY CARE UNIT	AGGREGATE					12278	10603	10603
9	29 SURGICAL INTENSIVE CARE	AGGREGAYE					24556	16866	16866
10	31 SUBPROVIDER I	SANJIV					38565	26487	26487
11	37 OPERATING ROOM	AGGREGATE					34089	15117	15117
12	50 PHYSICAL THERAPY	AGGREGATE					52574	36108	36108
13	53.01 CARDIAC CATH LAB	AGGREGATE					194426	111256	111256
14	58 ASC (NON-DISTINCT PART)	AGGREGATE					23320	16052	16052
15	59 ACUTE DIALYSIS	HUMPHERY					148	165	165
16	61 EMERGENCY	AGGREGATE					99626	68460	68460
17	61.01 SLEEP LAB	AGGREGATE					7631	6617	6617
18	6.05 SHARED ADMINISTRATIVE &	TRAUMA SURGERY COVE					3004882		
101	TOTAL						3601538	372178	2568648

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	EMPLOYEE B ENEFFITS 5	DATA PROCE SSING 6.02	FOUNDATION OVERHEAD 6.03	ADMITTING 6.04	SHARED ADM INISTRATIV E & GENERA 6.05	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	10966868	10966868							3
4 NEW CAP REL COSTS-MVBLE EQUIP	12753532		12753532						4
5 EMPLOYEE BENEFITS	949814	80343	13505	1043662					5
6.01 NON-PATIENT TELEPHONE									6.01
6.02 DATA PROCESSING	9567811		3228629	6964	12803404				6.02
6.03 FOUNDATION OVERHEAD	7120802		175		8971	7129948			6.03
6.04 ADMITTING	1786692	33551	35358	15643	187894		2059138		6.04
6.05 SHARED ADMINISTRATIVE & GENERAL	15203404	141369	771104	65910	3971215			20153002	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	12765270	1389414	311274	76672	3651293	7129948		13637342	6.06
7 MAINTENANCE & REPAIRS	6626690	646980	235713	14683	180382				7
8 OPERATION OF PLANT	3548133		160532	4602	9672				8
9 LAUNDRY & LINEN SERVICE	1051747	63835	7151	1776	6995				9
10 HOUSEKEEPING	3940198	28820	19076	23523	22988				10
11 DIETARY	1082504	94185	76400	9867	68194				11
12 CAFETERIA	994723	50277		9050					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2464191	21557	336664	16507	364149				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	5101370	141319	175520	24889	547323				17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2594961	42462	8349	26331	53779				22
23 I&R SERVICES-OTHER PRGM COSTS A	1278188								23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	24453929	924301	1416150	183155	1136672		246005		25
26.01 NEONATAL ICU	5381726	15773	204521	41889	85609		44947		26.01
27 CORONARY CARE UNIT	2761755	62581	159219	22212	58819		31172		27
29 SURGICAL INTENSIVE CARE UNIT	3144484	64729	103599	24329	71390		30615		29
31 SUBPROVIDER I	1831641	40472	14525	15065	64689		16333		31
33 NURSERY	1045951	7264		7164			12096		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11368624	397342	1542402	62934	361233		157478		37
38 RECOVERY ROOM	1551164	20930	58942	11308	61025		49275		38
39 DELIVERY ROOM & LABOR ROOM	2748623	143667		19836			25364		39
40 ANESTHESIOLOGY	723686		64333		7105		8690		40
41 RADIOLOGY-DIAGNOSTIC	18890204		1105				180736		41
44 LABORATORY	15473175						146890		44
46 WHOLE BLOOD & PACKED RED BLOOD	1970116						33816		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3108763	50436	195307	18579	39707		92580		49
50 PHYSICAL THERAPY	14525578	480410	426500	103583	687127		132252		50
53.01 CARDIAC CATH LAB	3539676	142272	1326243	24942	184935		106454		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	34280175	191111	220880	13949	152897		274556		55
56 DRUGS CHARGED TO PATIENTS	13747474	38943	266482	29044	101091		241846		56
58 ASC (NON-DISTINCT PART)	1403633	80284	223524	7833			19083		58
59 ACUTE DIALYSIS	305557	4789	9363	2357	3735		3206		59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	7444711	153046	207315	33895	202567		129362		61
61.01 SLEEP LAB	692280	29782	39554	4896	53555		12870		61.01
61.02 BRONCH & GASTRO LAB	1927746	60976	187289	12941	61635		48119		61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1365747	41325	74297	8767	25151		15393		62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	3289110	9922	113102	22571					71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	4060606		89667	19571					93
95 SUBTOTALS	280833032	5694467	12323769	987237	12431797	7129948	2059138	13637342	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	436393	22694	2092	1534	4596				96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP RE	NEW CAP RE	EMPLOYEE B	DATA PROCE	FOUNDATION	ADMITTING	SHARED ADM
	FOR COST	L COSTS-BL	L COSTS-MV	ENEFFITS	SSING	OVERHEAD		INISTRATIV
	ALLOCATION	DG & FIXT	BLE EQUIP					E & GENERA
	0	3	4	5	6.02	6.03	6.04	6.05
97 RESEARCH	207679		29690	998	38687			97
98 PHYSICIANS' PRIVATE OFFICES	75318	20570	4792	375	4148			98
98.01 CHEMOTHERAPY RX	481999			4156				98.01
98.02 RURAL HEALTH	704643	6378	15521	4894	55654			98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT	180	13716	23992					98.04
98.05 MARKETING	2739491	11058	24225	4883	61227			98.05
98.06 CARLE CLINIC		4879346						98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439								594170 98.09
98.10 OTHER REL ENTITIES		104064						5921490 98.10
98.11 CHAMPAIGN ASC	470108	157208		2539				98.11
98.12 SOUTH PARKING GARAGE	365432		273	679				98.12
98.13 PARISH NRSG	184563	3369	313	1028	10123			98.13
98.14 COMM HLTH & WLNS	441461		1421	3653	6508			98.14
98.15 MOBILE CLINIC			24948					98.15
98.16 CHILD CARE HUB								98.16
98.17 SMOKING CESSATION								98.17
98.18 HRT DISEASE PRVT								98.18
98.19 STRATUM								98.19
99.01 BROMENN DME								99.01
99.02 TELEMEDICINE	144744	1271	69460	636	3238			99.02
99.04 NORTH GARAGE	226059		5401	689	1569			99.04
99.05 HOME INFUSION	2432516	2926	18361	7294				99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	3832387		206253	21054	170100			99.07
99.08 EMERGENCY MEDICAL SERVICES	311494	853	1088	2013	10892			99.08
100 UNDERGRADUATE MEDICAL EDUCATION	42547	48948	1933		4865			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	293930046	10966868	12753532	1043662	12803404	7129948	2059138	20153002 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA	
		NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV	NG			
	5A	6.06	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT TELEPHONE									6.01
6.02 DATA PROCESSING									6.02
6.03 FOUNDATION OVERHEAD									6.03
6.04 ADMITTING									6.04
6.05 SHARED ADMINISTRATIVE & GENERAL									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	38961213	38961213							6.06
7 MAINTENANCE & REPAIRS	7704448	1177301	8881749						7
8 OPERATION OF PLANT	3722939	568895		4291834					8
9 LAUNDRY & LINEN SERVICE	1131504	172903	83367	87625	1475399				9
10 HOUSEKEEPING	4034605	616520	85424	39562		4776111			10
11 DIETARY	1331150	203410	408629	129286		130139	2202614		11
12 CAFETERIA	1054050	161067		69015		69470		1353602	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3203068	489454	43078	29591		29786		26466	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	5990421	915384	400732	193987		195266		67763	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2725882	416537	169216	57059		58671		25196	22
23 I&R SERVICES-OTHER PRGM COSTS A	1278188	195317							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	28360212	4333667	3229784	1268785	636536	1277142	1847148	373090	25
26.01 NEONATAL ICU	5774465	882384	61875	21651	25575	21794		67183	26.01
27 CORONARY CARE UNIT	3095758	473057	177302	85904	46339	86470	105124	36570	27
29 SURGICAL INTENSIVE CARE UNIT	3439146	525529	177775	88853	59324	89438	103426	39676	29
31 SUBPROVIDER I	1982725	302976	115853	55556	28930	55922	146916	25511	31
33 NURSERY	1072475	163883		9971		10036		12582	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	13890013	2122505	1102186	545429	162905	549023		120253	37
38 RECOVERY ROOM	1752644	267818	59203	28730	47359	28920		20113	38
39 DELIVERY ROOM & LABOR ROOM	2937490	448872		197211		198511		10	39
40 ANESTHESIOLOGY	803814	122829							40
41 RADIOLOGY-DIAGNOSTIC	19072045	2914361							41
44 LABORATORY	15620065	2386871							44
46 WHOLE BLOOD & PACKED RED BLOOD	2003932	306217							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3505372	535649	142664	69233		69689		35477	49
50 PHYSICAL THERAPY	16355450	2499244	199480	95370	94282	446280		187254	50
53.01 CARDIAC CATH LAB	5324522	813630	394420	183076	65176	184282		35839	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	35133568	5368627	542830	262336	25252	264065		50020	55
56 DRUGS CHARGED TO PATIENTS	14424880	2204237	112614	53456		53809		38537	56
58 ASC (NON-DISTINCT PART)	1734357	265024							58
59 ACUTE DIALYSIS	329007	50275	13548	6574		6618		3515	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	8170896	1248578	437309	210085	141231	211469		56151	61
61.01 SLEEP LAB	832937	127279	66391	40881	20974	41150		11841	61.01
61.02 BRONCH & GASTRO LAB	2298706	351261	165859	83701	77480	84253		24007	61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1530680	233900	116893	56726	44036	57100		14293	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	3434705	524850		13619		13709			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	4169844	637186							93
95 SUBTOTALS	268187176	35027497	8306432	3983272	1475399	4233012	2202614	1271347	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	467309	71409	64168	31151		31357		6171	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA	
		NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV	NG			
	5A	& GENERAL	S	7	8	9	10	11	12
97 RESEARCH	277054	42336	71285						2192 97
98 PHYSICIANS' PRIVATE OFFICES	105203	16076	148126	28237		28423			763 98
98.01 CHEMOTHERAPY RX	486155	74288							5008 98.01
98.02 RURAL HEALTH	787090	120274	21185	8754		8812			7486 98.02
98.03 ARBOURS RX									98.03
98.04 FUND DEVELOPMENT	37888	5790	53931	18828		18953			98.04
98.05 MARKETING	2840884	434110				15280			11133 98.05
98.06 CARLE CLINIC	4879346	745603							98.06
98.08 CARLE FOUNDATION #14-8077									98.08
98.09 CARLE ARBOURS #14-1439	594170	90794							98.09
98.10 OTHER REL ENTITIES	6025554	920753	48895	142848		143790			98.10
98.11 CHAMPAIGN ASC	629855	96247				217221			98.11
98.12 SOUTH PARKING GARAGE	366384	55986							3378 98.12
98.13 PARISH NRSG	199396	30469	1395	4624		4654			1602 98.13
98.14 COMM HLTH & WLNS	453043	69229							3092 98.14
98.15 MOBILE CLINIC	24948	3812							98.15
98.16 CHILD CARE HUB									98.16
98.17 SMOKING CESSATION									98.17
98.18 HRT DISEASE PRVT									98.18
98.19 STRATUM									98.19
99.01 BROMENN DME									99.01
99.02 TELEMEDICINE	219349	33518	5533	1744		1756			1099 99.02
99.04 NORTH GARAGE	233718	35714							3268 99.04
99.05 HOME INFUSION	2461097	376075	8275	4016		4042			99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED	4229794	646346	11656						37063 99.07
99.08 EMERGENCY MEDICAL SERVICES	326340	49867	2412	1170		1178			99.08
100 UNDERGRADUATE MEDICAL EDUCATION	98293	15020	138456	67190		67633			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	293930046	38961213	8881749	4291834	1475399	4776111	2202614	1353602	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL
	MINISTRATI	CORDS & LI	ES-SALARY	ES-OTHER P		POST STEP-	
	ON	BRARY	& FRINGES	RGM COSTS		DOWN ADJS	
	14	17	22	23	25	26	27
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.02							6.02
6.03							6.03
6.04							6.04
6.05							6.05
6.06							6.06
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14	3821443						14
15							15
16							16
17		7763553					17
18							18
20							20
21							21
22			3452561				22
23				1473505			23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	2505896	927432	2959338	1263005	48982035	-4222343	44759692
26.01	451246	169450	197289	84200	7757112	-281489	7475623
27	245626	117519			4469669		4469669
29	266491	115418			4905076		4905076
31		61575			2775964		2775964
33		45602	98645	42100	1455294	-140745	1314549
ANCILLARY SERVICE COST CENTERS							
37		593687			19086001		19086001
38		185766			2390553		2390553
39		95623			3877717		3877717
40		32760			959403		959403
41		681370			22667776		22667776
44		553769			18560705		18560705
46		127486			2437635		2437635
46.30							46.30
49	238284	349025			4945393		4945393
50		498585			20375945		20375945
53.01		401327			7402272		7402272
55		1035731			42682429		42682429
56		911752			17799285		17799285
58		71941			2071322		2071322
59	23609	12085			445231		445231
OUTPATIENT SERVICE COST CENTERS							
61		487693	197289	84200	11244901	-281489	10963412
61.01	79529	48519			1269501		1269501
61.02		181406			3266673		3266673
61.03							61.03
62							62
62.01		58032			2111660		2111660
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71					3986883		3986883
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
93					4807030		4807030
95	3810681	7763553	3452561	1473505	262733465	-4926066	257807399
NONREIMBURSABLE COST CENTERS							
96					671565		671565

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL	
	MINISTRATI ON	CORDS & LI BRARY	ES-SALARY & FRINGES	ES-OTHER P RGM COSTS		POST STEP- DOWN ADJS		
	14	17	22	23	25	26	27	
97 RESEARCH					392867		392867	97
98 PHYSICIANS' PRIVATE OFFICES					326828		326828	98
98.01 CHEMOTHERAPY RX					565451		565451	98.01
98.02 RURAL HEALTH					953601		953601	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT					135390		135390	98.04
98.05 MARKETING					3301407		3301407	98.05
98.06 CARLE CLINIC					5624949		5624949	98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439					684964		684964	98.09
98.10 OTHER REL ENTITIES					7281840		7281840	98.10
98.11 CHAMPAIGN ASC					943323		943323	98.11
98.12 SOUTH PARKING GARAGE					425748		425748	98.12
98.13 PARISH NRSG	10762				252902		252902	98.13
98.14 COMM HLTH & WLNS					525364		525364	98.14
98.15 MOBILE CLINIC					28760		28760	98.15
98.16 CHILD CARE HUB								98.16
98.17 SMOKING CESSATION								98.17
98.18 HRT DISEASE PRVT								98.18
98.19 STRATUM								98.19
99.01 BROMENN DME								99.01
99.02 TELEMEDICINE					262999		262999	99.02
99.04 NORTH GARAGE					272700		272700	99.04
99.05 HOME INFUSION					2853505		2853505	99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED					4924859		4924859	99.07
99.08 EMERGENCY MEDICAL SERVICES					380967		380967	99.08
100 UNDERGRADUATE MEDICAL EDUCATION					386592		386592	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3821443	7763553	3452561	1473505	293930046	-4926066	289003980	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE B ENEFFITS 5	DATA PROCE SSING 6.02	FOUNDATION OVERHEAD 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	47008	80343	13505	140856	140856				5
6.01 NON-PATIENT TELEPHONE									6.01
6.02 DATA PROCESSING			3228629	3228629	940	3229569			6.02
6.03 FOUNDATION OVERHEAD			175	175		2263	2438		6.03
6.04 ADMITTING		33551	35358	68909	2110	47395		118414	6.04
6.05 SHARED ADMINISTRATIVE & GENERAL	5584	141369	771104	918057	8892	1001717			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	296852	1389414	311274	1997540	10344	921013	2438		6.06
7 MAINTENANCE & REPAIRS		646980	235713	882693	1981	45500			7
8 OPERATION OF PLANT			160532	160532	621	2440			8
9 LAUNDRY & LINEN SERVICE		63835	7151	70986	240	1764			9
10 HOUSEKEEPING		28820	19076	47896	3174	5799			10
11 DIETARY		94185	76400	170585	1331	17202			11
12 CAFETERIA		50277		50277	1221				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		21557	336664	358221	2227	91854			14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	37222	141319	175520	354061	3358	138058			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		42462	8349	50811	3553	13565			22
23 I&R SERVICES-OTHER PRGM COSTS A	23496			23496					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		924301	1416150	2340451	24755	286717		14171	25
26.01 NEONATAL ICU		15773	204521	220294	5651	21594		2589	26.01
27 CORONARY CARE UNIT		62581	159219	221800	2997	14837		1796	27
29 SURGICAL INTENSIVE CARE UNIT		64729	103599	168328	3282	18008		1764	29
31 SUBPROVIDER I		40472	14525	54997	2033	16317		941	31
33 NURSERY		7264		7264	967			697	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		397342	1542402	1939744	8491	91118		9071	37
38 RECOVERY ROOM		20930	58942	79872	1526	15393		2838	38
39 DELIVERY ROOM & LABOR ROOM		143667		143667	2676			1461	39
40 ANESTHESIOLOGY			64333	64333		1792		501	40
41 RADIOLOGY-DIAGNOSTIC			1105	1105				10411	41
44 LABORATORY								8461	44
46 WHOLE BLOOD & PACKED RED BLOOD								1948	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		50436	195307	245743	2507	10016		5333	49
50 PHYSICAL THERAPY	181714	480410	426500	1088624	13975	173323		7618	50
53.01 CARDIAC CATH LAB		142272	1326243	1468515	3365	46648		6132	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		191111	220880	411991	1882	38567		15615	55
56 DRUGS CHARGED TO PATIENTS		38943	266482	305425	3918	25499		13931	56
58 ASC (NON-DISTINCT PART)		80284	223524	303808	1057			1099	58
59 ACUTE DIALYSIS		4789	9363	14152	318	942		185	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		153046	207315	360361	4573	51096		7452	61
61.01 SLEEP LAB		29782	39554	69336	661	13509		741	61.01
61.02 BRONCH & GASTRO LAB		60976	187289	248265	1746	15547		2772	61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT		41325	74297	115622	1183	6344		887	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	69596	9922	113102	192620	3045				71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	66995		89667	156662	2640				93
95 SUBTOTALS	728467	5694467	12323769	18746703	133240	3135837	2438	118414	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		22694	2092	24786	207	1159			96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	CAP REL	EMPLOYEE B	DATA PROCE	FOUNDATION	ADMITTING
	CAP-REL COSTS 0	L COSTS-BL DG & FIXT 3	L COSTS-MV BLE EQUIP 4	COST TO BE ALLOC 4A	ENEFITS 5	SSING 6.02	OVERHEAD 6.03	6.04
97 RESEARCH			29690	29690	135	9758		97
98 PHYSICIANS' PRIVATE OFFICES		20570	4792	25362	51	1046		98
98.01 CHEMOTHERAPY RX					561			98.01
98.02 RURAL HEALTH		6378	15521	21899	660	14038		98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		13716	23992	37708				98.04
98.05 MARKETING		11058	24225	35283	659	15444		98.05
98.06 CARLE CLINIC		4879346		4879346				98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439								98.09
98.10 OTHER REL ENTITIES		104064		104064				98.10
98.11 CHAMPAIGN ASC		157208		157208	343			98.11
98.12 SOUTH PARKING GARAGE			273	273	92			98.12
98.13 PARISH NRSG		3369	313	3682	139	2553		98.13
98.14 COMM HLTH & WLNS			1421	1421	493	1641		98.14
98.15 MOBILE CLINIC			24948	24948				98.15
98.16 CHILD CARE HUB								98.16
98.17 SMOKING CESSATION								98.17
98.18 HRT DISEASE PRVT								98.18
98.19 STRATUM								98.19
99.01 BROMENN DME								99.01
99.02 TELEMEDICINE		1271	69460	70731	86	817		99.02
99.04 NORTH GARAGE			5401	5401	93	396		99.04
99.05 HOME INFUSION		58125	2926	18361	79412	984		99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED		138107	206253	344360	2841	42906		99.07
99.08 EMERGENCY MEDICAL SERVICES			853	1088	1941	2747		99.08
100 UNDERGRADUATE MEDICAL EDUCATION		48948	1933	50881		1227		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	924699	10966868	12753532	24645099	140856	3229569	2438	118414 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SHARED ADM	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA
	INISTRATIV E & GENERA 6.05	NISTRATIVE & GENERAL 6.06	E & REPAIR S 7	OF PLANT 8	LINEN SERV NG ICE 9	NG 10	11	12
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 FOUNDATION OVERHEAD								6.03
6.04 ADMITTING								6.04
6.05 SHARED ADMINISTRATIVE & GENERAL	1928666							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1305162	4236497						6.06
7 MAINTENANCE & REPAIRS		128017	1058191					7
8 OPERATION OF PLANT		61860		225453				8
9 LAUNDRY & LINEN SERVICE		18801	9932	4603	106326			9
10 HOUSEKEEPING		67039	10178	2078		136164		10
11 DIETARY		22118	48685	6792		3710	270423	11
12 CAFETERIA		17514		3625		1981		74618 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		53222	5132	1554		849		1459 14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		99537	47744	10190		5567		3735 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		45293	20161	2997		1673		1389 22
23 I&R SERVICES-OTHER PRGM COSTS A		21238						23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		471233	384806	66650	45873	36412	226781	20568 25
26.01 NEONATAL ICU		95949	7372	1137	1843	621		3703 26.01
27 CORONARY CARE UNIT		51439	21124	4513	3339	2465	12907	2016 27
29 SURGICAL INTENSIVE CARE UNIT		57145	21180	4668	4275	2550	12698	2187 29
31 SUBPROVIDER I		32945	13803	2918	2085	1594	18037	1406 31
33 NURSERY		17820		524		286		694 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		230796	131317	28652	11740	15652		6629 37
38 RECOVERY ROOM		29122	7054	1509	3413	824		1109 38
39 DELIVERY ROOM & LABOR ROOM		48809		10360		5659		1 39
40 ANESTHESIOLOGY		13356						40
41 RADIOLOGY-DIAGNOSTIC		316901						41
44 LABORATORY		259543						44
46 WHOLE BLOOD & PACKED RED BLOOD		33297						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		58245	16997	3637		1987		1956 49
50 PHYSICAL THERAPY		271762	23766	5010	6794	12723		10322 50
53.01 CARDIAC CATH LAB		88472	46992	9617	4697	5254		1976 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		583716	64674	13781	1820	7528		2757 55
56 DRUGS CHARGED TO PATIENTS		239684	13417	2808		1534		2124 56
58 ASC (NON-DISTINCT PART)		28818						58
59 ACUTE DIALYSIS		5467	1614	345		189		194 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		135768	52102	11036	10178	6029		3095 61
61.01 SLEEP LAB		13840	7910	2148	1512	1173		653 61.01
61.02 BRONCH & GASTRO LAB		38195	19761	4397	5584	2402		1323 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		25434	13927	2980	3173	1628		788 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		57071		715		391		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		69286						93
95 SUBTOTALS	1305162	3808752	989648	209244	106326	120681	270423	70084 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		7765	7645	1636		894		340 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SHARED ADM	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA
	INISTRATIV	NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV	NG		
	E & GENERA	& GENERAL	S		ICE			
	6.05	6.06	7	8	9	10	11	12
97 RESEARCH		4604	8493					121 97
98 PHYSICIANS' PRIVATE OFFICES		1748	17648	1483		810		42 98
98.01 CHEMOTHERAPY RX		8078						276 98.01
98.02 RURAL HEALTH		13078	2524	460		251		413 98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		630	6425	989		540		98.04
98.05 MARKETING		47204				436		614 98.05
98.06 CARLE CLINIC		81075						98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439	56858	9873						98.09
98.10 OTHER REL ENTITIES	566646	100121	5825	7504		4099		98.10
98.11 CHAMPAIGN ASC		10466				6193		98.11
98.12 SOUTH PARKING GARAGE		6088						186 98.12
98.13 PARISH NRSG		3313	166	243		133		88 98.13
98.14 COMM HLTH & WLNS		7528						170 98.14
98.15 MOBILE CLINIC		415						98.15
98.16 CHILD CARE HUB								98.16
98.17 SMOKING CESSATION								98.17
98.18 HRT DISEASE PRVT								98.18
98.19 STRATUM								98.19
99.01 BROMENN DME								99.01
99.02 TELEMEDICINE		3645	659	92		50		61 99.02
99.04 NORTH GARAGE		3883						180 99.04
99.05 HOME INFUSION		40894	986	211		115		99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED		70282	1389					2043 99.07
99.08 EMERGENCY MEDICAL SERVICES		5422	287	61		34		99.08
100 UNDERGRADUATE MEDICAL EDUCATION		1633	16496	3530		1928		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1928666	4236497	1058191	225453	106326	136164	270423	74618 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL
	MINISTRATI ON	CORDS & LI BRARY	ES-SALARY & FRINGES	ES-OTHER P RGM COSTS		POST STEP- DOWN ADJS	
	14	17	22	23	25	26	27
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.02							6.02
6.03							6.03
6.04							6.04
6.05							6.05
6.06							6.06
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14	514518						14
15							15
16							16
17		662250					17
18							18
20							20
21							21
22			139442				22
23				44734			23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	337392	79073			4334882		25
26.01	60756	14447			435956		26.01
27	33071	10020			382324		27
29	35880	9841			341806		29
31		5250			152326		31
33		3888			32140		33
ANCILLARY SERVICE COST CENTERS							
37		50618			2523828		37
38		15838			158498		38
39		8153			220786		39
40		2793			82775		40
41		58094			386511		41
44		47215			315219		44
46		10870			46115		46
46.30							46.30
49	32083	29758			408262		49
50		42509			1656426		50
53.01		34217			1715885		53.01
55		88633			1230964		55
56		77736			686076		56
58		6134			340916		58
59	3179	1030			27615		59
OUTPATIENT SERVICE COST CENTERS							
61		41581			683271		61
61.01		4137			126328		61.01
61.02	10708	15467			355459		61.02
61.03							61.03
62							62
62.01		4948			176914		62.01
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71					253842		71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
93					228588		93
95	513069	662250			17303712		95
NONREIMBURSABLE COST CENTERS							
96					44432		96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL	
	MINISTRATI ON	CORDS & LI BRARY	ES-SALARY & FRINGES	ES-OTHER P RGM COSTS		POST STEP- DOWN ADJS		
	14	17	22	23	25	26	27	
97 RESEARCH					52801		52801	97
98 PHYSICIANS' PRIVATE OFFICES					48190		48190	98
98.01 CHEMOTHERAPY RX					8915		8915	98.01
98.02 RURAL HEALTH					53323		53323	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT					46292		46292	98.04
98.05 MARKETING					99640		99640	98.05
98.06 CARLE CLINIC					4960421		4960421	98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439					66731		66731	98.09
98.10 OTHER REL ENTITIES					788259		788259	98.10
98.11 CHAMPAIGN ASC					174210		174210	98.11
98.12 SOUTH PARKING GARAGE					6639		6639	98.12
98.13 PARISH NRSG	1449				11766		11766	98.13
98.14 COMM HLTH & WLNS					11253		11253	98.14
98.15 MOBILE CLINIC					25363		25363	98.15
98.16 CHILD CARE HUB								98.16
98.17 SMOKING CESSATION								98.17
98.18 HRT DISEASE PRVT								98.18
98.19 STRATUM								98.19
99.01 BROMENN DME								99.01
99.02 TELEMEDICINE					76141		76141	99.02
99.04 NORTH GARAGE					9953		9953	99.04
99.05 HOME INFUSION					122602		122602	99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED					463821		463821	99.07
99.08 EMERGENCY MEDICAL SERVICES					10764		10764	99.08
100 UNDERGRADUATE MEDICAL EDUCATION					75695		75695	100
101 CROSS FOOT ADJUSTMENTS			139442	44734	184176		184176	101
102 NEGATIVE COST CENTER								102
103 TOTAL	514518	662250	139442	44734	24645099		24645099	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE B ENEFITS GROSS SALARIES	NON-PATIENT T TELEPHON E PHONE INSTR	DATA PROCE SSING INVOICES	FOUNDATION OVERHEAD TOTAL COST	ADMITTING GROSS REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1312048							3
4 NEW CAP REL COSTS-MVBLE EQUIP		12735531						4
5 EMPLOYEE BENEFITS	9612	13486	102854217					5
6.01 NON-PATIENT TELEPHONE				3246				6.01
6.02 DATA PROCESSING		3224071	686336	30	4178912			6.02
6.03 FOUNDATION OVERHEAD		175			2928	330710000		6.03
6.04 ADMITTING	4014	35308	1541628	75	61327		790813610	6.04
6.05 SHARED ADMINISTRATIVE & GENER	16913	770016	6495508	329	1296168			6.05
6.06 OTHER ADMINISTRATIVE & GENERA	166226	310835	7556138	246	1191748	330710000		6.06
7 MAINTENANCE & REPAIRS	77403	235380	1446992	136	58875			7
8 OPERATION OF PLANT		160305	453570	29	3157			8
9 LAUNDRY & LINEN SERVICE	7637	7141	175000	10	2283			9
10 HOUSEKEEPING	3448	19049	2318220	23	7503			10
11 DIETARY	11268	76292	972390	33	22258			11
12 CAFETERIA	6015		891869					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2579	336189	1626753	72	118855			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	16907	175272	2452802	140	178641			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	5080	8337	2594961	72	17553			22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	110581	1414152	18050163	375	370999		94472067	25
26.01 NEONATAL ICU	1887	204232	4128191	38	27942		17260837	26.01
27 CORONARY CARE UNIT	7487	158994	2188992	35	19198		11970985	27
29 SURGICAL INTENSIVE CARE UNIT	7744	103453	2397663	38	23301		11756961	29
31 SUBPROVIDER I	4842	14505	1484680	21	21114		6272295	31
33 NURSERY	869		706052				4645245	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	47537	1540226	6202240	153	117903		60475392	37
38 RECOVERY ROOM	2504	58859	1114418	25	19918		18922913	38
39 DELIVERY ROOM & LABOR ROOM	17188		1954863				9740546	39
40 ANESTHESIOLOGY		64242		15	2319		3337106	40
41 RADIOLOGY-DIAGNOSTIC		1103					69407195	41
44 LABORATORY							56409232	44
46 WHOLE BLOOD & PACKED RED BLOO							12986279	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	6034	195031	1830938	29	12960		35553139	49
50 PHYSICAL THERAPY	57475	425898	10208273	430	224272		50787930	50
53.01 CARDIAC CATH LAB	17021	1324372	2458097	110	60361		40880805	53.01
55 MEDICAL SUPPLIES CHARGED TO P	22864	220568	1374668	41	49904		105489807	55
56 DRUGS CHARGED TO PATIENTS	4659	266106	2862283	36	32995		92874771	56
58 ASC (NON-DISTINCT PART)	9605	223209	771939	37			7328213	58
59 ACUTE DIALYSIS	573	9350	232302	5	1219		1231009	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	18310	207022	3340373	152	66116		49678377	61
61.01 SLEEP LAB	3563	39498	482545	18	17480		4942301	61.01
61.02 BRONCH & GASTRO LAB	7295	187025	1275373	44	20117		18478796	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	4944	74192	863979	3	8209		5911409	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	1187	112942	2224433	150				71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		89540	1928767	55				93
95 SUBTOTALS	681271	12306375	97293399	3005	4057623	330710000	790813610	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2715	2089	151152	12	1500			96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE	NEW CAP RE	EMPLOYEE B	NON-PATIENT	DATA PROC	FOUNDATION	ADMITTING
	L COSTS-BL	L COSTS-MV	ENEFITS	T TELEPHON	SSING	OVERHEAD	
	DG & FIXT	BLE EQUIP	GROSS	E	INVOICES	TOTAL	GROSS
	SQ FEET	DOLLAR	SALARIES	PHONE		COST	REVENUE
	3	4	5	6.01	6.02	6.03	6.04
97 RESEARCH		29648	98360	35	12627		97
98 PHYSICIANS' PRIVATE OFFICES	2461	4785	36923	3	1354		98
98.01 CHEMOTHERAPY RX			409620				98.01
98.02 RURAL HEALTH	763	15499	482308	12	18165		98.02
98.03 ARBOURS RX							98.03
98.04 FUND DEVELOPMENT	1641	23958		1			98.04
98.05 MARKETING	1323	24191	481232	20	19984		98.05
98.06 CARLE CLINIC	583753						98.06
98.08 CARLE FOUNDATION #14-8077							98.08
98.09 CARLE ARBOURS #14-1439							98.09
98.10 OTHER REL ENTITIES	12450						98.10
98.11 CHAMPAIGN ASC	18808		250192	5			98.11
98.12 SOUTH PARKING GARAGE		273	66940	4			98.12
98.13 PARISH NRSG	403	313	101264	3	3304		98.13
98.14 COMM HLTH & WLNS		1419	360026	31	2124		98.14
98.15 MOBILE CLINIC		24913					98.15
98.16 CHILD CARE HUB							98.16
98.17 SMOKING CESSATION							98.17
98.18 HRT DISEASE PRVT							98.18
98.19 STRATUM							98.19
99.01 BROMENN DME							99.01
99.02 TELEMEDICINE	152	69362	62711	6	1057		99.02
99.04 NORTH GARAGE		5393	67939	15	512		99.04
99.05 HOME INFUSION	350	18335	718882	29			99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED		205962	2074931	45	55519		99.07
99.08 EMERGENCY MEDICAL SERVICES	102	1086	198338		3555		99.08
100 UNDERGRADUATE MEDICAL EDUCATI	5856	1930		20	1588		100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	10966868	12753532	1043662		12803404	7129948	2059138 103
104 UNIT COST MULT-WS B PT I		1.001413				.021560	104
104 UNIT COST MULT-WS B PT I	8.358587		.010147		3.063813		.002604 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			140856		3229569	2438	118414 107
108 UNIT COST MULT-WS B PT III						.000007	108
108 UNIT COST MULT-WS B PT III			.001369		.772825		.000150 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERV NG ICE POUNDS OF LAUNDRY	HOUSEKEEPI NG SQ FEET	DIETARY MEALS SERVED
	6.05	6A.06	6.06	7	8	9	10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT TELEPHONE								6.01
6.02 DATA PROCESSING								6.02
6.03 FOUNDATION OVERHEAD								6.03
6.04 ADMITTING								6.04
6.05 SHARED ADMINISTRATIVE & GENER 488719000								6.05
6.06 OTHER ADMINISTRATIVE & GENERA 330710000 -38961213			254968833					6.06
7 MAINTENANCE & REPAIRS			7704448	375654				7
8 OPERATION OF PLANT			3722939		374056			8
9 LAUNDRY & LINEN SERVICE			1131504	3526	7637	2139078		9
10 HOUSEKEEPING			4034605	3613	3448		413538	10
11 DIETARY			1331150	17283	11268		11268	210132 11
12 CAFETERIA			1054050		6015		6015	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			3203068	1822	2579		2579	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY			5990421	16949	16907		16907	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			2725882	7157	4973		5080	22
23 I&R SERVICES-OTHER PRGM COSTS			1278188					23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			28360212	136604	110581	922869	110581	176220 25
26.01 NEONATAL ICU			5774465	2617	1887	37080	1887	26.01
27 CORONARY CARE UNIT			3095758	7499	7487	67183	7487	10029 27
29 SURGICAL INTENSIVE CARE UNIT			3439146	7519	7744	86010	7744	9867 29
31 SUBPROVIDER I			1982725	4900	4842	41943	4842	14016 31
33 NURSERY			1072475		869		869	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			13890013	46617	47537	236185	47537	37
38 RECOVERY ROOM			1752644	2504	2504	68662	2504	38
39 DELIVERY ROOM & LABOR ROOM			2937490		17188		17188	39
40 ANESTHESIOLOGY			803814					40
41 RADIOLOGY-DIAGNOSTIC			19072045					41
44 LABORATORY			15620065					44
46 WHOLE BLOOD & PACKED RED BLOO			2003932					46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY			3505372	6034	6034		6034	49
50 PHYSICAL THERAPY			16355450	8437	8312	136693	38641	50
53.01 CARDIAC CATH LAB			5324522	16682	15956	94494	15956	53.01
55 MEDICAL SUPPLIES CHARGED TO P			35133568	22959	22864	36611	22864	55
56 DRUGS CHARGED TO PATIENTS			14424880	4763	4659		4659	56
58 ASC (NON-DISTINCT PART)			1734357					58
59 ACUTE DIALYSIS			329007	573	573		573	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY			8170896	18496	18310	204761	18310	61
61.01 SLEEP LAB			832937	2808	3563	30409	3563	61.01
61.02 BRONCH & GASTRO LAB			2298706	7015	7295	112333	7295	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT			1530680	4944	4944	63845	4944	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			3434705		1187		1187	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			4169844					93
95 SUBTOTALS	330710000	-38961213	229225963	351321	347163	2139078	366514	210132 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			467309	2714	2715		2715	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SHARED ADM	RECON-	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	
	INISTRATIV	CILIATION	NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV NG	NG		
TOTAL	E & GENERA		& GENERAL	S		ICE			
COST	6.05	6A.06	6.06	7	8	9	10	11	
			COST	SQ FEET	SQ FEET	POUNDS OF	SQ FEET	MEALS	
						LAUNDRY		SERVED	
97 RESEARCH			277054	3015					97
98 PHYSICIANS' PRIVATE OFFICES			105203	6265	2461		2461		98
98.01 CHEMOTHERAPY RX			486155						98.01
98.02 RURAL HEALTH			787090	896	763		763		98.02
98.03 ARBOURS RX									98.03
98.04 FUND DEVELOPMENT			37888	2281	1641		1641		98.04
98.05 MARKETING			2840884				1323		98.05
98.06 CARLE CLINIC			4879346						98.06
98.08 CARLE FOUNDATION #14-8077									98.08
98.09 CARLE ARBOURS #14-1439	14409000		594170						98.09
98.10 OTHER REL ENTITIES	143600000		6025554	2068	12450		12450		98.10
98.11 CHAMPAIGN ASC			629855				18808		98.11
98.12 SOUTH PARKING GARAGE			366384						98.12
98.13 PARISH NRSG			199396	59	403		403		98.13
98.14 COMM HLTH & WLNS			453043						98.14
98.15 MOBILE CLINIC			24948						98.15
98.16 CHILD CARE HUB									98.16
98.17 SMOKING CESSATION									98.17
98.18 HRT DISEASE PRVT									98.18
98.19 STRATUM									98.19
99.01 BROMENN DME									99.01
99.02 TELEMEDICINE			219349	234	152		152		99.02
99.04 NORTH GARAGE			233718						99.04
99.05 HOME INFUSION			2461097	350	350		350		99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED			4229794	493					99.07
99.08 EMERGENCY MEDICAL SERVICES			326340	102	102		102		99.08
100 UNDERGRADUATE MEDICAL EDUCATI			98293	5856	5856		5856		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	20153002		38961213	8881749	4291834	1475399	4776111	2202614	103
104 UNIT COST MULT-WS B PT I	.041236		.152808		11.473774		11.549388		104
104 UNIT COST MULT-WS B PT I				23.643430		.689736		10.482049	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	1928666		4236497	1058191	225453	106326	136164	270423	107
108 UNIT COST MULT-WS B PT III	.003946		.016616		.602725		.329266		108
108 UNIT COST MULT-WS B PT III				2.816930		.049706		1.286920	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	
	FTES	MINISTRATI ON FTES	CORDS & LI BRARY GROSS REVENUE	ES-SALARY & FRINGES ASSIGNED TIME	ES-OTHER P RGM COSTS ASSIGNED TIME	
	12	14	17	22	23	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 NON-PATIENT TELEPHONE						6.01
6.02 DATA PROCESSING						6.02
6.03 FOUNDATION OVERHEAD						6.03
6.04 ADMITTING						6.04
6.05 SHARED ADMINISTRATIVE & GENER						6.05
6.06 OTHER ADMINISTRATIVE & GENERA						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA	2742979					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	53631	1152939				14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	137317		790813610			17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES	51057			35		22
23 I&R SERVICES-OTHER PRGM COSTS					35	23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	756035	756035	94472067	30	30	25
26.01 NEONATAL ICU	136142	136142	17260837	2	2	26.01
27 CORONARY CARE UNIT	74106	74106	11970985			27
29 SURGICAL INTENSIVE CARE UNIT	80401	80401	11756961			29
31 SUBPROVIDER I	51696		6272295			31
33 NURSERY	25496		4645245	1	1	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	243685		60475392			37
38 RECOVERY ROOM	40758		18922913			38
39 DELIVERY ROOM & LABOR ROOM	21		9740546			39
40 ANESTHESIOLOGY			3337106			40
41 RADIOLOGY-DIAGNOSTIC			69407195			41
44 LABORATORY			56409232			44
46 WHOLE BLOOD & PACKED RED BLOO			12986279			46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	71891	71891	35553139			49
50 PHYSICAL THERAPY	379456		50787930			50
53.01 CARDIAC CATH LAB	72626		40880805			53.01
55 MEDICAL SUPPLIES CHARGED TO P	101362		105489807			55
56 DRUGS CHARGED TO PATIENTS	78092		92874771			56
58 ASC (NON-DISTINCT PART)			7328213			58
59 ACUTE DIALYSIS	7123	7123	1231009			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	113787		49678377	2	2	61
61.01 SLEEP LAB	23994	23994	4942301			61.01
61.02 BRONCH & GASTRO LAB	48649		18478796			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINC						62
62.01 OBSERVATION BEDS-DISTINCT	28964		5911409			62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE						93
95 SUBTOTALS	2576289	1149692	790813610	35	35	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	12506					96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	
	FTES	MINISTRATI ON FTES	CORDS & LI BRARY GROSS REVENUE	ES-SALARY & FRINGES ASSIGNED TIME	ES-OTHER P RGM COSTS ASSIGNED TIME	
	12	14	17	22	23	
97 RESEARCH	4442					97
98 PHYSICIANS' PRIVATE OFFICES	1547					98
98.01 CHEMOTHERAPY RX	10149					98.01
98.02 RURAL HEALTH	15170					98.02
98.03 ARBOURS RX						98.03
98.04 FUND DEVELOPMENT						98.04
98.05 MARKETING	22561					98.05
98.06 CARLE CLINIC						98.06
98.08 CARLE FOUNDATION #14-8077						98.08
98.09 CARLE ARBOURS #14-1439						98.09
98.10 OTHER REL ENTITIES						98.10
98.11 CHAMPAIGN ASC						98.11
98.12 SOUTH PARKING GARAGE	6846					98.12
98.13 PARISH NRSG		3247				98.13
98.14 COMM HLTH & WLNS	6265					98.14
98.15 MOBILE CLINIC						98.15
98.16 CHILD CARE HUB						98.16
98.17 SMOKING CESSATION						98.17
98.18 HRT DISEASE PRVT						98.18
98.19 STRATUM						98.19
99.01 BROMENN DME						99.01
99.02 TELEMEDICINE	2228					99.02
99.04 NORTH GARAGE	6623					99.04
99.05 HOME INFUSION						99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED	75106					99.07
99.08 EMERGENCY MEDICAL SERVICES						99.08
100 UNDERGRADUATE MEDICAL EDUCATI						100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1353602	3821443	7763553	3452561	1473505	103
104 UNIT COST MULT-WS B PT I	.493479		.009817		42100.142857	104
104 UNIT COST MULT-WS B PT I		3.314523		98644.600000		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	74618	514518	662250	139442	44734	107
108 UNIT COST MULT-WS B PT III	.027203		.000837		1278.114286	108
108 UNIT COST MULT-WS B PT III		.446266		3984.057143		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	44759692		44759692	20936	44780628	25
26.01 NEONATAL ICU	7475623		7475623	2874	7478497	26.01
27 CORONARY CARE UNIT	4469669		4469669	10603	4480272	27
29 SURGICAL INTENSIVE CARE UNI	4905076		4905076	16866	4921942	29
31 SUBPROVIDER I	2775964		2775964	26487	2802451	31
33 NURSERY	1314549		1314549		1314549	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19086001		19086001	15117	19101118	37
38 RECOVERY ROOM	2390553		2390553		2390553	38
39 DELIVERY ROOM & LABOR ROOM	3877717		3877717		3877717	39
40 ANESTHESIOLOGY	959403		959403		959403	40
41 RADIOLOGY-DIAGNOSTIC	22667776		22667776		22667776	41
44 LABORATORY	18560705		18560705		18560705	44
46 WHOLE BLOOD & PACKED RED BL	2437635		2437635		2437635	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4945393		4945393		4945393	49
50 PHYSICAL THERAPY	20375945		20375945	36108	20412053	50
53.01 CARDIAC CATH LAB	7402272		7402272	111256	7513528	53.01
55 MEDICAL SUPPLIES CHARGED TO	42682429		42682429		42682429	55
56 DRUGS CHARGED TO PATIENTS	17799285		17799285		17799285	56
58 ASC (NON-DISTINCT PART)	2071322		2071322	16052	2087374	58
59 ACUTE DIALYSIS	445231		445231	165	445396	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	10963412		10963412	68460	11031872	61
61.01 SLEEP LAB	1269501		1269501	6617	1276118	61.01
61.02 BRONCH & GASTRO LAB	3266673		3266673		3266673	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	958645		958645		958645	62
62.01 OBSERVATION BEDS-DISTINCT	2111660		2111660		2111660	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	249972131		249972131	331541	250303672	101
102 LESS OBSERVATION BEDS	958645		958645		958645	102
103 TOTAL	249013486		249013486	331541	249345027	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	91742927		91742927			25
26.01 NEONATAL ICU	17260837		17260837			26.01
27 CORONARY CARE UNIT	11970985		11970985			27
29 SURGICAL INTENSIVE CARE UNI	11756961		11756961			29
31 SUBPROVIDER I	6272295		6272295			31
33 NURSERY	4645245		4645245			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	42902263	17573129	60475392	.315599	.315599	.315849 37
38 RECOVERY ROOM	11008545	7914368	18922913	.126331	.126331	.126331 38
39 DELIVERY ROOM & LABOR ROOM	9735564	4982	9740546	.398101	.398101	.398101 39
40 ANESTHESIOLOGY	2536738	800368	3337106	.287496	.287496	.287496 40
41 RADIOLOGY-DIAGNOSTIC	44731643	24675552	69407195	.326591	.326591	.326591 41
44 LABORATORY	42037237	14371995	56409232	.329037	.329037	.329037 44
46 WHOLE BLOOD & PACKED RED BL	12423339	562940	12986279	.187709	.187709	.187709 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	34722044	831095	35553139	.139099	.139099	.139099 49
50 PHYSICAL THERAPY	10182709	40605221	50787930	.401197	.401197	.401908 50
53.01 CARDIAC CATH LAB	27265735	13615070	40880805	.181070	.181070	.183791 53.01
55 MEDICAL SUPPLIES CHARGED TO	86023473	19466334	105489807	.404612	.404612	.404612 55
56 DRUGS CHARGED TO PATIENTS	81984009	10890762	92874771	.191648	.191648	.191648 56
58 ASC (NON-DISTINCT PART)	34616	7293597	7328213	.282650	.282650	.284841 58
59 ACUTE DIALYSIS	1231009		1231009	.361680	.361680	.361814 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	16055590	33622787	49678377	.220688	.220688	.222066 61
61.01 SLEEP LAB	10864	4931437	4942301	.256864	.256864	.258203 61.01
61.02 BRONCH & GASTRO LAB	3265802	15212994	18478796	.176780	.176780	.176780 61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	293794	2435346	2729140	.351263	.351263	.351263 62
62.01 OBSERVATION BEDS-DISTINCT	1264836	4646573	5911409	.357218	.357218	.357218 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	571359060	219454550	790813610			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	571359060	219454550	790813610			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				4334882		4334882
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				435956		435956
27 CORONARY CARE UNIT				382324		382324
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				341806		341806
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				152326		152326
33 NURSERY				32140		32140
101 TOTAL				5679434		5679434

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	59465	22192			72.90	1617797
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	8857				49.22	129546
27 CORONARY CARE UNIT	3323	1126			115.05	64711
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3259	617			104.88	62820
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4672	1927			32.60	842
33 NURSERY	3815				8.42	
101 TOTAL	83391	25862				1874874

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2523828	60475392	22522916			.041733	939949 37
38 RECOVERY ROOM		158498	18922913	2865157			.008376	23999 38
39 DELIVERY ROOM & LABOR ROOM		220786	9740546	52892			.022667	1199 39
40 ANESTHESIOLOGY		82775	3337106	1092754			.024804	27105 40
41 RADIOLOGY-DIAGNOSTIC		386511	69407195	20838071			.005569	116047 41
44 LABORATORY		315219	56409232	17068696			.005588	95380 44
46 WHOLE BLOOD & PACKED RED BLOO		46115	12986279	5496697			.003551	19519 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		408262	35553139	12344903			.011483	141757 49
50 PHYSICAL THERAPY		1656426	50787930	3324634			.032615	108433 50
53.01 CARDIAC CATH LAB		1715885	40880805	15585634			.041973	654176 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1230964	105489807	31191122			.011669	363969 55
56 DRUGS CHARGED TO PATIENTS		686076	92874771	29787689			.007387	220042 56
58 ASC (NON-DISTINCT PART)		340916	7328213	8132			.046521	378 58
59 ACUTE DIALYSIS		27615	1231009	154871			.022433	3474 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		683271	49678377	7122064			.013754	97957 61
61.01 SLEEP LAB		126328	4942301	1832			.025561	47 61.01
61.02 BRONCH & GASTRO LAB		355459	18478796	1809749			.019236	34812 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		92800	2729140				.034003	62
62.01 OBSERVATION BEDS-DISTINCT		176914	5911409				.029928	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11234648	647164360	171267813				2848243 101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 18:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					59465		22192	25
26 INTENSIVE CARE UNIT								26
26.01 NEONATAL ICU					8857			26.01
27 CORONARY CARE UNIT					3323		1126	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					3259		617	29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4672		1927	31
33 NURSERY					3815			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					83391		25862	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53.01 CARDIAC CATH LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 SLEEP LAB							61.01
61.02 BRONCH & GASTRO LAB							61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		60475392			22522916		4028185 37
38 RECOVERY ROOM		18922913			2865157		593657 38
39 DELIVERY ROOM & LABOR ROOM		9740546			52892		4844 39
40 ANESTHESIOLOGY		3337106			1092754		263723 40
41 RADIOLOGY-DIAGNOSTIC		69407195			20838071		3755161 41
44 LABORATORY		56409232			17068696		3075894 44
46 WHOLE BLOOD & PACKED RED BLOO		12986279			5496697		187767 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		35553139			12344903		212427 49
50 PHYSICAL THERAPY		50787930			3324634		7037612 50
53.01 CARDIAC CATH LAB		40880805			15585634		5112765 53.01
55 MEDICAL SUPPLIES CHARGED TO P		105489807			31191122		7857967 55
56 DRUGS CHARGED TO PATIENTS		92874771			29787689		2958071 56
58 ASC (NON-DISTINCT PART)		7328213			8132		1109246 58
59 ACUTE DIALYSIS		1231009			154871		59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49678377			7122064		3671628 61
61.01 SLEEP LAB		4942301			1832		633844 61.01
61.02 BRONCH & GASTRO LAB		18478796			1809749		3454663 61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		2729140					62
62.01 OBSERVATION BEDS-DISTINCT		5911409					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		647164360			171267813		43957454 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0091) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							37
37 OPERATING ROOM	.315599	.315599	.315599				37
38 RECOVERY ROOM	.126331	.126331	.126331				38
39 DELIVERY ROOM & LABOR ROOM	.398101	.398101	.398101				39
40 ANESTHESIOLOGY	.287496	.287496	.287496				40
41 RADIOLOGY-DIAGNOSTIC	.326591	.326591	.326591				41
44 LABORATORY	.329037	.329037	.329037				44
46 WHOLE BLOOD & PACKED RED BLOOD	.187709	.187709	.187709				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.139099	.139099	.139099				49
50 PHYSICAL THERAPY	.401197	.401197	.401197				50
53.01 CARDIAC CATH LAB	.181070	.181070	.181070				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.404612	.404612	.404612				55
56 DRUGS CHARGED TO PATIENTS	.191648	.191648	.191648				56
58 ASC (NON-DISTINCT PART)	.282650	.282650	.282650				58
59 ACUTE DIALYSIS	.361680	.361680	.361680				59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.220688	.220688	.220688				61
61.01 SLEEP LAB	.256864	.256864	.256864				61.01
61.02 BRONCH & GASTRO LAB	.176780	.176780	.176780				61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.351263	.351263	.351263				62
62.01 OBSERVATION BEDS-DISTINCT	.357218	.357218	.357218				62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.191648	1
2 PROGRAM VACCINE CHARGES	5954	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1141	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0091) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4028185						37
38 RECOVERY ROOM		593657						38
39 DELIVERY ROOM & LABOR ROOM		4844						39
40 ANESTHESIOLOGY		263723						40
41 RADIOLOGY-DIAGNOSTIC		3755161						41
44 LABORATORY		3075894						44
46 WHOLE BLOOD & PACKED RED BLOOD		187767						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		212427						49
50 PHYSICAL THERAPY		7037612						50
53.01 CARDIAC CATH LAB		5112765						53.01
55 MEDICAL SUPPLIES CHARGED TO PA		7857967						55
56 DRUGS CHARGED TO PATIENTS		2958071						56
58 ASC (NON-DISTINCT PART)		1109246						58
59 ACUTE DIALYSIS								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		3671628						61
61.01 SLEEP LAB		633844						61.01
61.02 BRONCH & GASTRO LAB		3454663						61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		43957454						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		43957454						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0091) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1271291					37
38 RECOVERY ROOM		74997					38
39 DELIVERY ROOM & LABOR ROOM		1928					39
40 ANESTHESIOLOGY		75819					40
41 RADIOLOGY-DIAGNOSTIC		1226402					41
44 LABORATORY		1012083					44
46 WHOLE BLOOD & PACKED RED BLOOD		35246					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		29548					49
50 PHYSICAL THERAPY		2823469					50
53.01 CARDIAC CATH LAB		925768					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		3179428					55
56 DRUGS CHARGED TO PATIENTS		566908					56
58 ASC (NON-DISTINCT PART)		313528					58
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		810284					61
61.01 SLEEP LAB		162812					61.01
61.02 BRONCH & GASTRO LAB		610715					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT)							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		13120226					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		13120226					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T091) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2523828	60475392	21353		.041733	891 37
38 RECOVERY ROOM		158498	18922913	2102		.008376	18 38
39 DELIVERY ROOM & LABOR ROOM		220786	9740546			.022667	39
40 ANESTHESIOLOGY		82775	3337106			.024804	40
41 RADIOLOGY-DIAGNOSTIC		386511	69407195	157122		.005569	875 41
44 LABORATORY		315219	56409232	193454		.005588	1081 44
46 WHOLE BLOOD & PACKED RED BLOO		46115	12986279	36695		.003551	130 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		408262	35553139	93818		.011483	1077 49
50 PHYSICAL THERAPY		1656426	50787930	1670371		.032615	54479 50
53.01 CARDIAC CATH LAB		1715885	40880805	35025		.041973	1470 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1230964	105489807	74420		.011669	868 55
56 DRUGS CHARGED TO PATIENTS		686076	92874771	627371		.007387	4634 56
58 ASC (NON-DISTINCT PART)		340916	7328213			.046521	58
59 ACUTE DIALYSIS		27615	1231009			.022433	59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		683271	49678377	287		.013754	4 61
61.01 SLEEP LAB		126328	4942301	8922		.025561	228 61.01
61.02 BRONCH & GASTRO LAB		355459	18478796			.019236	61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		92800	2729140			.034003	62
62.01 OBSERVATION BEDS-DISTINCT		176914	5911409			.029928	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	11234648	647164360	2920940				65755 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T091) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		60475392			21353		37
38 RECOVERY ROOM		18922913			2102		38
39 DELIVERY ROOM & LABOR ROOM		9740546					39
40 ANESTHESIOLOGY		3337106					40
41 RADIOLOGY-DIAGNOSTIC		69407195			157122		41
44 LABORATORY		56409232			193454		44
46 WHOLE BLOOD & PACKED RED BLOO		12986279			36695		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		35553139			93818		49
50 PHYSICAL THERAPY		50787930			1670371		50
53.01 CARDIAC CATH LAB		40880805			35025		53.01
55 MEDICAL SUPPLIES CHARGED TO P		105489807			74420		55
56 DRUGS CHARGED TO PATIENTS		92874771			627371		56
58 ASC (NON-DISTINCT PART)		7328213					58
59 ACUTE DIALYSIS		1231009					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49678377			287		61
61.01 SLEEP LAB		4942301			8922		61.01
61.02 BRONCH & GASTRO LAB		18478796					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		2729140					62
62.01 OBSERVATION BEDS-DISTINCT		5911409					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		647164360			2920940		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T091) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				4334882		4334882
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				435956		435956
27 CORONARY CARE UNIT				382324		382324
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				341806		341806
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				152326		152326
33 NURSERY				32140		32140
101 TOTAL				5679434		5679434

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	59465	8196			72.90	597488
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	8857	4700			49.22	231334
27 CORONARY CARE UNIT	3323	163			115.05	18753
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3259	569			104.88	59677
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4672	405			32.60	13203
33 NURSERY	3815	1372			8.42	11552
101 TOTAL	83391	15405				932007

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2523828	60475392				.041733	37
38 RECOVERY ROOM		158498	18922913				.008376	38
39 DELIVERY ROOM & LABOR ROOM		220786	9740546				.022667	39
40 ANESTHESIOLOGY		82775	3337106				.024804	40
41 RADIOLOGY-DIAGNOSTIC		386511	69407195				.005569	41
44 LABORATORY		315219	56409232				.005588	44
46 WHOLE BLOOD & PACKED RED BLOO		46115	12986279				.003551	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		408262	35553139				.011483	49
50 PHYSICAL THERAPY		1656426	50787930				.032615	50
53.01 CARDIAC CATH LAB		1715885	40880805				.041973	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1230964	105489807				.011669	55
56 DRUGS CHARGED TO PATIENTS		686076	92874771				.007387	56
58 ASC (NON-DISTINCT PART)		340916	7328213				.046521	58
59 ACUTE DIALYSIS		27615	1231009				.022433	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		683271	49678377				.013754	61
61.01 SLEEP LAB		126328	4942301				.025561	61.01
61.02 BRONCH & GASTRO LAB		355459	18478796				.019236	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		92800	2729140				.034003	62
62.01 OBSERVATION BEDS-DISTINCT		176914	5911409				.029928	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11234648	647164360					101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 18:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	COSTS
101								
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					59465		8196	25
26 INTENSIVE CARE UNIT								26
26.01 NEONATAL ICU					8857		4700	26.01
27 CORONARY CARE UNIT					3323		163	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					3259		569	29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4672		405	31
33 NURSERY					3815		1372	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					83391		15405	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53.01 CARDIAC CATH LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
61.01 SLEEP LAB							61.01
61.02 BRONCH & GASTRO LAB							61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		60475392					37
38 RECOVERY ROOM		18922913					38
39 DELIVERY ROOM & LABOR ROOM		9740546					39
40 ANESTHESIOLOGY		3337106					40
41 RADIOLOGY-DIAGNOSTIC		69407195					41
44 LABORATORY		56409232					44
46 WHOLE BLOOD & PACKED RED BLOO		12986279					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		35553139					49
50 PHYSICAL THERAPY		50787930					50
53.01 CARDIAC CATH LAB		40880805					53.01
55 MEDICAL SUPPLIES CHARGED TO P		105489807					55
56 DRUGS CHARGED TO PATIENTS		92874771					56
58 ASC (NON-DISTINCT PART)		7328213					58
59 ACUTE DIALYSIS		1231009					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49678377					61
61.01 SLEEP LAB		4942301					61.01
61.02 BRONCH & GASTRO LAB		18478796					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		2729140					62
62.01 OBSERVATION BEDS-DISTINCT		5911409					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		647164360					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0091)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T091) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2523828	60475392				.041733	37
38 RECOVERY ROOM		158498	18922913				.008376	38
39 DELIVERY ROOM & LABOR ROOM		220786	9740546				.022667	39
40 ANESTHESIOLOGY		82775	3337106				.024804	40
41 RADIOLOGY-DIAGNOSTIC		386511	69407195				.005569	41
44 LABORATORY		315219	56409232				.005588	44
46 WHOLE BLOOD & PACKED RED BLOO		46115	12986279				.003551	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		408262	35553139				.011483	49
50 PHYSICAL THERAPY		1656426	50787930				.032615	50
53.01 CARDIAC CATH LAB		1715885	40880805				.041973	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1230964	105489807				.011669	55
56 DRUGS CHARGED TO PATIENTS		686076	92874771				.007387	56
58 ASC (NON-DISTINCT PART)		340916	7328213				.046521	58
59 ACUTE DIALYSIS		27615	1231009				.022433	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		683271	49678377				.013754	61
61.01 SLEEP LAB		126328	4942301				.025561	61.01
61.02 BRONCH & GASTRO LAB		355459	18478796				.019236	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		92800	2729140				.034003	62
62.01 OBSERVATION BEDS-DISTINCT		176914	5911409				.029928	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11234648	647164360					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T091)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		60475392					37
38 RECOVERY ROOM		18922913					38
39 DELIVERY ROOM & LABOR ROOM		9740546					39
40 ANESTHESIOLOGY		3337106					40
41 RADIOLOGY-DIAGNOSTIC		69407195					41
44 LABORATORY		56409232					44
46 WHOLE BLOOD & PACKED RED BLOO		12986279					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		35553139					49
50 PHYSICAL THERAPY		50787930					50
53.01 CARDIAC CATH LAB		40880805					53.01
55 MEDICAL SUPPLIES CHARGED TO P		105489807					55
56 DRUGS CHARGED TO PATIENTS		92874771					56
58 ASC (NON-DISTINCT PART)		7328213					58
59 ACUTE DIALYSIS		1231009					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49678377					61
61.01 SLEEP LAB		4942301					61.01
61.02 BRONCH & GASTRO LAB		18478796					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		2729140					62
62.01 OBSERVATION BEDS-DISTINCT		5911409					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		647164360					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T091)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59465	4672					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59465	4672					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		1					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59464	4672					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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22192	1927					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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	44780628	2802451					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	44780628	2802451					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	106534731	5712354					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	106534731	5712354					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.420338	.490595					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1791.58	1222.68					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	44780628	2802451					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.06	599.84					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16711908	1155892					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16711908	1155892					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							43
43.01	INTENSIVE CARE UNIT							43
44	NEONATAL ICU	7478497		8857	844.36			43.01
44	CORONARY CARE UNIT	4480272		3323	1348.26	1126	1518141	44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT	4921942		3259	1510.26	617	931830	46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	47471785	972402					48
49	TOTAL PROGRAM INPATIENT COSTS	66633664	2128294					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1812054	62820					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2848243	65755					51
52	TOTAL PROGRAM EXCLUDABLE COST	4660297	128575					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	61973367	1999719					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0091)(14-T091)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1273	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.06	84
85 OBSERVATION BED COST	958645	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		44780628		958645		86
87 NEW CAPITAL-RELATED COST	4334882	44780628	.096803	958645	92800	87
88 NON PHYSICIAN ANESTHETIST		44780628		958645		88
89 MEDICAL EDUCATION		44780628		958645		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	59465	4672				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59465	4672				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		1				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59464	4672				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						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8196	405				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						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						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						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	3815					15
16 TITLE V OR XIX NURSERY DAYS	1372					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	44780628	2775964					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	44780628	2775964					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	106534731	5712354					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	106534731	5712354					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.420338	.485958					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1791.58	1222.68					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	44780628	2775964					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.06	594.17					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6172080	240639					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6172080	240639					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	1314549	3815	344.57	1372	472750	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT							43
43.01	NEONATAL ICU	7478497	8857	844.36	4700	3968492	43.01	
44	CORONARY CARE UNIT	4480272	3323	1348.26	163	219766	44	
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT	4921942	3259	1510.26	569	859338	46	
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	11692426	240639					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	918804	13203					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	918804	13203					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	10773622						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		23				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/28/2008 18:22

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (OTHER)
 (14-0091)(14-T091)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1273	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.06	84
85 OBSERVATION BED COST	958645	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		44780628		958645		86
87 NEW CAPITAL-RELATED COST	4334882	44780628	.096803	958645	92800	87
88 NON PHYSICIAN ANESTHETIST		44780628		958645		88
89 MEDICAL EDUCATION		44780628		958645		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0091) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		39488120		25
26.01 NEONATAL ICU				26.01
27 CORONARY CARE UNIT		6585248		27
29 SURGICAL INTENSIVE CARE UNIT		3571625		29
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315849	22522916	7113840	37
38 RECOVERY ROOM	.126331	2865157	361958	38
39 DELIVERY ROOM & LABOR ROOM	.398101	52892	21056	39
40 ANESTHESIOLOGY	.287496	1092754	314162	40
41 RADIOLOGY-DIAGNOSTIC	.326591	20838071	6805526	41
44 LABORATORY	.329037	17068696	5616233	44
46 WHOLE BLOOD & PACKED RED BLOOD	.187709	5496697	1031779	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.139099	12344903	1717164	49
50 PHYSICAL THERAPY	.401908	3324634	1336197	50
53.01 CARDIAC CATH LAB	.183791	15585634	2864499	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.404612	31191122	12620302	55
56 DRUGS CHARGED TO PATIENTS	.191648	29787689	5708751	56
58 ASC (NON-DISTINCT PART)	.284841	8132	2316	58
59 ACUTE DIALYSIS	.361814	154871	56034	59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.222066	7122064	1581568	61
61.01 SLEEP LAB	.258203	1832	473	61.01
61.02 BRONCH & GASTRO LAB	.176780	1809749	319927	61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.351263			62
62.01 OBSERVATION BEDS-DISTINCT	.357218			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		171267813	47471785	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		171267813		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T091)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26.01 NEONATAL ICU				26.01
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
31 SUBPROVIDER I		2590807		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.315849	21353	6744	37
38 RECOVERY ROOM	.126331	2102	266	38
39 DELIVERY ROOM & LABOR ROOM	.398101			39
40 ANESTHESIOLOGY	.287496			40
41 RADIOLOGY-DIAGNOSTIC	.326591	157122	51315	41
44 LABORATORY	.329037	193454	63654	44
46 WHOLE BLOOD & PACKED RED BLOOD	.187709	36695	6888	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.139099	93818	13050	49
50 PHYSICAL THERAPY	.401908	1670371	671335	50
53.01 CARDIAC CATH LAB	.183791	35025	6437	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.404612	74420	30111	55
56 DRUGS CHARGED TO PATIENTS	.191648	627371	120234	56
58 ASC (NON-DISTINCT PART)	.284841			58
59 ACUTE DIALYSIS	.361814			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.222066	287	64	61
61.01 SLEEP LAB	.258203	8922	2304	61.01
61.02 BRONCH & GASTRO LAB	.176780			61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.351263			62
62.01 OBSERVATION BEDS-DISTINCT	.357218			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2920940	972402	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2920940		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0091)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26.01 NEONATAL ICU			26.01
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.315849		37
38 RECOVERY ROOM	.126331		38
39 DELIVERY ROOM & LABOR ROOM	.398101		39
40 ANESTHESIOLOGY	.287496		40
41 RADIOLOGY-DIAGNOSTIC	.326591		41
44 LABORATORY	.329037		44
46 WHOLE BLOOD & PACKED RED BLOOD	.187709		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.139099		49
50 PHYSICAL THERAPY	.401908		50
53.01 CARDIAC CATH LAB	.183791		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.404612		55
56 DRUGS CHARGED TO PATIENTS	.191648		56
58 ASC (NON-DISTINCT PART)	.284841		58
59 ACUTE DIALYSIS	.361814		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.222066		61
61.01 SLEEP LAB	.258203		61.01
61.02 BRONCH & GASTRO LAB	.176780		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.351263		62
62.01 OBSERVATION BEDS-DISTINCT	.357218		62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T091)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26.01 NEONATAL ICU			26.01
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.315599		37
38 RECOVERY ROOM	.126331		38
39 DELIVERY ROOM & LABOR ROOM	.398101		39
40 ANESTHESIOLOGY	.287496		40
41 RADIOLOGY-DIAGNOSTIC	.326591		41
44 LABORATORY	.329037		44
46 WHOLE BLOOD & PACKED RED BLOOD	.187709		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.139099		49
50 PHYSICAL THERAPY	.401197		50
53.01 CARDIAC CATH LAB	.181070		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.404612		55
56 DRUGS CHARGED TO PATIENTS	.191648		56
58 ASC (NON-DISTINCT PART)	.282650		58
59 ACUTE DIALYSIS	.361680		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.220688		61
61.01 SLEEP LAB	.256864		61.01
61.02 BRONCH & GASTRO LAB	.176780		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.351263		62
62.01 OBSERVATION BEDS-DISTINCT	.357218		62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10348318				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10408860				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	22012098				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	3913623				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2510052				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	8087775				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1816488				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	239.05				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	32.68				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	27.29	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	34.80				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	5.00				3.13
3.14 CURRENT YEAR ALLOWABLE FTE	32.29				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	30.30				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	30.25				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	30.95	0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.129471				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.133893				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.129471				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	951528				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	881509				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	2053835				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3886872 476633 4363505				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0411				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2160				4.01
4.02	SUM OF 4 AND 4.01	0.2571				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1043				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4460835				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	53410104				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	53410104				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4131780				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	962799				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	58504683				16
17	PRIMARY PAYER PAYMENTS	106336				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	58398347				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3800064				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	59072				20
21	REIMBURSABLE BAD DEBTS	659616				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	461731				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	635203				21.02
22	SUBTOTAL	55000942				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	55000942					26
27						27
28	54310035					28
28.01						28.01
29	690907					29
30	799788					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0091) 1	HOSPITAL (14-0091) 1.01	HOSPITAL (14-0091) 1.02	
1 MEDICAL AND OTHER SERVICES	1141			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	13120226			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10533766			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.811			1.03
1.04 LINE 1.01 TIMES LINE 1.03	10640503			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	99.00			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1141			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	5954			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	5954			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	5954			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	4813			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1141			17
17.01 TOTAL PPS PAYMENTS	10533766			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0091) 1	HOSPITAL (14-0091) 1.01	HOSPITAL (14-0091) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2620059		18.01
19 SUBTOTAL	7914848		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	183994		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8098842		23
24 PRIMARY PAYER PAYMENTS	2586		24
25 SUBTOTAL	8096256		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	430058		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	301041		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	424092		27.02
28 SUBTOTAL	8397297		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	149		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	8397148		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8356124		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	41024		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T091)	SUB I (14-T091)	SUB I (14-T091)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.940			1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T091)	SUB I (14-T091)	SUB I (14-T091)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

	HOSPITAL (14-0091) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 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)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0091)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0091)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0091)

WORKSHEET E-1

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		52980016		7911120
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.		1190019		445004
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 01/24/2008	140000		3.01
PROGRAM TO PROVIDER	.02			3.02
PROGRAM TO PROVIDER	.03		NONE	3.03
PROGRAM TO PROVIDER	.04			3.04
PROGRAM TO PROVIDER	.05			3.05
PROGRAM TO PROVIDER	.50			3.50
PROGRAM TO PROVIDER	.51			3.51
PROGRAM TO PROVIDER	.52	NONE		3.52
PROGRAM TO PROVIDER	.53		NONE	3.53
PROGRAM TO PROVIDER	.54			3.54
SUBTOTAL	.99	140000		3.99
4 TOTAL INTERIM PAYMENTS		54310035		8356124
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03		NONE	5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52		NONE	5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	690907		41024
	PROGRAM TO PROVIDER .02			6.01
	PROGRAM TO PROVIDER .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		55000942		8397148
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T091)

WORKSHEET E-1

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		2384052		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2384052		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	23379		6.01
	PROVIDER TO .02 PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2407431		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T091)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	2168687				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0510				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	214088				1.04
1.05	OUTLIER PAYMENTS	43281				1.05
1.06	TOTAL PPS PAYMENTS	2426056				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	12.765027				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2426056				4
5	PRIMARY PAYER PAYMENTS	8081				5
6	SUBTOTAL	2417975				6
7	DEDUCTIBLES	10048				7
8	SUBTOTAL	2407927				8
9	COINSURANCE	496				9
10	SUBTOTAL	2407431				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	2407431				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T091)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2407431				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2384052				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	23379				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0091) (PPS)	SUB I (14-T091) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	240639				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	240639				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
	SUBTOTAL	240639				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES					11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES					16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	240639				22
23	COST OF COVERED SERVICES	240639				23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	240639				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31	240639				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0091) (PPS)	SUB I (14-T091) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					240639
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.01
	BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	32.75 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP 27.50	27.50 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	33.50 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	27.50 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	32.33 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	1.17 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	33.50 3.09
3.10	SEE INSTRUCTIONS	27.50 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	5.00 3.11
3.12	SEE INSTRUCTIONS	5.96 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.01 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.22 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.06 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.06 3.16
3.17	SEE INSTRUCTIONS	72883.94 3.17
3.18	SEE INSTRUCTIONS	295909 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		27.50	3.19
3.20	SEE INSTRUCTIONS		26.98	3.20
3.21	SEE INSTRUCTIONS		27.01	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		27.01	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		72883.94	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1968595	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2264504	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		25862	4
5	TOTAL INPATIENT DAYS		78303	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.330281	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	747923 167527	915450	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		7611	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		78303	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		189007	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 42336	42336	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	68761958	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	114417	15
16	TOTAL PART A REASONABLE COST	68647541	16
PART B REASONABLE COST			
17	REASONABLE COST	13121367	17
18	PRIMARY PAYER PAYMENTS	2586	18
19	TOTAL PART B REASONABLE COST	13118781	19
20	TOTAL REASONABLE COST	81766322	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.839558	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.160442	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1146793	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	962799	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	183994	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	14033	4
5	TOTAL INPATIENT DAYS	78303	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.179214	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	6135	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	78303	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/28/2008 18:22

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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	27.50 2
3	UNADJUSTED DIRECT GME FTE CAP	32.75 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	27.50 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	25.00 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.00 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	6.00 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	84537.68 8
9	LINE 7 TIMES LINE 8	507226 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.330281 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	167527 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	42336 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	27.29 13
14	UNADJUSTED IME FTE CAP	32.68 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	27.29 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	25.00 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	7.51 17
18	SEE INSTRUCTIONS	7.51 18
19	RESIDENT TO BED COUNT	.031416 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.008321 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	42769276 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	14511450 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	476633 23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-4769290			1
2 TEMPORARY INVESTMENTS	512000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	197445307			4
5 OTHER RECEIVABLES	2685181			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-122609749			6
7 INVENTORY	4988981			7
8 PREPAID EXPENSES	8846954			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	87099384			11
FIXED ASSETS				
12 LAND	485000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	700769			13
13.01 ACCUMULATED DEPRECIATION	-345631			13.01
14 BUILDINGS	7202676			14
14.01 ACCUMULATED DEPRECIATION	-1306053			14.01
15 LEASEHOLD IMPROVEMENTS	281892			15
15.01 ACCUMULATED AMORTIZATION	-79344			15.01
16 FIXED EQUIPMENT	28236807			16
16.01 ACCUMULATED DEPRECIATION	-9028032			16.01
17 AUTOMOBILES AND TRUCKS	238447			17
17.01 ACCUMULATED DEPRECIATION	-229436			17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	26157095			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	66646415			25
26 TOTAL OTHER ASSETS	66646415			26
27 TOTAL ASSETS	179902894			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11690205			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	-138409475			35
36 TOTAL CURRENT LIABILITIES	-126719270			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES				42
43 TOTAL LIABILITIES	-126719270			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	306622164			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	306622164			51
52 TOTAL LIABILITIES AND FUND BALANCES	179902894			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	272009428			1
2 NET INCOME (LOSS)	34612741			2
3 TOTAL	306622169			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	306622169			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ROUNDING	5			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	5			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	306622164			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	108721065		108721065	2
4 SUBPROVIDER I	6332691		6332691	4
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	115053756		115053756	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT				11
12 NEONATAL ICU	17584903		17584903	12
13 CORONARY CARE UNIT	12300622		12300622	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT	12315073		12315073	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	42200598		42200598	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	157254354		157254354	18
18.50 ANCILLARY SERVICES	415456055		415456055	18.50
18.60 OUTPATIENT SERVICES		225447825	225447825	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		3621084	3621084	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE	170160	6287702	6457862	24.01
24.04 PHYSICIAN SERVICES		-2982	-2982	24.04
25 HOME INFUSION		8012515	8012515	25
RECOVERY CENTER CHAMPAIGN	561864	23315	585179	
TOTAL PATIENT REVENUES	573442433	243389459	816831892	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		320619281	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	11096524		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		11096524	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		331715805	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	816831892	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	477555571	2
3	NET PATIENT REVENUES	339276321	3
4	LESS - TOTAL OPERATING EXPENSES	331715805	4
5	NET INCOME FROM SERVICE TO PATIENTS	7560516	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	492337	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	807585	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	728882	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1111574	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	31156	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC REVENUE - OTHER	23880691	24
25	TOTAL OTHER INCOME	27052225	25
26	TOTAL	34612741	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	34612741	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	906823		2309		978179	1887311
6 SKILLED NURSING CARE	1238807		141730		237258	1617795
7 PHYSICAL THERAPY	329266		54998		80602	464866
8 OCCUPATIONAL THERAPY	161021		26786		22038	209845
9 SPEECH PATHOLOGY	7764		1365		970	10099
10 MEDICAL SOCIAL SERVICES	19689		3068		3833	26590
11 HOME HEALTH AIDE	47238		19660		12584	79482
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2710608		249916		1335464	4295988

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-800264	1087047	-206614	880433	5
6 SKILLED NURSING CARE		1617795		1617795	6
7 PHYSICAL THERAPY		464866		464866	7
8 OCCUPATIONAL THERAPY		209845		209845	8
9 SPEECH PATHOLOGY		10099		10099	9
10 MEDICAL SOCIAL SERVICES		26590		26590	10
11 HOME HEALTH AIDE		79482		79482	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-800264	3495724	-206614	3289110	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7241

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	880433					880433	880433	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1617795					1617795	591345	2209140 6
7 PHYSICAL THERAPY	464866					464866	169921	634787 7
8 OCCUPATIONAL THERAPY	209845					209845	76704	286549 8
9 SPEECH PATHOLOGY	10099					10099	3691	13790 9
10 MEDICAL SOCIAL SERVICES	26590					26590	9719	36309 10
11 HOME HEALTH AIDE	79482					79482	29053	108535 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	3289110					3289110		3289110 24

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05
 11/28/2008 18:22

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-880433	2408677	5
6 SKILLED NURSING CARE						1617795	6
7 PHYSICAL THERAPY						464866	7
8 OCCUPATIONAL THERAPY						209845	8
9 SPEECH PATHOLOGY						10099	9
10 MEDICAL SOCIAL SERVICES						26590	10
11 HOME HEALTH AIDE						79482	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-880433	2408677	24
25 COST TO BE ALLOC (PER W/S H)						880433	25
26 UNIT COST MULTIPLIER						.365526	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7241

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	174071			1
2 SKILLED NURSING CARE	2561205	116931	2678136	2
3 PHYSICAL THERAPY	735639	33585	769224	3
4 OCCUPATIONAL THERAPY	332220	15167	347387	4
5 SPEECH PATHOLOGY	15988	730	16718	5
6 MEDICAL SOCIAL SERVICES	42088	1921	44009	6
7 HOME HEALTH AIDE	125672	5737	131409	7
8 SUPPLIES				8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS	3986883	174071	3986883	20
21 UNIT COST MULTIPLIER		.045654		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP RE L COSTS-BL DG & FIXT DOLLARS SQ FEET 1	OLD CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 2	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET 3	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 4	EMPLOYEE B ENEFITS GROSS SALARIES 5	NON-PATIENT TELEPHONE PHONE INSTR 6.01	DATA PROCES SING INVOICES 6.02	FOUNDATION OVERHEAD TOTAL COST 6.03
1 ADMINISTRATIVE AND GENERAL			1187	112942	420648	150		1
2 SKILLED NURSING CARE					1238807			2
3 PHYSICAL THERAPY					329266			3
4 OCCUPATIONAL THERAPY					161021			4
5 SPEECH PATHOLOGY					7764			5
6 MEDICAL SOCIAL SERVICES					19689			6
7 HOME HEALTH AIDE					47238			7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			1187	112942	2224433	150		20
21 TOTAL COST TO BE ALLOCATED			9922	113102	22571			21
22 UNIT COST MULTIPLIER			8.358888		.010147			22
22 UNIT COST MULTIPLIER				1.001417				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE	6.04	SHARED ADM INISTRATIV E & GENERA TOTAL COST	6.05	RECON- CILIAATION	6A.06	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	6.06	MAINTENANC E & REPAIR S SQ FEET	7	OPERATION OF PLANT SQ FEET	8	LAUNDRY & LINEN SERV NG ICE POUNDS OF LAUNDRY	9	HOUSEKEEPI NG SQ FEET	10
1 ADMINISTRATIVE AND GENERAL							127292					1187			1187	1
2 SKILLED NURSING CARE							2221710									2
3 PHYSICAL THERAPY							638128									3
4 OCCUPATIONAL THERAPY							288183									4
5 SPEECH PATHOLOGY							13869									5
6 MEDICAL SOCIAL SERVICES							36509									6
7 HOME HEALTH AIDE							109014									7
8 SUPPLIES																8
9 DRUGS																9
9.20 COST OF ADMINISTERING VACC																9.20
10 DME																10
11 HOME DIALYSIS AIDE SERVICE																11
12 RESPIRATORY THERAPY																12
13 PRIVATE DUTY NURSING																13
14 CLINIC																14
15 HEALTH PROMOTION ACTIVITIE																15
16 DAY CARE PROGRAM																16
17 HOME DELIVERED MEALS PROGR																17
18 HOMEMAKER SERVICE																18
19 ALL OTHERS																19
19.50 TELEMEDICINE																19.50
20 TOTALS							3434705				1187				1187	20
21 TOTAL COST TO BE ALLOCATED							524850				13619				13709	21
22 UNIT COST MULTIPLIER																22
22 UNIT COST MULTIPLIER							.152808				11.473463				11.549284	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	2678136		2678136	14907	179.66	1
2	PHYSICAL THERAPY	3	769224	287642	1056866	4481	235.85	2
3	OCCUPATIONAL THERAPY	4	347387		347387	1697	204.71	3
4	SPEECH PATHOLOGY	5	16718		16718	147	113.73	4
5	MEDICAL SOCIAL SERV	6	44009		44009	109	403.75	5
6	HOME HEALTH AIDE SERV	7	131409		131409	1683	78.08	6
7	TOTAL		3986883	287642	4274525	23024		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	1400					8
8.01	SKILLED NURSING CARE	9914					8.01
8.02	SKILLED NURSING CARE	1040					8.02
8.03	SKILLED NURSING CARE	2040					8.03
9	PHYSICAL THERAPY	1400					9
9.01	PHYSICAL THERAPY	9914					9.01
9.02	PHYSICAL THERAPY	1040					9.02
9.03	PHYSICAL THERAPY	2040					9.03
10	OCCUPATIONAL THERAPY	1400					10
10.01	OCCUPATIONAL THERAPY	9914					10.01
10.02	OCCUPATIONAL THERAPY	1040					10.02
10.03	OCCUPATIONAL THERAPY	2040					10.03
11	SPEECH PATHOLOGY	1400					11
11.01	SPEECH PATHOLOGY	9914					11.01
11.02	SPEECH PATHOLOGY	1040					11.02
11.03	SPEECH PATHOLOGY	2040					11.03
12	MEDICAL SOCIAL SERV	1400					12
12.01	MEDICAL SOCIAL SERV	9914					12.01
12.02	MEDICAL SOCIAL SERV	1040					12.02
12.03	MEDICAL SOCIAL SERV	2040					12.03
13	HOME HEALTH AIDE SERV	1400					13
13.01	HOME HEALTH AIDE SERV	9914					13.01
13.02	HOME HEALTH AIDE SERV	1040					13.02
13.03	HOME HEALTH AIDE SERV	2040					13.03
14	TOTAL						14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		13310	13310	95314	.139644	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1400		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1040		17.02
17.03	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2040		17.03
18	PER BENEFICIARY COST LIMITATION					1400		18
18.01	PER BENEFICIARY COST LIMITATION					9914		18.01
18.02	PER BENEFICIARY COST LIMITATION					1040		18.02
18.03	PER BENEFICIARY COST LIMITATION					2040		18.03
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-6
 PARTS II & III

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
		1	2	3	4	
1	PHYSICAL THERAPY 50	.401197	716960	287642	COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51		271520		COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52		23520		COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.404612	32895	13310	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.191648			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE
 PROGRAM VISITS PROGRAM COST PROGRAM

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY 2	235.85						1
2	OCCUPATIONAL THERAPY 3	204.71						2
3	SPEECH PATHOLOGY 4	113.73						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7241

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	1	2	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1317148		790073		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3594		26622		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	24927		21293		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	12176		8864		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6255		13794		10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES					10.10
10.11 TOTAL OTHER PAYMENTS					10.11
10.12 DME PAYMENTS					10.12
10.13 OXYGEN PAYMENTS					10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS					10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)					11
12 SUBTOTAL	1364100		860646		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1364100		860646		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1364100		860646		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1364100		860646		18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION					20
21 OTHER ADJUSTMENTS (SPECIFY):					21
22 SUBTOTAL	1364100		860646		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1364100		860646		24
25 TOTAL INTERIM PAYMENTS	1364100		860646		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM					26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7241

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1364100		860646	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.05
	PROVIDER .05				3.50
	TO .50				3.51
	PROGRAM .51	NONE		NONE	3.52
	TO .52				3.53
	PROGRAM .53				3.54
	PROGRAM .54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1364100		860646	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1364100		860646	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	307412		3321		1827878	2138611	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES							9
10 NURSING CARE	905101		85020		189073	1179194	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY	2046		976		396	3418	11
12 OCCUPATIONAL THERAPY			17			17	12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	117403		9165		31872	158440	14
15 SPIRITUAL COUNSELING	91654		16826		23138	131618	15
16 DIETARY COUNSELING							16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	133449		59912		41626	234987	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY							20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN							21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS	34214		267		13907	48388	30
31 VOLUNTEER PROGRAM COSTS	36531		7077		6983	50591	31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	1627810		182581		2134873	3945264	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				2
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				3
4	PLANT OPERATION AND MAINTENANCE				4
5	TRANSPORTATION - STAFF				5
6	VOLUNTEER SERVICE COORDINATION				6
7	ADMINISTRATIVE AND GENERAL	316091	2454702	-200749	2253953
8	INPATIENT CARE SERVICE				7
9	INPATIENT - GENERAL CARE				8
10	INPATIENT - RESPITE CARE				9
10.20	VISITING SERVICES				10
11	PHYSICIAN SERVICES				10.20
12	NURSING CARE		1179194		1179194
13	NURSING CARE-CONTINUOUS HOME CARE				11
14	PHYSICAL THERAPY		3418		3418
15	OCCUPATIONAL THERAPY		17		17
16	SPEECH/LANGUAGE PATHOLOGY				12
17	MEDICAL SOCIAL SERVICES		158440		158440
18	SPIRITUAL COUNSELING		131618		131618
19	DIETARY COUNSELING				13
20	COUNSELING - OTHER				14
20.30	HOME HEALTH AIDE AND HOMEMAKER		234987		234987
21	HH AIDE & HOMEMAKER-CONT. HOME CARE				15
22	OTHER				16
23	OTHER HOSPICE SERVICE COSTS				17
24	DRUGS, BIOLOGICAL & INFUSION THERAPY				18
25	ANALGESICS				18.20
26	SEDATIVES / HYPNOTICS				19
27	OTHER - SPECIFY				20
28	DURABLE MEDICAL EQUIPMENT/OXYGEN				20.30
29	PATIENT TRANSPORTATION				20.31
30	IMAGING SERVICES				20.32
31	LABS AND DIAGNOSTICS				21
32	MEDICAL SUPPLIES				22
33	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				23
34	RADIATION THERAPY				24
35	CHEMOTHERAPY				25
36	OTHER				26
37	HOSPICE NONREIMBURSABLE SERVICE				27
38	BEREAVEMENT PROGRAM COSTS		48388		48388
39	VOLUNTEER PROGRAM COSTS		50591		50591
40	FUNDRAISING				30
41	OTHER PROGRAM COSTS				31
42	TOTAL	316091	4261355	-200749	4060606

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1526

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		87713		194513				25186	307412
7									7
8									8
9									9
10					905101				905101
10.20									10.20
11						2046			2046
12									12
13									13
14			117403						117403
15								91654	91654
16									16
17									17
18							133449		133449
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30								34214	34214
31								36531	36531
32									32
33									33
34		87713	117403	194513	905101	2046	133449	187585	1627810

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1526

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	2253953						2253953	2253953	6
7									7
8									8
9									9
10	1179194						1179194	1471145	10
10.20								2650339	10.20
11	3418						3418	4264	11
12	17						17	21	12
13								38	13
14	158440						158440	197667	14
15	131618						131618	164205	15
16								295823	16
17									17
18	234987						234987	293166	18
18.20								528153	18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	48388						48388	60368	30
31	50591						50591	63117	31
32								113708	32
33									33
34	4060606						4060606	4060606	34

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5	6A	6	
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.								5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-2253953	1806653	6
7 INPATIENT - GENERAL CARE								7
8 INPATIENT - RESPITE CARE VISITING SERVICES								8
9 PHYSICIAN SERVICES								9
10 NURSING CARE							1179194	10
10.20 NURSING CARE-CONTINUOUS HOME								10.20
11 PHYSICAL THERAPY							3418	11
12 OCCUPATIONAL THERAPY							17	12
13 SPEECH/LANGUAGE PATHOLOGY								13
14 MEDICAL SOCIAL SERVICES							158440	14
15 SPIRITUAL COUNSELING							131618	15
16 DIETARY COUNSELING								16
17 COUNSELING - OTHER								17
18 HH AIDE AND HOME MAKER							234987	18
18.20 HH AIDE & HMKR-CONT. HOME CA								18.20
19 OTHER								19
OTHER HOSPICE SERVICE COSTS								
20 DRUGS, BIOL. & INFUS. THER.								20
20.30 ANALGESICS								20.30
20.31 SEDATIVES / HYPNOTICS								20.31
20.32 OTHER - SPECIFY								20.32
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT.SERV.(INCL.E/R DEPT.)								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
HOSPICE NONREIMBURSABLE SERVICE								
30 BEREAVEMENT PROGRAM COSTS							48388	30
31 VOLUNTEER PROGRAM COSTS							50591	31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 COST TO BE ALLOCATED							2253953	34
35 UNIT COST MULTIPLIER							1.247585	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1526

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	107630			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE	3067875	70264	3138139	5
5.20 NURSING CARE-CONTINUOUS HOM				5.20
6 PHYSICAL THERAPY	8885	203	9088	6
7 OCCUPATIONAL THERAPY	44	1	45	7
8 SPEECH/LANGUAGE PATHOLOGY				8
9 MEDICAL SOCIAL SERV. - DIRE	412151	9439	421590	9
10 SPIRITUAL COUNSELING	342298	7840	350138	10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS	610708	13987	624695	13
13.20 HH AIDE & HMKR-CONT. HOME C				13.20
14 OTHER				14
15 DRUGS,BIOLOGICALS & INFUSIO				15
15.30 ANALGESICS				15.30
15.31 SEDATIVES / HYPNOTICS				15.31
15.32 OTHER - SPECIFY				15.32
16 DURABLE MED. EQUIP./OXYGEN				16
17 PATIENT TRANSPORTATION				17
18 IMAGING SERVICES				18
19 LABS AND DIAGNOSTICS				19
20 MEDICAL SUPPLIES				20
21 OUTPAT. SERV.(INCL.E/R DEPT				21
22 RADIATION THERAPY				22
23 CHEMOTHERAPY				23
24 OTHER				24
25 BEREAVEMENT PROGRAM COSTS	125849	2882	128731	25
26 VOLUNTEER PROGRAM COSTS	131590	3014	134604	26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTALS	4807030		4807030	29
30 UNIT COST MULTIPLIER		.022903		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP RE L COSTS-BL DG & FIXT DOLLARS SQ FEET 1	OLD CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 2	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET 3	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 4	EMPLOYEE B ENEFITS GROSS SALARIES 5	NON-PATIENT TELEPHONE E PHONE INSTR 6.01	DATA PROCES SING INVOICES 6.02	FOUNDATION OVERHEAD TOTAL COST 6.03
1 ADMINISTRATIVE AND GENERAL				89540	307412	55		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					905101			5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY					2046			6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					117403			9
10 SPIRITUAL COUNSELING					91654			10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					133449			13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS					34214			25
26 VOLUNTEER PROGRAM COSTS					36531			26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				89540	1627810	55		29
30 TOTAL COST TO BE ALLOCATED				89667	19571			30
31 UNIT COST MULTIPLIER					.012023			31
31 UNIT COST MULTIPLIER				1.001418				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1526
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL						1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE						5
5.20 NURSING CARE-CONTINUOUS HOM						5.20
6 PHYSICAL THERAPY						6
7 OCCUPATIONAL THERAPY						7
8 SPEECH/LANGUAGE PATHOLOGY						8
9 MEDICAL SOCIAL SERV. - DIRE						9
10 SPIRITUAL COUNSELING						10
11 DIETARY COUNSELING						11
12 COUNSELING - OTHER						12
13 HOME HLTH AIDE & HOMEMAKERS						13
13.20 HH AIDE & HMKR-CONT. HOME C						13.20
14 OTHER						14
15 DRUGS,BIOLOGICALS & INFUSIO						15
15.30 ANALGESICS						15.30
15.31 SEDATIVES / HYPNOTICS						15.31
15.32 OTHER - SPECIFY						15.32
16 DURABLE MED. EQUIP./OXYGEN						16
17 PATIENT TRANSPORTATION						17
18 IMAGING SERVICES						18
19 LABS AND DIAGNOSTICS						19
20 MEDICAL SUPPLIES						20
21 OUTPAT. SERV.(INCL.E/R DEPT						21
22 RADIATION THERAPY						22
23 CHEMOTHERAPY						23
24 OTHER						24
25 BEREAVEMENT PROGRAM COSTS						25
26 VOLUNTEER PROGRAM COSTS						26
27 FUNDRAISING						27
28 OTHER PROGRAM COSTS						28
29 TOTAL						29
30 TOTAL COST TO BE ALLOCATED						30
31 UNIT COST MULTIPLIER						31
31 UNIT COST MULTIPLIER						31

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
11/28/2008 18:22

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1526

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.401197		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.191648		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.329037		6
7	MEDICAL SUPPLIES	55	0.404612		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.220688		8
8.01	SLEEP LAB	61.01	0.256864		8.01
8.02	BRONCH & GASTRO LAB	61.02	0.176780		8.02
8.03	SURGICENTER	61.03			8.03
9	RADIATION THERAPY	41	0.326591		9
10	ACUTE DIALYSIS	59	0.361680		10
11	TOTALS				11

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1526

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				4807030	1
2 TOTAL UNDUPLICATED DAYS				42436	2
3 AGGREGATE COST PER DIEM				113.28	3
4 UNDUPLICATED MEDICARE DAYS	38190				4
5 AGGREGATE MEDICARE COST	4326163				5
6 UNDUPLICATED MEDICAID DAYS		620			6
7 AGGREGATE MEDICAID COST		70234			7
8 UNDUPLICATED SNF DAYS	14939				8
9 AGGREGATE SNF COST	1692290				9
10 UNDUPLICATED NF DAYS		108			10
11 AGGREGATE NF COST		12234			11
12 OTHER UNDUPLICATED DAYS			3626		12
13 AGGREGATE COST FOR OTHER DAYS			410753		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0091)	SUB I (14-T091)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3657819				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	4131780				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				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				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT TELEPHONE					6.01
6.02 DATA PROCESSING					6.02
6.03 FOUNDATION OVERHEAD					6.03
6.04 ADMITTING					6.04
6.05 SHARED ADMINISTRATIVE & GENERAL					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26.01 NEONATAL ICU					26.01
27 CORONARY CARE UNIT					27
29 SURGICAL INTENSIVE CARE UNIT					29
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC CATH LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINCT)					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
97 RESEARCH						97
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 CHEMOTHERAPY RX						98.01
98.02 RURAL HEALTH						98.02
98.03 ARBOURS RX						98.03
98.04 FUND DEVELOPMENT						98.04
98.05 MARKETING						98.05
98.06 CARLE CLINIC						98.06
98.08 CARLE FOUNDATION #14-8077						98.08
98.09 CARLE ARBOURS #14-1439						98.09
98.10 OTHER REL ENTITIES						98.10
98.11 CHAMPAIGN ASC						98.11
98.12 SOUTH PARKING GARAGE						98.12
98.13 PARISH NRSG						98.13
98.14 COMM HLTH & WLNS						98.14
98.15 MOBILE CLINIC						98.15
98.16 CHILD CARE HUB						98.16
98.17 SMOKING CESSATION						98.17
98.18 HRT DISEASE PRVT						98.18
98.19 STRATUM						98.19
99.01 BROMENN DME						99.01
99.02 TELEMEDICINE						99.02
99.04 NORTH GARAGE						99.04
99.05 HOME INFUSION						99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED						99.07
99.08 EMERGENCY MEDICAL SERVICES						99.08
00 UNDERGRADUATE MEDICAL EDUCATION						00
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.32		13.78				51.10 25
26.01 NEONATAL ICU			53.07				53.07 26.01
27 CORONARY CARE UNIT	33.89		4.91				38.80 27
29 SURGICAL INTENSIVE CARE UNIT	18.93		17.46				36.39 29
33 NURSERY			35.96				35.96 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	37.24	6.66					43.90 37
38 RECOVERY ROOM	15.14	3.14					18.28 38
39 DELIVERY ROOM & LABOR ROOM	0.54	0.05					0.59 39
40 ANESTHESIOLOGY	32.75	7.90					40.65 40
41 RADIOLOGY-DIAGNOSTIC	30.02	5.41					35.43 41
44 LABORATORY	30.26	5.45					35.71 44
46 WHOLE BLOOD & PACKED RED BLOOD	42.33	1.45					43.78 46
49 RESPIRATORY THERAPY	34.72	0.60					35.32 49
50 PHYSICAL THERAPY	6.55	13.86					20.41 50
53.01 CARDIAC CATH LAB	38.12	12.51					50.63 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	29.57	7.45					37.02 55
56 DRUGS CHARGED TO PATIENTS	32.07	3.19					35.26 56
58 ASC (NON-DISTINCT PART)	0.11	15.14					15.25 58
59 ACUTE DIALYSIS	12.58						12.58 59
61 EMERGENCY	14.34	7.39					21.73 61
61.01 SLEEP LAB	0.04	12.82					12.86 61.01
61.02 BRONCH & GASTRO LAB	9.79	18.70					28.49 61.02
101 TOTAL CHARGES	21.66	5.56					27.22 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	41.25		8.67				49.92 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.04						0.04 37
38 RECOVERY ROOM	0.01						0.01 38
41 RADIOLOGY-DIAGNOSTIC	0.23						0.23 41
44 LABORATORY	0.34						0.34 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.28						0.28 46
49 RESPIRATORY THERAPY	0.26						0.26 49
50 PHYSICAL THERAPY	3.29						3.29 50
53.01 CARDIAC CATH LAB	0.09						0.09 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.07						0.07 55
56 DRUGS CHARGED TO PATIENTS	0.68						0.68 56
61.01 SLEEP LAB	0.18						0.18 61.01
101 TOTAL CHARGES	0.37						0.37 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	10966868	3.73	-10966868	-10.99		3
4	NEW CAP REL COSTS-MVBLE EQUIP	12753532	4.34	-12753532	-12.78		4
5	EMPLOYEE BENEFITS	949814	.32	-949814	-.95		5
6.01	NON-PATIENT TELEPHONE						6.01
6.02	DATA PROCESSING	9567811	3.26	-9567811	-9.59		6.02
6.03	FOUNDATION OVERHEAD	7120802	2.42	-7120802	-7.14		6.03
6.04	ADMITTING	1786692	.61	-1786692	-1.79		6.04
6.05	SHARED ADMINISTRATIVE & GENERAL	15203404	5.17	-15203404	-15.23		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	12765270	4.34	-12765270	-12.79		6.06
7	MAINTENANCE & REPAIRS	6626690	2.25	-6626690	-6.64		7
8	OPERATION OF PLANT	3548133	1.21	-3548133	-3.56		8
9	LAUNDRY & LINEN SERVICE	1051747	.36	-1051747	-1.05		9
10	HOUSEKEEPING	3940198	1.34	-3940198	-3.95		10
11	DIETARY	1082504	.37	-1082504	-1.08		11
12	CAFETERIA	994723	.34	-994723	-1.00		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2464191	.84	-2464191	-2.47		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	5101370	1.74	-5101370	-5.11		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	2594961	.88	-2594961	-2.60		22
23	I&R SERVICES-OTHER PRGM COSTS A	1278188	.43	-1278188	-1.28		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	24453929	8.32	24528106	24.58	48982035	16.66
26.01	NEONATAL ICU	5381726	1.83	2375386	2.38	7757112	2.64
27	CORONARY CARE UNIT	2761755	.94	1707914	1.71	4469669	1.52
29	SURGICAL INTENSIVE CARE UNIT	3144484	1.07	1760592	1.76	4905076	1.67
31	SUBPROVIDER I	1831641	.62	944323	.95	2775964	.94
33	NURSERY	1045951	.36	409343	.41	1455294	.50
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11368624	3.87	7717377	7.73	19086001	6.49
38	RECOVERY ROOM	1551164	.53	839389	.84	2390553	.81
39	DELIVERY ROOM & LABOR ROOM	2748623	.94	1129094	1.13	3877717	1.32
40	ANESTHESIOLOGY	723686	.25	235717	.24	959403	.33
41	RADIOLOGY-DIAGNOSTIC	18890204	6.43	3777572	3.79	22667776	7.71
44	LABORATORY	15473175	5.26	3087530	3.09	18560705	6.31
46	WHOLE BLOOD & PACKED RED BLOOD	1970116	.67	467519	.47	2437635	.83
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	3108763	1.06	1836630	1.84	4945393	1.68
50	PHYSICAL THERAPY	14525578	4.94	5850367	5.86	20375945	6.93

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
99.01 BROMENN DME							99.01
99.02 TELEMEDICINE	144744	.05	118255	.12	262999	.09	99.02
99.04 NORTH GARAGE	226059	.08	46641	.05	272700	.09	99.04
99.05 HOME INFUSION	2432516	.83	420989	.42	2853505	.97	99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED	3832387	1.30	1092472	1.09	4924859	1.68	99.07
99.08 EMERGENCY MEDICAL SERVICES	311494	.11	69473	.07	380967	.13	99.08
100 UNDERGRADUATE MEDICAL EDUCATION	42547	.01	344045	.34	386592	.13	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	293930046	100.00	0	.00	293930046	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2523828	60475392	.041733	22522916	939949	37
38 RECOVERY ROOM	158498	18922913	.008376	2865157	23999	38
39 DELIVERY ROOM & LABOR ROOM	220786	9740546	.022667	52892	1199	39
40 ANESTHESIOLOGY	82775	3337106	.024804	1092754	27105	40
41 RADIOLOGY-DIAGNOSTIC	386511	69407195	.005569	20838071	116047	41
44 LABORATORY	315219	56409232	.005588	17068696	95380	44
46 WHOLE BLOOD & PACKED RED BLOOD	46115	12986279	.003551	5496697	19519	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	408262	35553139	.011483	12344903	141757	49
50 PHYSICAL THERAPY	1656426	50787930	.032615	3324634	108433	50
53.01 CARDIAC CATH LAB	1715885	40880805	.041973	15585634	654176	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1230964	105489807	.011669	31191122	363969	55
56 DRUGS CHARGED TO PATIENTS	686076	92874771	.007387	29787689	220042	56
58 ASC (NON-DISTINCT PART)	340916	7328213	.046521	8132	378	58
59 ACUTE DIALYSIS	27615	1231009	.022433	154871	3474	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	683271	49678377	.013754	7122064	97957	61
61.01 SLEEP LAB	126328	4942301	.025561	1832	47	61.01
61.02 BRONCH & GASTRO LAB	355459	18478796	.019236	1809749	34812	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT	92800	2729140	.034003			62
62.01 OBSERVATION BEDS-DISTINCT	176914	5911409	.029928			62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11234648	647164360		171267813	2848243	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	4334882		4334882	59465	72.90	22192	1617797 25
26.01 NEONATAL ICU	435956		435956	8857	49.22		26.01
27 CORONARY CARE UNIT	382324		382324	3323	115.05	1126	129546 27
29 SURGICAL INTENSIVE CARE UNIT	341806		341806	3259	104.88	617	64711 29
101 TOTAL	5494968		5494968			23935	1812054 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1812054

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2848243

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4660297

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	61973367
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	220912806
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.281

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2128294
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	5532683
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.385

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4660297
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	10296757
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	36919842
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.279