

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 07/01/2008 AND ENDING 06/30/2009, 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	2	3	4	
1	HOSPITAL	525513	99540		1
2	SUBPROVIDER I	-93404			2
3	SWING BED - SNF				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	432109	99540		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)			2	
				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: 07/01/2008	TO: 06/30/2009				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 16580	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
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-I, 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: 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
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)					
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
		NO	YES	NO	36.01
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	04H077							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 NHCNQ 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	N				47
48	SUBPROVIDER I	N	N	N	N	N				48
49	SKILLED NURSING FACILITY	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: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 10122402									54
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
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.				DATE / /	Y/N	LIMIT	Y/N	FEES	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? 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)	NO						60
60.01	IF LINE 60 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 '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.)							60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. 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.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO						63

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		5281	3987	19465	1
2	HMO XIX					2
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		5281	3987	19465	12
13	RPCH VISITS					13
14	SUBPROVIDER I		313	28	442	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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	IN COL.3	COL.4		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	104045478		104045478	3979887.00	26.14		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	1332742		1332742	9621.00	138.52	A-8-2	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)	2515873		2515873	92091.00	27.32	IRIS	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	10000209		10000209	337107.00	29.66	WP	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1659605		1659605	25366.50	65.43	INVOICE ANALYSI	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	3170225		3170225	52680.00	60.18	STAND BY	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT	1924844		1924844	14800.00	130.06	AVG RATE	10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	3903446		3903446	29399.05	132.77	HO CR	11
12 HOME OFFICE: PHYSICIAN PART A	268013		268013	1248.00	214.75	HO CR	12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	22992009		22992009			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1868355		1868355			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	62469		62469			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)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	318691		318691			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	870296	-870296					21
22 ADMINISTRATIVE & GENERAL	14605931	870296	15476227	612071.00	25.29		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	3570820		3570820	51086.00	69.90		22.01
23 MAINTENANCE & REPAIRS	1498683		1498683	63638.00	23.55		23
24 OPERATION OF PLANT	421815		421815	20189.00	20.89		24
25 LAUNDRY & LINEN SERVICE	207683		207683	16609.00	12.50		25
26 HOUSEKEEPING	2507438		2507438	203154.00	12.34		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1772789	-864191	908598	61877.00	14.68		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		864191	864191	65056.00	13.28		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1578882		1578882	51329.00	30.76		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2144022		2144022	94999.00	22.57		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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	IN COL.3	COL.4	
1 NET SALARIES	105100425		105100425	3938882.00	26.68	1
2 EXCLUDED AREA SALARIES	10000209		10000209	337107.00	29.66	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	95100216		95100216	3601775.00	26.40	3
4 SUBTOTAL OTHER WAGES & REL COSTS	10926133		10926133	123493.55	88.48	4
5 SUBTOTAL WAGE-RELATED COSTS	23054478		23054478		24.24%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	129080827		129080827	3725268.55	34.65	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	29178359		29178359	1240008.00	23.53	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7241

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2450		344	2794	1
2 UNDUPLICATED CENSUS COUNT		902.00		1133.00	2035.00	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	5.60		5.60	5
6 DIRECT NURSING SERVICE	17.38		17.38	6
7 NURSING SUPERVISOR	1.01		1.01	7
8 PHYSICAL THERAPY SERVICE	5.49		5.49	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.45		1.45	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.10		.10	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.31		.31	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.34		1.34	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	5	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	19500		20.03
20.04			99914		20.04

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		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21 SKILLED NURSING VISITS	6025	132	216	130			6503	21
22 SKILLED NURSING VISIT CHARGES	903750	19800	32400	19500			975450	22
23 PHYSICAL THERAPY VISITS	2702	7	12	96			2817	23
24 PHYSICAL THERAPY VISIT CHARGES	432320	1120	1920	15360			450720	24
25 OCCUPATIONAL THERAPY VISITS	957	2	14	31			1004	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	153120	320	2240	4960			160640	26
27 SPEECH PATHOLOGY VISITS	25			3			28	27
28 SPEECH PATHOLOGY VISIT CHARGES	4000			480			4480	28
29 MEDICAL SOCIAL SERVICE VISITS	63			2			65	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11655			370			12025	30
31 HOME HEALTH AIDE VISITS	999	5	1	3			1008	31
32 HOME HEALTH AIDE VISIT CHARGES	79920	400	80	240			80640	32
33 TOTAL VISITS	10771	146	243	265			11425	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	1584765	21640	36640	40910			1683955	35
36 TOTAL NUMBER OF EPISODES	974		80	28			1082	36
37 TOTAL NUMBER OF OUTLIER EPISODES		3					3	37
38 TOTAL MEDICAL SUPPLY CHARGES	57767	550	4536	194			63047	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

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	32282	1484	11521	344	2419	36185	2
3 INPATIENT RESPITE CARE	117	5				122	3
4 GENERAL INPATIENT CARE	354	13	22		41	408	4
5 TOTAL HOSPICE DAYS	32753	1502	11543	344	2460	36715	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	611	32	190	9	77	720	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	53.61	46.94	60.75	38.22	31.95	50.99	8
9 UNDUPLICATED CENSUS COUNT	522	27	152	8	66	615	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	17
17.01	GROSS MEDICAID REVENUES	34482631 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	34482631 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.290553 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	112590595 28
29	TOTAL GROSS MEDICAID COST	32713535 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	23422619 30
31	UNCOMPENSATED CARE COST	6805512 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32713535 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				-11445	-11445	18853942	18842497	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5632916	5632916	8384933	14017849	4
5	0500 EMPLOYEE BENEFITS	870296	4407078	5277374	-1403496	3873878	-162	3873716	5
6.01	0610 NON-PATIENT TELEPHONE								6.01
6.02	0620 DATA PROCESSING	929212	10572527	11501739	-3639301	7862438	-21564	7840874	6.02
6.03	0630 FOUNDATION OVERHEAD		289	289		289	8771678	8771967	6.03
6.04	0640 ADMITTING	1607493	669364	2276857	-6202	2270655	-435423	1835232	6.04
6.05	0650 SHARED ADMINISTRATIVE & GENERAL	4851121	47684304	52535425	-21918	52513507	-38617915	13895592	6.05
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	7218105	1945699	9163804	-73297	9090507	-2758936	6331571	6.06
7	0700 MAINTENANCE & REPAIRS	1498683	5001497	6500180	-3057	6497123	-28263	6468860	7
8	0800 OPERATION OF PLANT	421815	4913716	5335531	-273	5335258	-700158	4635100	8
9	0900 LAUNDRY & LINEN SERVICE	207683	42029	249712		249712		249712	9
10	1000 HOUSEKEEPING	2507438	1875423	4382861	-5151	4377710	-1226357	3151353	10
11	1100 DIETARY	1772789	1661903	3434692	-2008826	1425866	-29795	1396071	11
12	1200 CAFETERIA				1998127	1998127	-1377423	620704	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1578882	1028800	2607682	-43324	2564358	-112	2564246	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	2144022	1885099	4029121	1333251	5362372	-107879	5254493	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	2515873	3115513	5631386	-3116240	2515146	-64488	2450658	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				3115513	3115513	-390771	2724742	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	22634145	10192948	32827093	-6686966	26140127	-499238	25640889	25
26.01	2601 NEONATAL ICU	4144706	1456087	5600793	-251567	5349226	-4116	5345110	26.01
27	2700 CORONARY CARE UNIT	2212489	867787	3080276	-244338	2835938	-9272	2826666	27
29	2900 SURGICAL INTENSIVE CARE UNIT	2430939	1137347	3568286	-428294	3139992	-16627	3123365	29
31	3100 SUBPROVIDER I	1514528	517509	2032037	-56895	1975142	-55719	1919423	31
33	3300 NURSERY				1425198	1425198		1425198	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	6550579	26210354	32760933	-11361958	21398975	-55177	21343798	37
38	3800 RECOVERY ROOM	1108776	457485	1566261	-150918	1415343		1415343	38
39	3900 DELIVERY ROOM & LABOR ROOM				3097113	3097113		3097113	39
40	4000 ANESTHESIOLOGY		772797	772797		772797		772797	40
41	4100 RADIOLOGY-DIAGNOSTIC				20018943	20018943		20018943	41
44	4400 LABORATORY		39834940	39834940	-20018943	19815997		19815997	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD		1928401	1928401		1928401		1928401	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1925249	1370608	3295857	-217151	3078706	-15569	3063137	49
50	5000 PHYSICAL THERAPY	10369228	9699966	20069194	-685322	19383872	-6234874	13148998	50
53.01	3120 CARDIAC CATH LAB	2877396	9638261	12515657	-8357562	4158095	-163938	3994157	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	1401336	1339034	2740370	26972747	29713117	-360582	29352535	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS	2994731	10121985	13116716	-1904107	11212609	-5824	11206785	56
58	5800 ASC (NON-DISTINCT PART)	743440	2040568	2784008	-836724	1947284	-472942	1474342	58
59	3950 ACUTE DIALYSIS	106012	357708	463720	-50152	413568		413568	59
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	3437992	5076280	8514272	-693094	7821178	-127685	7693493	61
61.01	6101 SLEEP LAB	516726	261644	778370	-6089	772281	-8513	763768	61.01
61.02	6102 BRONCH & GASTRO LAB	1269412	1510464	2779876	-905671	1874205		1874205	61.02
61.03	6103 SURGICENTER								61.03
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
62.01	6201 OBSERVATION BEDS-DISTINCT	1198701	411261	1609962	-67715	1542247		1542247	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	2635289	2099011	4734300	-778592	3955708	-694574	3261134	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	1408585	2733690	4142275	302524	4444799	-684478	3760321	93
95	SUBTOTALS	99603671	214839376	314443047	-138256	314304791	-19157821	295146970	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	118542	221823	340365	-1187	339178		339178	96

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	
97	9700 RESEARCH		29668	29668	-28482	1186		1186	97
98	9800 PHYSICIANS' PRIVATE OFFICES	17855	16406	34261		34261		34261	98
98.01	9801 CHEMOTHERAPY RX	375954	80368	456322		456322		456322	98.01
98.02	9802 RURAL HEALTH	404393	176900	581293	-487	580806		580806	98.02
98.03	9803 ARBOURS RX								98.03
98.04	9804 FUND DEVELOPMENT								98.04
98.05	9805 MARKETING	440717	1307997	1748714	-6526	1742188		1742188	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	169136	227539	396675	-24676	371999	-31745	340254	98.11
98.12	9812 SOUTH PARKING GARAGE	69286	28008	97294	281369	378663	-14724	363939	98.12
98.13	9813 PARISH NRSG	108520	55072	163592		163592		163592	98.13
98.14	9814 COMM HLTH & WLNS	305401	2249277	2554678	-38447	2516231		2516231	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	68152	81776	149928	-10265	139663		139663	99.02
99.04	9904 NORTH GARAGE	68338	23613	91951	139907	231858	-8556	223302	99.04
99.05	9905 HOME INFUSION	527391	2150291	2677682	249661	2927343	-147698	2779645	99.05
99.06	9906 MISSION RELATED								99.06
99.07	9907 GRANT RELATED	1568261	2473490	4041751	-422611	3619140	-6324	3612816	99.07
99.08	9908 EMERGENCY MEDICAL SERVICES	199861	74360	274221		274221		274221	99.08
100	7950 UNDERGRADUATE MEDICAL EDUCATION		14899	14899		14899		14899	100
101	TOTAL	104045478	224050863	328096341		328096341	-19366868	308729473	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23		3115513	1
2						2
3 HHA HOME OFFICE	B	HOSPICE	93	289824	101471	3
4	B	HOME INFUSION	99.05	203141	71122	4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATION	C	SOUTH PARKING GARAGE	98.12		281369	6
7	C	NORTH GARAGE	99.04		139907	7
8						8
9 OBSTETRICS	E	NURSERY	33	878982	546216	9
10	E					10
11						11
12 RADIOLOGY	F	RADIOLOGY-DIAGNOSTIC	41		20018943	12
13						13
14 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	39	1892006	1205991	14
15						15
16 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		409831	16
17	H	NEW CAP REL COSTS-MVBLE EQUIP	4		5632916	17
18	H					18
19	H					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				3263953	31523279	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		3115513	1
2						2
3 HHA HOME OFFICE	B	HOME HEALTH AGENCY	71	492965	172593	3
4	B					4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATI	C	NEW CAP REL COSTS-BLDG & FIXT	3		421276	9 6
7	C					9 7
8						8
9 OBSTETRICS	E	ADULTS & PEDIATRICS	25	878437	545877	9
10	E	DELIVERY ROOM & LABOR ROOM	39	545	339	10
11						11
12 RADIOLOGY	F	LABORATORY	44		20018943	12
13						13
14 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	25	1892006	1205991	14
15						15
16 DEPRECIATION	H	DATA PROCESSING	6.02		3639301	9 16
17	H	ADMITTING	6.04		6202	9 17
18	H	SHARED ADMINISTRATIVE & GENER	6.05		25415	18
19	H	OTHER ADMINISTRATIVE & GENERA	6.06		73297	19
20	H	MAINTENANCE & REPAIRS	7		3057	20
21	H	HOUSEKEEPING	10		5151	21
22	H	DIETARY	11		10699	22
23	H	NURSING ADMINISTRATION	14		43324	23
24	H	MEDICAL RECORDS & LIBRARY	17		66748	24
25	H	ADULTS & PEDIATRICS	25		90782	25
26	H	NEONATAL ICU	26.01		49346	26
27	H	SURGICAL INTENSIVE CARE UNIT	29		13327	27
28	H	SUBPROVIDER I	31		1860	28
29	H	OPERATING ROOM	37		322905	29
30	H	RESPIRATORY THERAPY	49		8187	30
31	H	PHYSICAL THERAPY	50		265845	31
32	H	CARDIAC CATH LAB	53.01		35664	32
33	H	MEDICAL SUPPLIES CHARGED TO P	55		12191	33
34	H	ASC (NON-DISTINCT PART)	58		317428	34
35	H	EMERGENCY	61		8826	35
36 SUBTOTAL				3263953	30480087	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
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	H				15
16	H				16
17	H				17
18	H				18
19					19
20 HUMAN RESOURCES	M	SHARED ADMINISTRATIVE & GENER	6.05	870296	533200
21					20
22 MEDICAL RECORDS	N	MEDICAL RECORDS & LIBRARY	17		1399999
23					21
24 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		26984938
25	O				22
26	O				23
27	O				24
28	O				25
29	O				26
30	O				27
31	O				28
32	O				29
33	O				30
34	O				31
35	O				32
36 SUBTOTAL				4134249	60441416
					33
					34
					35
					36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	H	BRONCH & GASTRO LAB	61.02		274903	1
2	H	HOME HEALTH AGENCY	71		113034	2
3	H	HOSPICE	93		88771	3
4	H	GIFT, FLOWER, COFFEE SHOP & C	96		1187	4
5	H	RURAL HEALTH	98.02		487	5
6	H	MARKETING	98.05		6526	6
7	H	CHAMPAIGN ASC	98.11		24676	7
8	H	COMM HLTH & WLNS	98.14		38447	8
9	H	TELEMEDICINE	99.02		10265	9
10	H	HOME INFUSION	99.05		24602	10
11	H	GRANT RELATED	99.07		422611	11
12	H	OPERATION OF PLANT	8		273	12
13	H	I&R SERVICES-SALARY & FRINGES	22		727	13
14	H	CORONARY CARE UNIT	27		640	14
15	H	DRUGS CHARGED TO PATIENTS	56		1464	15
16	H	SLEEP LAB	61.01		5778	16
17	H	OBSERVATION BEDS-DISTINCT	62.01		317	17
18	H	RESEARCH	97		28482	18
19						19
20	M	EMPLOYEE BENEFITS	5	870296	533200	20
21						21
22	N	SHARED ADMINISTRATIVE & GENER	6.05		1399999	22
23						23
24	O	ADULTS & PEDIATRICS	25		2073873	24
25	O	NEONATAL ICU	26.01		202221	25
26	O	CORONARY CARE UNIT	27		243698	26
27	O	SURGICAL INTENSIVE CARE UNIT	29		414967	27
28	O	SUBPROVIDER I	31		55035	28
29	O	OPERATING ROOM	37		11039053	29
30	O	RECOVERY ROOM	38		150918	30
31	O	RESPIRATORY THERAPY	49		208964	31
32	O	PHYSICAL THERAPY	50		419477	32
33	O	CARDIAC CATH LAB	53.01		8321898	33
34	O	DRUGS CHARGED TO PATIENTS	56		1902643	34
35	O	ASC (NON-DISTINCT PART)	58		519296	35
36		SUBTOTAL		4134249	59008519	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	O				1
2	O				2
3	O				3
4	O				4
5	O				5
6					6
7 CAFETERIA	P	CAFETERIA	12	864191	1133936
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				4998440	61575352

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	O	ACUTE DIALYSIS	59		50152	1
2	O	EMERGENCY	61		684268	2
3	O	SLEEP LAB	61.01		311	3
4	O	BRONCH & GASTRO LAB	61.02		630768	4
5	O	OBSERVATION BEDS-DISTINCT	62.01		67398	5
6						6
7 CAFETERIA	P	DIETARY	11	864191	1133936	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				4998440	61575352	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	485000					485000		1
2 LAND IMPROVEMENTS	700769					700769		2
3 BUILDINGS AND FIXTURES	7202676	3081145		3081145		10283821		3
4 BUILDING IMPROVEMENTS	281892	1671881		1671881		1953773		4
5 FIXED EQUIPMENT	28236807	9585015		9585015		37821822		5
6 MOVABLE EQUIPMENT	238447				161652	76795		6
7 SUBTOTAL	37145591	14338041		14338041	161652	51321980		7
8 RECONCILING ITEMS								8
9 TOTAL	37145591	14338041		14338041	161652	51321980		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	13423363		13423363	.261552				3
4 NEW CAP REL COSTS-MVBLE EQUIP	37898617		37898617	.738448				4
5 TOTAL	51321980		51321980	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	11764323		7078174				18842497 3
4 NEW CAP REL COSTS-MVBLE EQUIP	14017849						14017849 4
5 TOTAL	25782172		7078174				32860346 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
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 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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	-1707955			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	29240551			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1377423	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	-1244	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				
37 PATIENT ADVISORY NURSE OFFSET	A	-782224	OTHER ADMINISTRATIVE & GENERAL	6.06	36
37.01 PROFESSIONAL LIAB	A	-10023891	SHARED ADMINISTRATIVE & GENERAL	6.05	37
37.02 PROFESSIONAL LIAB	A	-29287	PHYSICAL THERAPY	50	37.01
37.03 PROFESSIONAL LIAB	A	-46730	ASC (NON-DISTINCT PART)	58	37.02
37.04 PROFESSIONAL LIAB	A	-4140	HOME HEALTH AGENCY	71	37.03
37.05 PROFESSIONAL LIAB	A	-4140	HOSPICE	93	37.04
38 AHA AND IHA LOBBYING EXPENSE	A	-134105	OTHER ADMINISTRATIVE & GENERAL	6.06	37.05
39 CAOS TUITION	B	-86989	PHYSICAL THERAPY	50	38
39.01 OUTSIDE CONTRACTS	B	-379	PHYSICAL THERAPY	50	39
39.02 PULM REHAB	B	-8001	RESPIRATORY THERAPY	49	39.01
39.03 FEE FOR SERVICE	B	-65742	OTHER ADMINISTRATIVE & GENERAL	6.06	39.02
39.05 EDUCATION REVENUE	B	-50	SHARED ADMINISTRATIVE & GENERAL	6.05	39.03
39.06 EDUCATION REVENUE	B	-14450	PHYSICAL THERAPY	50	39.05
39.07 EDUCATION REVENUE	B	-5685	EMERGENCY	61	39.06
39.08 INTERNAL RENT	A	-25282378	SHARED ADMINISTRATIVE & GENERAL	6.05	39.07
39.09 INTERNAL RENT	A	-1439684	PHYSICAL THERAPY	50	39.08
39.10 INTERNAL RENT	A	-2855	SLEEP LAB	61.01	39.09
40 CCA REVENUE	B	-435423	ADMITTING	6.04	39.10
41 MISC REVENUE/CCA REVENUE	B	-722974	SHARED ADMINISTRATIVE & GENERAL	6.05	40
42 MISC REVENUE & CCA REVENUE, SER	B	-589565	OTHER ADMINISTRATIVE & GENERAL	6.06	41
43 EXTERNAL RENT REVENUE	B	-17913	MAINTENANCE & REPAIRS	7	42
44 SERVICES TO CCA	B	-700158	OPERATION OF PLANT	8	43
45 CCA REVENUE	B	-320622	ADULTS & PEDIATRICS	25	44
46 CCA & HOUSEKEEPING REVENUE	B	-1226357	HOUSEKEEPING	10	45
47 MISC & CCA REVENUE	B	-34326	SUBPROVIDER I	31	46
48 MISC & CCA REVENUE	B	-88467	MEDICAL RECORDS & LIBRARY	17	47
49 MISC & CCA REVENUE	B	-294771	I&R SERVICES-OTHER PRGM COSTS A	23	48
49.01 MISC, NEWBORN & CCA REVENUE	B	-142052	ADULTS & PEDIATRICS	25	49
49.02 MISC & CCA REVENUE	B	-104494	PHYSICAL THERAPY	50	49.01
49.03 MISC & CCA REVENUE	B	-360582	MEDICAL SUPPLIES CHARGED TO PAT	55	49.02

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.04 VARIOUS CCA REVENUE	B	-5824	DRUGS CHARGED TO PATIENTS	56	49.04
49.06 MISC REVENUE	B	-13161	HOME HEALTH AGENCY	71	49.06
49.07 INTERNAL PARKING OFFSET	A	-19700	OTHER ADMINISTRATIVE & GENERAL	6.06	49.07
49.08 INTERNAL PARKING	A	-14075	SHARED ADMINISTRATIVE & GENERAL	6.05	49.08
49.11 UNALLOWABLE EXPENSE	A	-30	CARDIAC CATH LAB	53.01	49.11
49.12 UNALLOWABLE EXPENSE	A	-512	SHARED ADMINISTRATIVE & GENERAL	6.05	49.12
49.13 UNALLOWABLE EXPENSE	A	-1411	OTHER ADMINISTRATIVE & GENERAL	6.06	49.13
49.15 UNALLOWABLE EXPENSE	A	-1409	DIETARY	11	49.15
49.16 UNALLOWABLE EXPENSE	A	-112	NURSING ADMINISTRATION	14	49.16
49.20 INCOME TAXES	A	-47590	OTHER ADMINISTRATIVE & GENERAL	6.06	49.20
49.23 CONFERENCE REVENUE	B	-4760	RESPIRATORY THERAPY	49	49.23
49.25 CRIMCO INTERNAL FEES	B	-75522	OTHER ADMINISTRATIVE & GENERAL	6.06	49.25
49.26 GOODWILL	A	-529167	HOME HEALTH AGENCY	71	49.26
49.27 GOODWILL	A	-529167	HOSPICE	93	49.27
49.28 CONFERENCE REVENUE	B	-4333	OTHER ADMINISTRATIVE & GENERAL	6.06	49.28
49.29 FOOD TO FLOOR	B	-19889	DIETARY	11	49.29
49.30 MEAL TRAY REVENUE	B	-7153	DIETARY	11	49.30
49.31 OUTSIDE CLEANING	B	-69	PHYSICAL THERAPY	50	49.31
49.32 MISC REVENUE	B	-162	EMPLOYEE BENEFITS	5	49.32
49.33 MISC REVENUE	B	-3223	HOSPICE	93	49.33
49.34 INTERNAL RENT REVENUE	B	-9691	PHYSICAL THERAPY	50	49.34
49.35 EXTERNAL RENT REVENUE	B	-52000	OTHER ADMINISTRATIVE & GENERAL	6.06	49.35
49.36 EXTERNAL RENT REVENUE	B	-10350	MAINTENANCE & REPAIRS	7	49.36
49.37 DONATIONS	A	-228320	SHARED ADMINISTRATIVE & GENERAL	6.05	49.37
49.38 DONATIONS	A	-100	DIETARY	11	49.38
49.39 DONATIONS	A	-3000	ADULTS & PEDIATRICS	25	49.39
49.40 DONATIONS	A	-15414	PHYSICAL THERAPY	50	49.40
49.41 DONATIONS	A	-250	HOSPICE	93	49.41
49.42 BO MED SUPPLIES	A	-955969	OTHER ADMINISTRATIVE & GENERAL	6.06	49.42
50 TOTAL		-19366868			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	11550269	389217	11161052	9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	14038462	5653529	8384933	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT		614716	614716	9 3
4	6.03	FOUNDATION OVERHEAD	8771678		8771678	4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT	7078174		7078174	11 4.01
4.02	6.05	SHARED ADMINISTRATIVE & GENERAL		1243500	-1243500	4.02
4.03	6.06	OTHER ADMINISTRATIVE & GENERAL		7056	-7056	4.03
4.04	22	I&R SERVICES-SALARY & FRINGES A		64488	-64488	4.04
4.05	37	OPERATING ROOM		42000	-42000	4.05
4.06	50	PHYSICAL THERAPY		4506477	-4506477	4.06
4.07	58	ASC (NON-DISTINCT PART)		407954	-407954	4.07
4.08	61.01	SLEEP LAB		-6324	6324	4.08
4.09	71	HOME HEALTH AGENCY		148106	-148106	4.09
4.10	93	HOSPICE		147698	-147698	4.10
4.11	98.11	CHAMPAIGN ASC		31745	-31745	4.11
4.12	98.12	SOUTH PARKING GARAGE		14724	-14724	4.12
4.13	99.04	NORTH GARAGE		8556	-8556	4.13
4.14	99.05	HOME INFUSION		147698	-147698	4.14
4.15	99.07	GRANT RELATED		6324	-6324	4.15
5		TOTALS	42053299	12812748	29240551	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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	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
1	2	3	4	5	6	7	8	9
1	6.05 SHARED ADMINISTRATIVE & TRAUMA: ORTHO	553500		553500	200300	9225	888350	44418
2	6.05 SHARED ADMINISTRATIVE & AGGREGATE	8028		8028	154100	85	6297	315
3	6.05 SHARED ADMINISTRATIVE & AGGREGATE	19040		19040	171400	112	9229	461
4	6.05 SHARED ADMINISTRATIVE & AGGREGATE	13728		13728	171400	145	11949	597
5	6.05 SHARED ADMINISTRATIVE & AGGREGATE	9548		9548	171400	101	8323	416
6	53.01 CARDIAC CATH LAB	34333		34333	171400	247	20354	1018
7	6.05 SHARED ADMINISTRATIVE & CARDIOLOGY ACCRUAL	389875	389875		171400			
8	6.05 SHARED ADMINISTRATIVE & AGGREGATE	33250		33250	171400	350	28841	1442
9	6.05 SHARED ADMINISTRATIVE & AGGREGATE	59470		59470	171400	626	51585	2579
10	6.05 SHARED ADMINISTRATIVE & AGGREGATE	41000	41000		171400			
11	6.05 SHARED ADMINISTRATIVE & AGGREGATE	9125	9125		171400			
12	6.05 SHARED ADMINISTRATIVE & TRAUMA & ANESTHESIA	1354375		1354375	200300	22573	2173737	108687
13	6.05 SHARED ADMINISTRATIVE & TRAUMA: NEUROSURGER	365000		365000	200300	6083	585781	29289
14	6.05 SHARED ADMINISTRATIVE & CRITICAL CARE	285000		285000	171400	4750	391418	19571
15	6.05 SHARED ADMINISTRATIVE & OB LEVEL III	601100	5430	595670	194500	9929	928457	46423
16	6.05 SHARED ADMINISTRATIVE & ED SURGEONS ON CALL	342000	342000		171400			
17	6.05 SHARED ADMINISTRATIVE & ON CALL SURGERY	257875	257875		171400			
18	6.06 OTHER ADMINISTRATIVE & G AGGREGATE	46686		46686	154100	310	22967	1148
19	6.05 SHARED ADMINISTRATIVE & ED SURGEONS ON CALL	7000	7000		171400			
20	6.05 SHARED ADMINISTRATIVE & OB BACKUP CALL	23070	23070		194500			
35	23 I&R SERVICES-OTHER PRGM	96000	96000					
47	25 ADULTS & PEDIATRICS	26827		26827	194500	193	18047	902
48	53.01 CARDIAC CATH LAB	57290		57290	154100	337	24967	1248
49	25 ADULTS & PEDIATRICS	45175		45175	194500	325	30391	1520
50	25 ADULTS & PEDIATRICS	10000	10000		194500			
51	27 CORONARY CARE UNIT	21930		21930	204100	129	12658	633
52	29 SURGICAL INTENSIVE CARE	20225		20225	171400	146	12031	602
53	29 SURGICAL INTENSIVE CARE	20711		20711	171400	149	12278	614
54	31 SUBPROVIDER I	52542		52542	171400	378	31149	1557
55	37 OPERATING ROOM	4309		4309	200300	31	2985	149
56	37 OPERATING ROOM	27939		27939	200300	201	19356	968
57	37 OPERATING ROOM	11120		11120	204100	80	7850	393
58	50 PHYSICAL THERAPY	3058		3058	171400	22	1813	91
59	50 PHYSICAL THERAPY				171400			
60	50 PHYSICAL THERAPY	11607		11607	204100	84	8243	412
61	50 PHYSICAL THERAPY	21823		21823	171400	157	12937	647
62	50 PHYSICAL THERAPY	1425		1425	171400	10	824	41
63	50 PHYSICAL THERAPY	33951		33951	171400	244	20107	1005
64	53.01 CARDIAC CATH LAB	124100		124100	171400	730	60155	3008
65	53.01 CARDIAC CATH LAB	33320		33320	171400	196	16151	808
66	53.01 CARDIAC CATH LAB	89725		89725	171400	646	53233	2662
67	53.01 CARDIAC CATH LAB				171400			
68	6.02 DATA PROCESSING	16680		16680	171400	120	9888	494
69	58 ASC (NON-DISTINCT PART)	19460		19460	171400	140	11537	577
70	58 ASC (NON-DISTINCT PART)	25333		25333	171400	182	14998	750
71	59 ACUTE DIALYSIS				154100			
72	61 EMERGENCY	56990		56990	204100	410	40231	2012
73	17 MEDICAL RECORDS & LIBRAR	47677		47677	171400	343	28265	1413
74	61.01 SLEEP LAB				154100			
75	61.01 SLEEP LAB	16541		16541	152100	119	8702	435
76	6.02 DATA PROCESSING				171400			
77	6.02 DATA PROCESSING				171400			
78	6.02 DATA PROCESSING	36279		36279	171400	261	21507	1075
79	61 EMERGENCY	51708		51708	171400	372	30654	1533
87	26.01 NEONATAL ICU	12719		12719	194500	92	8603	430
88	49 RESPIRATORY THERAPY	1251		1251	171400	9	742	37
89	49 RESPIRATORY THERAPY	5595		5595	171400	40	3296	165
90	61 EMERGENCY	56990		56990	204100	410	40231	2012
91	61 EMERGENCY	165653		165653	171400	1192	98225	4911
92	61.01 SLEEP LAB	5386		5386	152100	17	1243	62
101	TOTAL	5684342	1181375	4502967		62301	5790585	289530

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	6.05 SHARED ADMINISTRATIVE &	TRAUMA: ORTHO				888350		
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				6297	1731	1731
3	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				9229	9811	9811
4	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				11949	1779	1779
5	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				8323	1225	1225
6	53.01 CARDIAC CATH LAB	AGGREGATE				20354	13979	13979
7	6.05 SHARED ADMINISTRATIVE &	CARDIOLOGY ACCRUAL						389875
8	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				28841	4409	4409
9	6.05 SHARED ADMINISTRATIVE &	AGGREGATE				51585	7885	7885
10	6.05 SHARED ADMINISTRATIVE &	AGGREGATE						41000
11	6.05 SHARED ADMINISTRATIVE &	AGGREGATE						9125
12	6.05 SHARED ADMINISTRATIVE &	TRAUMA & ANESTHESIA				2173737		
13	6.05 SHARED ADMINISTRATIVE &	TRAUMA: NEUROSURGER				585781		
14	6.05 SHARED ADMINISTRATIVE &	CRITICAL CARE				391418		
15	6.05 SHARED ADMINISTRATIVE &	OB LEVEL III				928457		5430
16	6.05 SHARED ADMINISTRATIVE &	ED SURGEONS ON CALL						342000
17	6.05 SHARED ADMINISTRATIVE &	ON CALL SURGERY						257875
18	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE				22967	23719	23719
19	6.05 SHARED ADMINISTRATIVE &	ED SURGEONS ON CALL						7000
20	6.05 SHARED ADMINISTRATIVE &	OB BACKUP CALL						23070
35	23 I&R SERVICES-OTHER PRGM	OB ONCALL						96000
47	25 ADULTS & PEDIATRICS	AGGREGATE				18047	8780	8780
48	53.01 CARDIAC CATH LAB	CATH LAB				24967	32323	32323
49	25 ADULTS & PEDIATRICS	AGGREGATE				30391	14784	14784
50	25 ADULTS & PEDIATRICS	AGGREGATE						10000
51	27 CORONARY CARE UNIT	CCU				12658	9272	9272
52	29 SURGICAL INTENSIVE CARE	SICU				12031	8194	8194
53	29 SURGICAL INTENSIVE CARE	SICU				12278	8433	8433
54	31 SUBPROVIDER I	REHAB				31149	21393	21393
55	37 OPERATING ROOM	OR				2985	1324	1324
56	37 OPERATING ROOM	OR				19356	8583	8583
57	37 OPERATING ROOM	OR				7850	3270	3270
58	50 PHYSICAL THERAPY	PT				1813	1245	1245
59	50 PHYSICAL THERAPY	PT						
60	50 PHYSICAL THERAPY	PT				8243	3364	3364
61	50 PHYSICAL THERAPY	PT				12937	8886	8886
62	50 PHYSICAL THERAPY	PT				824	601	601
63	50 PHYSICAL THERAPY	PT				20107	13844	13844
64	53.01 CARDIAC CATH LAB	CATH				60155	63945	63945
65	53.01 CARDIAC CATH LAB	CATH				16151	17169	17169
66	53.01 CARDIAC CATH LAB	CATH				53233	36492	36492
67	53.01 CARDIAC CATH LAB	CATH						
68	6.02 DATA PROCESSING	AGGREGATE				9888	6792	6792
69	58 ASC (NON-DISTINCT PART)	ASC				11537	7923	7923
70	58 ASC (NON-DISTINCT PART)	ASC				14998	10335	10335
71	59 ACUTE DIALYSIS	DIALYSIS						
72	61 EMERGENCY	ER				40231	16759	16759
73	17 MEDICAL RECORDS & LIBRAR	AGGREGATE				28265	19412	19412
74	61.01 SLEEP LAB	AGGREGATE						
75	61.01 SLEEP LAB	AGGREGATE				8702	7839	7839
76	6.02 DATA PROCESSING	AGGREGATE						
77	6.02 DATA PROCESSING	AGGREGATE						
78	6.02 DATA PROCESSING	AGGREGATE				21507	14772	14772
79	61 EMERGENCY	ER				30654	21054	21054
87	26.01 NEONATAL ICU	GELKE				8603	4116	4116
88	49 RESPIRATORY THERAPY	MAIN				742	509	509
89	49 RESPIRATORY THERAPY	WHITE				3296	2299	2299
90	61 EMERGENCY	OLIPHANT				40231	16759	16759
91	61 EMERGENCY	KISKADDON				98225	67428	67428
92	61.01 SLEEP LAB	DAVIES				1243	4143	4143
101	TOTAL					5790585	526580	1707955

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 ENEFITS 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	18842497	18842497							3
4 NEW CAP REL COSTS-MVBLE EQUIP	14017849		14017849						4
5 EMPLOYEE BENEFITS	3873716	3009	12704	3889429					5
6.01 NON-PATIENT TELEPHONE									6.01
6.02 DATA PROCESSING	7840874	3225	3897758	34736	11776593				6.02
6.03 FOUNDATION OVERHEAD	8771967		139		5266	8777372			6.03
6.04 ADMITTING	1835232	54248	26874	60091	213750		2190195		6.04
6.05 SHARED ADMINISTRATIVE & GENERAL	13895592	421921	831924	213878	2847792			18211107	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	6331571	1997466	301836	269827	3187871	8777372		13504032	6.06
7 MAINTENANCE & REPAIRS	6468860	994213	248801	56024	171720				7
8 OPERATION OF PLANT	4635100	8326	162207	15768	9815				8
9 LAUNDRY & LINEN SERVICE	249712	103827	5890	7764	16913				9
10 HOUSEKEEPING	3151353	45855	19701	93733	28572				10
11 DIETARY	1396071	233213	87540	33965	45685				11
12 CAFETERIA	620704			32305					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2564246	29175	205849	59022	476508				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	5254493	189045	161698	80148	441153				17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2450658	27111	6226	94048	65372				22
23 I&R SERVICES-OTHER PRGM COSTS A	2724742								23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	25640889	1811363	1540514	742546	1291767		259815		25
26.01 NEONATAL ICU	5345110	25464	242261	154937	97759		37703		26.01
27 CORONARY CARE UNIT	2826666	101034	156991	82707	60268		32836		27
29 SURGICAL INTENSIVE CARE UNIT	3123365	104502	80578	90873	73629		33840		29
31 SUBPROVIDER I	1919423	65341	15027	56616	66453		17030		31
33 NURSERY	1425198	11727		32858			12995		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	21343798	642544	1982139	244874	371186		184057		37
38 RECOVERY ROOM	1415343	33790	57513	41448	76960		32553		38
39 DELIVERY ROOM & LABOR ROOM	3097113			70707			30321		39
40 ANESTHESIOLOGY	772797		43286		10920		9427		40
41 RADIOLOGY-DIAGNOSTIC	20018943		1097				182443		41
44 LABORATORY	19815997						180553		44
46 WHOLE BLOOD & PACKED RED BLOOD	1928401						32815		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3063137	117592	198704	71970	36425		96951		49
50 PHYSICAL THERAPY	13148998	931800	444673	387622	675192		141201		50
53.01 CARDIAC CATH LAB	3994157	226898	1249966	107563	173607		115774		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	29352535	308540	227392	52385	153690		307655		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	11206785	62871	251967	111949	111835		250367		56
58 ASC (NON-DISTINCT PART)	1474342	129615	146202	27791	57010		16878		58
59 ACUTE DIALYSIS	413568	7732	7109	3963	10340		3344		59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	7693493	245156	207446	128519	212240		122114		61
61.01 SLEEP LAB	763768	74531	46032	19316	57965		11971		61.01
61.02 BRONCH & GASTRO LAB	1874205	99212	401891	47453	68822		53383		61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1542247	66717	74960	44810	45029		24169		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	3261134	99592	80084	117493					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	3760321		75591	63490	117663				93
95 SUBTOTALS	295146970	9177063	13520078	3715790	11396670	8777372	2190195	13504032	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	339178	38972	3240	4431	10634				96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE B ENEFITS	DATA PROCE SSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIV E & GENERA
	0	3	4	5	6.02	6.03	6.04	6.05
97 RESEARCH	1186				2064			97
98 PHYSICIANS' PRIVATE OFFICES	34261	820564	3617	667	3881			98
98.01 CHEMOTHERAPY RX	456322			14054				98.01
98.02 RURAL HEALTH	580806	12631	13818	15117	49490			98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		22145	21841					98.04
98.05 MARKETING	1742188	17853	31344	16475	62129			98.05
98.06 CARLE CLINIC		7938683	49882					98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439								16163 98.09
98.10 OTHER REL ENTITIES		27907					4690912	98.10
98.11 CHAMPAIGN ASC	340254	253806	5078	6323	9598			98.11
98.12 SOUTH PARKING GARAGE	363939		271	2590				98.12
98.13 PARISH NRSG	163592	8083	279	4057	12617			98.13
98.14 COMM HLTH & WLNS	2516231	416982	39430	11417	27356			98.14
98.15 MOBILE CLINIC		2254	11674					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	139663	1538	71489	2548	6492			99.02
99.04 NORTH GARAGE	223302		5332	2555	1406			99.04
99.05 HOME INFUSION	2779645	4723	17815	27309	64346			99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	3612816		221274	58625	114872			99.07
99.08 EMERGENCY MEDICAL SERVICES	274221	1376	802	7471	9709			99.08
100 UNDERGRADUATE MEDICAL EDUCATION	14899	97917	585		5329			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	308729473	18842497	14017849	3889429	11776593	8777372	2190195	18211107 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	34369975	34369975							6.06
7 MAINTENANCE & REPAIRS	7939618	994628	8934246						7
8 OPERATION OF PLANT	4831216	605226		5436442					8
9 LAUNDRY & LINEN SERVICE	384106	48118	196823	119766	748813				9
10 HOUSEKEEPING	3339214	418317	83446	50777		3891754			10
11 DIETARY	1796474	225051	434550	264421		143471	2863967		11
12 CAFETERIA	653009	81805						734814	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3334800	417764	55307	33654		17948		13741	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	6126537	767496	67177	40877		116299		25431	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2643415	331151	39677	24143		16678		25014	22
23 I&R SERVICES-OTHER PRGM COSTS A	2724742	341339							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	31286894	3919296	3425897	2084642	356963	1104590	2397449	202100	25
26.01 NEONATAL ICU	5903234	739522	48272	29373	11541	15665		35718	26.01
27 CORONARY CARE UNIT	3260502	408456	191527	116543	26779	61972	140634	19809	27
29 SURGICAL INTENSIVE CARE UNIT	3506787	439309	198102	120544	24697	64172	134095	21127	29
31 SUBPROVIDER I	2139890	268073	123865	75371	16655	40197	191789	13526	31
33 NURSERY	1482778	185754	22230	13527		7214		8151	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	24768598	3102861	1218054	741179	73286	392664		65278	37
38 RECOVERY ROOM	1657607	207655	64056	38977	20119	20788		10286	38
39 DELIVERY ROOM & LABOR ROOM	3198141	400644						16277	39
40 ANESTHESIOLOGY	836430	104783							40
41 RADIOLOGY-DIAGNOSTIC	20202483	2530846							41
44 LABORATORY	19996550	2505048							44
46 WHOLE BLOOD & PACKED RED BLOOD	1961216	245689							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3584779	449080	73495	44721		71561		19568	49
50 PHYSICAL THERAPY	15729486	1970496	200916	122256	35502	272928		96733	50
53.01 CARDIAC CATH LAB	5867965	735103	402880	245150	26019	130420		21310	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	30402197	3808605	584891	355903	12046	188740		26736	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	11995774	1502759	119183	72522		38678		22579	56
58 ASC (NON-DISTINCT PART)	1851838	231987							58
59 ACUTE DIALYSIS	446056	55879	14658	8919		4757		895	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	8608968	1078480	464736	282789	72310	149987		29296	61
61.01 SLEEP LAB	973583	121965	69300	42169	10665	22489		6351	61.01
61.02 BRONCH & GASTRO LAB	2544966	318818	188074	114442	38239	61034		12318	61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1797932	225234	126474	76959	23992	41044		11106	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	3558303	445763							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	4017065	503234							93
95 SUBTOTALS	279723128	30736234	8413590	5119624	748813	2983296	2863967	703350	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	396455	49666	73879	44955		23975		2574	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMI NISTRATIVE & GENERAL	MAINTENANC E & REPAIR S	OPERATION OF PLANT	LAUNDRY & HOUSEKEEPI LINEN SERV NG ICE	DIETARY	CAFETERIA	
							9	10
	5A	6.06	7	8	9	10	11	12
97 RESEARCH	3250	407						97
98 PHYSICIANS' PRIVATE OFFICES	862990	108110	420608	255938		383557		174 98
98.01 CHEMOTHERAPY RX	470376	58926	5321	3238				2941 98.01
98.02 RURAL HEALTH	671862	84167				7770		2966 98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT	43986	5510						98.04
98.05 MARKETING	1869989	234261						5415 98.05
98.06 CARLE CLINIC	7988565	1000759						98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439	16163	2025						98.09
98.10 OTHER REL ENTITIES	4718819	591145				17135		98.10
98.11 CHAMPAIGN ASC	615059	77051				151108		98.11
98.12 SOUTH PARKING GARAGE	366800	45951						1848 98.12
98.13 PARISH NRSG	188628	23630	15323	9324		4973		924 98.13
98.14 COMM HLTH & WLNS	3011416	377252				256524		536 98.14
98.15 MOBILE CLINIC	13928	1745				1386		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	221730	27777	2916	1775		946		479 99.02
99.04 NORTH GARAGE	232595	29138						1757 99.04
99.05 HOME INFUSION	2893838	362523						99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	4007587	502046						11850 99.07
99.08 EMERGENCY MEDICAL SERVICES	293579	36778	2609	1588		847		99.08
100 UNDERGRADUATE MEDICAL EDUCATION	118730	14874				60237		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	308729473	34369975	8934246	5436442	748813	3891754	2863967	734814 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRINGES 22	I&R SERVICES-OTHER PRGM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 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	3873214							14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		7143817						17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			3080078					22
23 I&R SERVICES-OTHER PRGM COSTS A				3066081				23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25 ADULTS & PEDIATRICS	2553983	847499	2783203	2770555	53733071	-5553758	48179313	25
26.01 NEONATAL ICU	451382	122983	185547	184704	7727941	-370251	7357690	26.01
27 CORONARY CARE UNIT	250330	107109			4583661		4583661	27
29 SURGICAL INTENSIVE CARE UNIT	266988	110384			4886205		4886205	29
31 SUBPROVIDER I		55552			2924918		2924918	31
33 NURSERY		42390	92773	92352	1947169	-185125	1762044	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		600383			30962303		30962303	37
38 RECOVERY ROOM		106185			2125673		2125673	38
39 DELIVERY ROOM & LABOR ROOM		98906			3713968		3713968	39
40 ANESTHESIOLOGY		30751			971964		971964	40
41 RADIOLOGY-DIAGNOSTIC		595118			23328447		23328447	41
44 LABORATORY		588950			23090548		23090548	44
46 WHOLE BLOOD & PACKED RED BLOOD		107041			2313946		2313946	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	247285	316248			4806737		4806737	49
50 PHYSICAL THERAPY		460589			18888906		18888906	50
53.01 CARDIAC CATH LAB		377648			7806495		7806495	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1003089			36382207		36382207	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		816681			14568176		14568176	56
58 ASC (NON-DISTINCT PART)		55054			2138879		2138879	58
59 ACUTE DIALYSIS	11313	10909			553386		553386	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		398329	18555	18470	11121920	-37025	11084895	61
61.01 SLEEP LAB	80255	39049			1365826		1365826	61.01
61.02 BRONCH & GASTRO LAB		174131			3452022		3452022	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		78839			2381580		2381580	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					4004066		4004066	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					4520299		4520299	93
95 SUBTOTALS	3861536	7143817	3080078	3066081	274300313	-6146159	268154154	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					591504		591504	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON	MEDICAL RE CORDS & LI BRARY	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	14	17	22	23	25	26	27	
97 RESEARCH					3657		3657	97
98 PHYSICIANS' PRIVATE OFFICES					2031377		2031377	98
98.01 CHEMOTHERAPY RX					540802		540802	98.01
98.02 RURAL HEALTH					766765		766765	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT					49496		49496	98.04
98.05 MARKETING					2109665		2109665	98.05
98.06 CARLE CLINIC					8989324		8989324	98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439					18188		18188	98.09
98.10 OTHER REL ENTITIES					5327099		5327099	98.10
98.11 CHAMPAIGN ASC					843218		843218	98.11
98.12 SOUTH PARKING GARAGE					414599		414599	98.12
98.13 PARISH NRSG	11678				254480		254480	98.13
98.14 COMM HLTH & WLNS					3645728		3645728	98.14
98.15 MOBILE CLINIC					17059		17059	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					255623		255623	99.02
99.04 NORTH GARAGE					263490		263490	99.04
99.05 HOME INFUSION					3256361		3256361	99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED					4521483		4521483	99.07
99.08 EMERGENCY MEDICAL SERVICES					335401		335401	99.08
100 UNDERGRADUATE MEDICAL EDUCATION					193841		193841	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3873214	7143817	3080078	3066081	308729473	-6146159	302583314	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	47513	3009	12704	63226	63226				5
6.01 NON-PATIENT TELEPHONE									6.01
6.02 DATA PROCESSING		3225	3897758	3900983	565	3901548			6.02
6.03 FOUNDATION OVERHEAD			139	139		1745	1884		6.03
6.04 ADMITTING		54248	26874	81122	977	70815		152914	6.04
6.05 SHARED ADMINISTRATIVE & GENERAL	107076	421921	831924	1360921	3479	943464			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	407632	1997466	301836	2706934	4389	1056132	1884		6.06
7 MAINTENANCE & REPAIRS		994213	248801	1243014	911	56890			7
8 OPERATION OF PLANT		8326	162207	170533	256	3252			8
9 LAUNDRY & LINEN SERVICE		103827	5890	109717	126	5603			9
10 HOUSEKEEPING		45855	19701	65556	1525	9466			10
11 DIETARY		233213	87540	320753	552	15135			11
12 CAFETERIA					525				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		29175	205849	235024	960	157866			14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		189045	161698	350743	1304	146152			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	23496	27111	6226	56833	1530	21657			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1811363	1540514	3351877	12042	427958		18127	25
26.01 NEONATAL ICU		25464	242261	267725	2520	32387		2630	26.01
27 CORONARY CARE UNIT		101034	156991	258025	1345	19966		2291	27
29 SURGICAL INTENSIVE CARE UNIT		104502	80578	185080	1478	24393		2361	29
31 SUBPROVIDER I		65341	15027	80368	921	22016		1188	31
33 NURSERY		11727		11727	534			907	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		642544	1982139	2624683	3983	122973		12841	37
38 RECOVERY ROOM		33790	57513	91303	674	25497		2271	38
39 DELIVERY ROOM & LABOR ROOM					1150			2115	39
40 ANESTHESIOLOGY			43286	43286		3618		658	40
41 RADIOLOGY-DIAGNOSTIC			1097	1097				12729	41
44 LABORATORY								12597	44
46 WHOLE BLOOD & PACKED RED BLOOD								2289	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		117592	198704	316296	1171	12067		6764	49
50 PHYSICAL THERAPY	256875	931800	444673	1633348	6304	223689		9851	50
53.01 CARDIAC CATH LAB		226898	1249966	1476864	1749	57515		8077	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		308540	227392	535932	852	50917		21575	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		62871	251967	314838	1821	37050		17467	56
58 ASC (NON-DISTINCT PART)		129615	146202	275817	452	18887		1178	58
59 ACUTE DIALYSIS		7732	7109	14841	64	3426		233	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		245156	207446	452602	2090	70314		8520	61
61.01 SLEEP LAB		74531	46032	120563	314	19204		835	61.01
61.02 BRONCH & GASTRO LAB		99212	401891	501103	772	22800		3724	61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT		66717	74960	141677	729	14918		1686	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	78974	99592	178566	1303	38925				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	78974	75591	154565	1033	38981				93
95 SUBTOTALS	1000540	9177063	13520078	23697681	60400	3775678	1884	152914	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		38972	3240	42212	72	3523			96

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
97 RESEARCH						684		97
98 PHYSICIANS' PRIVATE OFFICES		820564	3617	824181	11	1286		98
98.01 CHEMOTHERAPY RX					229			98.01
98.02 RURAL HEALTH		12631	13818	26449	246	16396		98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		22145	21841	43986				98.04
98.05 MARKETING		17853	31344	49197	268	20583		98.05
98.06 CARLE CLINIC		7938683	49882	7988565				98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439								98.09
98.10 OTHER REL ENTITIES		27907		27907				98.10
98.11 CHAMPAIGN ASC		253806	5078	258884	103	3180		98.11
98.12 SOUTH PARKING GARAGE			271	271	42			98.12
98.13 PARISH NRSG		8083	279	8362	66	4180		98.13
98.14 COMM HLTH & WLNS		416982	39430	456412	186	9063		98.14
98.15 MOBILE CLINIC		2254	11674	13928				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		1538	71489	73027	41	2151		99.02
99.04 NORTH GARAGE			5332	5332	42	466		99.04
99.05 HOME INFUSION	62476	4723	17815	85014	444	21318		99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	147132		221274	368406	954	38057		99.07
99.08 EMERGENCY MEDICAL SERVICES		1376	802	2178	122	3217		99.08
100 UNDERGRADUATE MEDICAL EDUCATION		97917	585	98502		1766		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1210148	18842497	14017849	34070494	63226	3901548	1884	152914 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	2307864							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	1711310	5480649						6.06
7 MAINTENANCE & REPAIRS		158602	1459417					7
8 OPERATION OF PLANT		96508		270549				8
9 LAUNDRY & LINEN SERVICE		7673	32151	5960	161230			9
10 HOUSEKEEPING		66704	13631	2527		159409		10
11 DIETARY		35886	70984	13159		5877	462346	11
12 CAFETERIA		13045						13570
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		66616	9034	1675		735		254
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		122384	10973	2034		4764		470
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		52805	6481	1201		683		462
23 I&R SERVICES-OTHER PRGM COSTS A		54429						23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		625031	559627	103745	76859	45246	387033	3730
26.01 NEONATAL ICU		117923	7885	1462	2485	642		660
27 CORONARY CARE UNIT		65132	31286	5800	5766	2538	22703	366
29 SURGICAL INTENSIVE CARE UNIT		70052	32360	5999	5318	2629	21648	390
31 SUBPROVIDER I		42746	20233	3751	3586	1646	30962	250
33 NURSERY		29620	3631	673		295		151
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		494778	198970	36885	15780	16084		1206
38 RECOVERY ROOM		33112	10464	1940	4332	851		190
39 DELIVERY ROOM & LABOR ROOM		63886						301
40 ANESTHESIOLOGY		16709						40
41 RADIOLOGY-DIAGNOSTIC		403565						41
44 LABORATORY		399451						44
46 WHOLE BLOOD & PACKED RED BLOOD		39177						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		71610	12005	2226		2931		361
50 PHYSICAL THERAPY		314212	32820	6084	7644	11179		1786
53.01 CARDIAC CATH LAB		117218	65811	12200	5602	5342		394
55 MEDICAL SUPPLIES CHARGED TO PAT		607314	95542	17712	2594	7731		494
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		239628	19469	3609		1584		417
58 ASC (NON-DISTINCT PART)		36992						58
59 ACUTE DIALYSIS		8910	2394	444		195		17
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		171973	75915	14073	15569	6144		541
61.01 SLEEP LAB		19448	11320	2099	2296	921		117
61.02 BRONCH & GASTRO LAB		50838	30722	5695	8233	2500		227
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT		35915	20660	3830	5166	1681		205
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		71081						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		80245						93
95 SUBTOTALS	1711310	4901218	1374368	254783	161230	122198	462346	12989
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		7920	12068	2237		982		48

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
97 RESEARCH		65						97
98 PHYSICIANS' PRIVATE OFFICES		17239	68707	12737		15711		3 98
98.01 CHEMOTHERAPY RX		9396	869	161				54 98.01
98.02 RURAL HEALTH		13421				318		55 98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		879						98.04
98.05 MARKETING		37355						100 98.05
98.06 CARLE CLINIC		159580						98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439	2048	323						98.09
98.10 OTHER REL ENTITIES	594506	94263				702		98.10
98.11 CHAMPAIGN ASC		12286				6189		98.11
98.12 SOUTH PARKING GARAGE		7327						34 98.12
98.13 PARISH NRSG		3768	2503	464				17 98.13
98.14 COMM HLTH & WLNS		60156				10507		10 98.14
98.15 MOBILE CLINIC		278				57		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		4429	476	88		39		9 99.02
99.04 NORTH GARAGE		4646						32 99.04
99.05 HOME INFUSION		57807						99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED		80056						219 99.07
99.08 EMERGENCY MEDICAL SERVICES		5865	426	79		35		99.08
100 UNDERGRADUATE MEDICAL EDUCATION		2372				2467		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2307864	5480649	1459417	270549	161230	159409	462346	13570 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	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	472164						14
15							15
16							16
17		638824					17
18							18
20							20
21							21
22			141652				22
23				54429			23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	311343	75793			5998411		5998411
26.01	55026	10999			502344		502344
27	30516	9579			455313		455313
29	32547	9872			394127		394127
31		4968			212635		212635
33		3791			51329		51329
ANCILLARY SERVICE COST CENTERS							
37		53693			3581876		3581876
38		9496			180130		180130
39		8845			76297		76297
40		2750			67021		67021
41		53222			470613		470613
44		52670			464718		464718
46		9573			51039		51039
46.30							46.30
49	30145	28282			483858		483858
50		41191			2288108		2288108
53.01		33773			1784545		1784545
55		89651			1430314		1430314
55.30							55.30
56		73037			708920		708920
58		4924			338250		338250
59	1379	976			32879		32879
OUTPATIENT SERVICE COST CENTERS							
61		35623			853364		853364
61.01	9784	3492			190393		190393
61.02		15573			642187		642187
61.03							61.03
62							62
62.01		7051			233518		233518
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					289875		289875
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
93					274824		274824
95	470740	638824			22056888		22056888
NONREIMBURSABLE COST CENTERS							
96					69062		69062

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	RE LI	I&R SERVICES & FRINGES	SERVIC ES-SALARY	I&R SERVICES-OTHER P RGM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	14	17		22		23	25	26	27	
97 RESEARCH							749		749	97
98 PHYSICIANS' PRIVATE OFFICES							939875		939875	98
98.01 CHEMOTHERAPY RX							10709		10709	98.01
98.02 RURAL HEALTH							56885		56885	98.02
98.03 ARBOURS RX										98.03
98.04 FUND DEVELOPMENT							44865		44865	98.04
98.05 MARKETING							107503		107503	98.05
98.06 CARLE CLINIC							8148145		8148145	98.06
98.08 CARLE FOUNDATION #14-8077										98.08
98.09 CARLE ARBOURS #14-1439							2371		2371	98.09
98.10 OTHER REL ENTITIES							717378		717378	98.10
98.11 CHAMPAIGN ASC							280642		280642	98.11
98.12 SOUTH PARKING GARAGE							7674		7674	98.12
98.13 PARISH NRSG	1424						20988		20988	98.13
98.14 COMM HLTH & WLNS							536334		536334	98.14
98.15 MOBILE CLINIC							14263		14263	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							80260		80260	99.02
99.04 NORTH GARAGE							10518		10518	99.04
99.05 HOME INFUSION							164583		164583	99.05
99.06 MISSION RELATED										99.06
99.07 GRANT RELATED							487692		487692	99.07
99.08 EMERGENCY MEDICAL SERVICES							11922		11922	99.08
100 UNDERGRADUATE MEDICAL EDUCATION							105107		105107	100
101 CROSS FOOT ADJUSTMENTS				141652		54429	196081		196081	101
102 NEGATIVE COST CENTER										102
103 TOTAL	472164	638824		141652		54429	34070494		34070494	103

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	ENEFFITS	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
GENERAL SERVICE COST CENTERS							
1							1
2							2
3	1396302						3
4		14097705					4
5		223	12776	104045478			5
6.01					3703		6.01
6.02	239	3919967	929212		27	4649265	6.02
6.03						2079	6.03
6.04						326678000	6.04
6.05	4020	27027	1607493	74	84386		893570012
6.06	31266	836663	5721417	308	1124276		6.05
7	148020	303555	7218105	285	1258536	326678000	6.06
8	73675	250218	1498683	149	67793		7
9	617	163131	421815	29	3875		8
10	7694	5924	207683	13	6677		9
11	3398	19813	2507438	35	11280		10
12	17282	88039	908598	34	18036		11
13			864191				12
14							13
15	2162	207022	1578882	79	188120		14
16							15
17	14009	162619	2144022	107	174162		16
18							17
19							18
20							19
21							20
22	2009	6261	2515873	85	25808		21
23							22
24							23
INPATIENT ROUTINE SERV COST CENTERS							
25	134229	1549289	19863702	560	509975		106003625
26.01	1887	243641	4144706	63	38594		15382519
27	7487	157885	2212489	45	23793		13396964
28	7744	81037	2430939	46	29068		13806571
29	4842	15113	1514528	27	26235		6948346
30	869		878982				5302051
31							33
ANCILLARY SERVICE COST CENTERS							
32							37
33	47615	1993430	6550579	196	146540		75094819
34	2504	57841	1108776	38	30383		13281445
35			1891461				12371002
36		43533		12	4311		3846246
37		1103					74436229
38							73664845
39							13388506
40							46.30
41	8714	199836	1925249	42	14380		39555683
42	69050	447206	10369228	541	266558		57609631
43	16814	1257086	2877396	112	68538		47235546
44	22864	228687	1401336	45	60675		125499057
45							55.30
46	4659	253402	2994731	37	44151		102148969
47	9605	147035	743440	37	22507		6886063
48	573	7149	106012	8	4082		1364491
49							59
OUTPATIENT SERVICE COST CENTERS							
50	18167	208628	3437992	174	83790		49822251
51.01	5523	46294	516726	22	22884		4884186
51.02	7352	404180	1269412	48	27170		21779936
51.03							61.03
52							62
52.01	4944	75387	1198701	17	17777		9861031
53.50							63.50
53.60							63.60
OTHER REIMBURSABLE COST CENTERS							
54.10							69.10
54.20							69.20
54.30							69.30
54.40							69.40
55		100159	2142324	160	46385		71
SPECIAL PURPOSE COST CENTERS							
56.01							85.01
56.02							85.02
56.03							85.03
57		76022	1698409	60	46452		93

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	
95 SUBTOTALS	680056	13597098	99400530	3515	4499276	326678000	893570012	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2888	3258	118542	10	4198			96
97 RESEARCH					815			97
98 PHYSICIANS' PRIVATE OFFICES	60807	3638	17855	2	1532			98
98.01 CHEMOTHERAPY RX			375954					98.01
98.02 RURAL HEALTH	936	13897	404393	12	19538			98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT	1641	21965						98.04
98.05 MARKETING	1323	31523	440717	19	24528			98.05
98.06 CARLE CLINIC	588287	50166						98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439								98.09
98.10 OTHER REL ENTITIES	2068							98.10
98.11 CHAMPAIGN ASC	18808	5107	169136	15	3789			98.11
98.12 SOUTH PARKING GARAGE		273	69286	10				98.12
98.13 PARISH NRSG	599	281	108520		4981			98.13
98.14 COMM HLTH & WLNS	30900	39655	305401	10	10800			98.14
98.15 MOBILE CLINIC	167	11741						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	114	71896	68152	6	2563			99.02
99.04 NORTH GARAGE		5362	68338	15	555			99.04
99.05 HOME INFUSION	350	17916	730532	29	25403			99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED		222534	1568261	38	45350			99.07
99.08 EMERGENCY MEDICAL SERVICES	102	807	199861		3833			99.08
100 UNDERGRADUATE MEDICAL EDUCATI	7256	588		22	2104			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	18842497	14017849	3889429		11776593	8777372	2190195	103
104 UNIT COST MULT-WS B PT I		.994336				.026869		104
104 UNIT COST MULT-WS B PT I	13.494571		.037382		2.533001		.002451	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			63226		3901548	1884	152914	107
108 UNIT COST MULT-WS B PT III						.000006		108
108 UNIT COST MULT-WS B PT III			.000608		.839175		.000171	108

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	
TOTAL	E & GENERA		& GENERAL	S		ICE		
COST	6.05	6A.06	6.06	7	8	9	10	11
				SQ FEET	SQ FEET	POUNDS OF	SQ FT	MEALS
			COST			LAUNDRY	HOUSEKEEPI	SERVED
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 440546000								6.05
6.06 OTHER ADMINISTRATIVE & GENERA 326678000 -34369975			274359498					6.06
7 MAINTENANCE & REPAIRS			7939618	349249				7
8 OPERATION OF PLANT			4831216		349249			8
9 LAUNDRY & LINEN SERVICE			384106	7694	7694	2228806		9
10 HOUSEKEEPING			3339214	3262	3262		468788	10
11 DIETARY			1796474	16987	16987		17282	207597
12 CAFETERIA			653009					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			3334800	2162	2162		2162	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY			6126537	2626	2626		14009	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			2643415	1551	1551		2009	22
23 I&R SERVICES-OTHER PRGM COSTS			2724742					23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			31286894	133922	133922	1062477	133055	173781
26.01 NEONATAL ICU			5903234	1887	1887	34352	1887	26.01
27 CORONARY CARE UNIT			3260502	7487	7487	79706	7465	10194
29 SURGICAL INTENSIVE CARE UNIT			3506787	7744	7744	73511	7730	9720
31 SUBPROVIDER I			2139890	4842	4842	49573	4842	13902
33 NURSERY			1482778	869	869		869	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			24768598	47615	47615	218134	47299	37
38 RECOVERY ROOM			1657607	2504	2504	59884	2504	38
39 DELIVERY ROOM & LABOR ROOM			3198141					39
40 ANESTHESIOLOGY			836430					40
41 RADIOLOGY-DIAGNOSTIC			20202483					41
44 LABORATORY			19996550					44
46 WHOLE BLOOD & PACKED RED BLOO			1961216					46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY			3584779	2873	2873		8620	49
50 PHYSICAL THERAPY			15729486	7854	7854	105670	32876	50
53.01 CARDIAC CATH LAB			5867965	15749	15749	77445	15710	53.01
55 MEDICAL SUPPLIES CHARGED TO P			30402197	22864	22864	35855	22735	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			11995774	4659	4659		4659	56
58 ASC (NON-DISTINCT PART)			1851838					58
59 ACUTE DIALYSIS			446056	573	573		573	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY			8608968	18167	18167	215228	18067	61
61.01 SLEEP LAB			973583	2709	2709	31745	2709	61.01
61.02 BRONCH & GASTRO LAB			2544966	7352	7352	113816	7352	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT			1797932	4944	4944	71410	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			3558303					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			4017065					93

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		
	E & GENERA		& GENERAL	S		ICE		MEALS	
	TOTAL	ACCUM	COST	SQ FEET	SQ FEET	POUNDS OF	SQ FT	SERVED	
	COST	COST	COST			LAUNDRY	HOUSEKEEPI		
	6.05	6A.06	6.06	7	8	9	10	11	
95 SUBTOTALS	326678000	-34369975	245353153	328896	328896	2228806	359358	207597	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			396455	2888	2888		2888		96
97 RESEARCH			3250						97
98 PHYSICIANS' PRIVATE OFFICES			862990	16442	16442		46202		98
98.01 CHEMOTHERAPY RX			470376	208	208				98.01
98.02 RURAL HEALTH			671862				936		98.02
98.03 ARBOURS RX									98.03
98.04 FUND DEVELOPMENT			43986						98.04
98.05 MARKETING			1869989						98.05
98.06 CARLE CLINIC			7988565						98.06
98.08 CARLE FOUNDATION #14-8077									98.08
98.09 CARLE ARBOURS #14-1439	391000		16163						98.09
98.10 OTHER REL ENTITIES	113477000		4718819				2064		98.10
98.11 CHAMPAIGN ASC			615059				18202		98.11
98.12 SOUTH PARKING GARAGE			366800						98.12
98.13 PARISH NRSG			188628	599	599		599		98.13
98.14 COMM HLTH & WLNS			3011416				30900		98.14
98.15 MOBILE CLINIC			13928				167		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			221730	114	114		114		99.02
99.04 NORTH GARAGE			232595						99.04
99.05 HOME INFUSION			2893838						99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED			4007587						99.07
99.08 EMERGENCY MEDICAL SERVICES			293579	102	102		102		99.08
100 UNDERGRADUATE MEDICAL EDUCATI			118730				7256		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	18211107		34369975	8934246	5436442	748813	3891754	2863967	103
104 UNIT COST MULT-WS B PT I	.041338		.125274		15.566092		8.301736		104
104 UNIT COST MULT-WS B PT I				25.581307		.335970		13.795801	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	2307864		5480649	1459417	270549	161230	159409	462346	107
108 UNIT COST MULT-WS B PT III	.005239		.019976		.774659		.340045		108
108 UNIT COST MULT-WS B PT III				4.178729		.072339		2.227132	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	2744893					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	51329	1144900				14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	94999		893570012			17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES	93438			332		22
23 I&R SERVICES-OTHER PRGM COSTS					332	23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	754943	754943	106003625	300	300	25
26.01 NEONATAL ICU	133426	133426	15382519	20	20	26.01
27 CORONARY CARE UNIT	73996	73996	13396964			27
29 SURGICAL INTENSIVE CARE UNIT	78920	78920	13806571			29
31 SUBPROVIDER I	50526		6948346			31
33 NURSERY	30447		5302051	10	10	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	243844		75094819			37
38 RECOVERY ROOM	38425		13281445			38
39 DELIVERY ROOM & LABOR ROOM	60804		12371002			39
40 ANESTHESIOLOGY			3846246			40
41 RADIOLOGY-DIAGNOSTIC			74436229			41
44 LABORATORY			73664845			44
46 WHOLE BLOOD & PACKED RED BLOO			13388506			46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	73096	73096	39555683			49
50 PHYSICAL THERAPY	361345		57609631			50
53.01 CARDIAC CATH LAB	79604		47235546			53.01
55 MEDICAL SUPPLIES CHARGED TO P	99874		125499057			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	84342		102148969			56
58 ASC (NON-DISTINCT PART)			6886063			58
59 ACUTE DIALYSIS	3344	3344	1364491			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	109434		49822251	2	2	61
61.01 SLEEP LAB	23723	23723	4884186			61.01
61.02 BRONCH & GASTRO LAB	46015		21779936			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINC						62
62.01 OBSERVATION BEDS-DISTINCT	41487		9861031			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

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	
95 SUBTOTALS	2627361	1141448	893570012	332	332	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	9616					96
97 RESEARCH						97
98 PHYSICIANS' PRIVATE OFFICES	650					98
98.01 CHEMOTHERAPY RX	10987					98.01
98.02 RURAL HEALTH	11080					98.02
98.03 ARBOURS RX						98.03
98.04 FUND DEVELOPMENT						98.04
98.05 MARKETING	20227					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	6903					98.12
98.13 PARISH NRSG		3452				98.13
98.14 COMM HLTH & WLNS	2001					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	1788					99.02
99.04 NORTH GARAGE	6564					99.04
99.05 HOME INFUSION						99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED	44264					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	734814	3873214	7143817	3080078	3066081	103
104 UNIT COST MULT-WS B PT I	.267702		.007995		9235.183735	104
104 UNIT COST MULT-WS B PT I		3.383015		9277.343373		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	13570	472164	638824	141652	54429	107
108 UNIT COST MULT-WS B PT III	.004944		.000715		163.942771	108
108 UNIT COST MULT-WS B PT III		.412406		426.662651		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	48179313		48179313	23564	48202877	25
26.01 NEONATAL ICU	7357690		7357690	4116	7361806	26.01
27 CORONARY CARE UNIT	4583661		4583661	9272	4592933	27
29 SURGICAL INTENSIVE CARE UNI	4886205		4886205	16627	4902832	29
31 SUBPROVIDER I	2924918		2924918	21393	2946311	31
33 NURSERY	1762044		1762044		1762044	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30962303		30962303	13177	30975480	37
38 RECOVERY ROOM	2125673		2125673		2125673	38
39 DELIVERY ROOM & LABOR ROOM	3713968		3713968		3713968	39
40 ANESTHESIOLOGY	971964		971964		971964	40
41 RADIOLOGY-DIAGNOSTIC	23328447		23328447		23328447	41
44 LABORATORY	23090548		23090548		23090548	44
46 WHOLE BLOOD & PACKED RED BL	2313946		2313946		2313946	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4806737		4806737	2808	4809545	49
50 PHYSICAL THERAPY	18888906		18888906	27940	18916846	50
53.01 CARDIAC CATH LAB	7806495		7806495	163908	7970403	53.01
55 MEDICAL SUPPLIES CHARGED TO	36382207		36382207		36382207	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	14568176		14568176		14568176	56
58 ASC (NON-DISTINCT PART)	2138879		2138879	18258	2157137	58
59 ACUTE DIALYSIS	553386		553386		553386	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	11084895		11084895	122000	11206895	61
61.01 SLEEP LAB	1365826		1365826	11982	1377808	61.01
61.02 BRONCH & GASTRO LAB	3452022		3452022		3452022	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	1354656		1354656		1354656	62
62.01 OBSERVATION BEDS-DISTINCT	2381580		2381580		2381580	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	260984445		260984445	435045	261419490	101
102 LESS OBSERVATION BEDS	1354656		1354656		1354656	102
103 TOTAL	259629789		259629789	435045	260064834	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	99833763		99833763			25
26.01 NEONATAL ICU	15382519		15382519			26.01
27 CORONARY CARE UNIT	13396964		13396964			27
29 SURGICAL INTENSIVE CARE UNI	13806571		13806571			29
31 SUBPROVIDER I	6948346		6948346			31
33 NURSERY	5302051		5302051			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	51392576	23702243	75094819	.412309	.412309	.412485 37
38 RECOVERY ROOM	8466852	4814593	13281445	.160048	.160048	.160048 38
39 DELIVERY ROOM & LABOR ROOM	12299428	71574	12371002	.300216	.300216	.300216 39
40 ANESTHESIOLOGY	2165225	1681021	3846246	.252705	.252705	.252705 40
41 RADIOLOGY-DIAGNOSTIC	43716843	30719386	74436229	.313402	.313402	.313402 41
44 LABORATORY	55965352	17699493	73664845	.313454	.313454	.313454 44
46 WHOLE BLOOD & PACKED RED BL	12303115	1085391	13388506	.172831	.172831	.172831 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	38457670	1098013	39555683	.121518	.121518	.121589 49
50 PHYSICAL THERAPY	12150829	45458802	57609631	.327878	.327878	.328363 50
53.01 CARDIAC CATH LAB	29020294	18215252	47235546	.165267	.165267	.168737 53.01
55 MEDICAL SUPPLIES CHARGED TO	92226812	33272245	125499057	.289900	.289900	.289900 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	84782531	17366438	102148969	.142617	.142617	.142617 56
58 ASC (NON-DISTINCT PART)	1089123	5796940	6886063	.310610	.310610	.313261 58
59 ACUTE DIALYSIS	1364491		1364491	.405562	.405562	.405562 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	21279202	28543049	49822251	.222489	.222489	.224938 61
61.01 SLEEP LAB		4884186	4884186	.279643	.279643	.282096 61.01
61.02 BRONCH & GASTRO LAB	4453970	17325966	21779936	.158496	.158496	.158496 61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	1392699	4777163	6169862	.219560	.219560	.219560 62
62.01 OBSERVATION BEDS-DISTINCT	2126198	7734833	9861031	.241514	.241514	.241514 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	629323424	264246588	893570012			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	629323424	264246588	893570012			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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5998411		5998411
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				502344		502344
27 CORONARY CARE UNIT				455313		455313
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				394127		394127
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				212635		212635
33 NURSERY				51329		51329
101 TOTAL				7614159		7614159

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	59602	21273			100.64	2140915
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	7589				66.19	
27 CORONARY CARE UNIT	3398	1112			133.99	148997
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3240	787			121.64	95731
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4634	2092			45.89	96002
33 NURSERY	4034				12.72	
101 TOTAL	82497	25264				2481645

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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	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		3581876	75094819	16493253			.047698	786695 37
38 RECOVERY ROOM		180130	13281445	2788136			.013563	37815 38
39 DELIVERY ROOM & LABOR ROOM		76297	12371002	47724			.006167	294 39
40 ANESTHESIOLOGY		67021	3846246	257731			.017425	4491 40
41 RADIOLOGY-DIAGNOSTIC		470613	74436229	15278351			.006322	96590 41
44 LABORATORY		464718	73664845	19563954			.006309	123429 44
46 WHOLE BLOOD & PACKED RED BLOO		51039	13388506	5052886			.003812	19262 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		483858	39555683	11828714			.012232	144689 49
50 PHYSICAL THERAPY		2288108	57609631	3655203			.039717	145174 50
53.01 CARDIAC CATH LAB		1784545	47235546	11008571			.037780	415904 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1430314	125499057	33209245			.011397	378486 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		708920	102148969	27985228			.006940	194217 56
58 ASC (NON-DISTINCT PART)		338250	6886063				.049121	58
59 ACUTE DIALYSIS		32879	1364491				.024096	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		853364	49822251	6944002			.017128	118937 61
61.01 SLEEP LAB		190393	4884186				.038982	61.01
61.02 BRONCH & GASTRO LAB		642187	21779936	1620932			.029485	47793 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		168575	6169862	621956			.027322	16993 62
62.01 OBSERVATION BEDS-DISTINCT		233518	9861031				.023681	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14046605	738899798	156355886				2530769 101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
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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 COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					59602		21273	25
26 INTENSIVE CARE UNIT								26
26.01 NEONATAL ICU					7589			26.01
27 CORONARY CARE UNIT					3398		1112	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					3240		787	29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4634		2092	31
33 NURSERY					4034			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					82497		25264	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
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
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		75094819			16493253		6113410 37
38 RECOVERY ROOM		13281445			2788136		921104 38
39 DELIVERY ROOM & LABOR ROOM		12371002			47724		5315 39
40 ANESTHESIOLOGY		3846246			257731		57896 40
41 RADIOLOGY-DIAGNOSTIC		74436229			15278351		4408496 41
44 LABORATORY		73664845			19563954		2500620 44
46 WHOLE BLOOD & PACKED RED BLOO		13388506			5052886		238243 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39555683			11828714		291302 49
50 PHYSICAL THERAPY		57609631			3655203		3964223 50
53.01 CARDIAC CATH LAB		47235546			11008571		8183090 53.01
55 MEDICAL SUPPLIES CHARGED TO P		125499057			33209245		10634127 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		102148969			27985228		3937007 56
58 ASC (NON-DISTINCT PART)		6886063					1120860 58
59 ACUTE DIALYSIS		1364491					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49822251			6944002		5475940 61
61.01 SLEEP LAB		4884186					713729 61.01
61.02 BRONCH & GASTRO LAB		21779936			1620932		3633335 61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		6169862			621956		2433606 62
62.01 OBSERVATION BEDS-DISTINCT		9861031					83973 62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		738899798			156355886		54716276 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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.412309	.412309	.412309			37
38 RECOVERY ROOM	.160048	.160048	.160048			38
39 DELIVERY ROOM & LABOR ROOM	.300216	.300216	.300216			39
40 ANESTHESIOLOGY	.252705	.252705	.252705			40
41 RADIOLOGY-DIAGNOSTIC	.313402	.313402	.313402			41
44 LABORATORY	.313454	.313454	.313454			44
46 WHOLE BLOOD & PACKED RED BLOOD	.172831	.172831	.172831			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.121518	.121518	.121518			49
50 PHYSICAL THERAPY	.327878	.327878	.327878			50
53.01 CARDIAC CATH LAB	.165267	.165267	.165267			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.289900	.289900	.289900			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.142617	.142617	.142617			56
58 ASC (NON-DISTINCT PART)	.310610	.310610	.310610			58
59 ACUTE DIALYSIS	.405562	.405562	.405562			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.222489	.222489	.222489			61
61.01 SLEEP LAB	.279643	.279643	.279643			61.01
61.02 BRONCH & GASTRO LAB	.158496	.158496	.158496			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT	.219560	.219560	.219560			62
62.01 OBSERVATION BEDS-DISTINCT	.241514	.241514	.241514			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	.142617	1
2 PROGRAM VACCINE CHARGES	64873	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	9252	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	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6113410						37
38 RECOVERY ROOM		9211104						38
39 DELIVERY ROOM & LABOR ROOM		5315						39
40 ANESTHESIOLOGY		57896						40
41 RADIOLOGY-DIAGNOSTIC		4408496						41
44 LABORATORY		2500620						44
46 WHOLE BLOOD & PACKED RED BLOOD		238243						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		291302						49
50 PHYSICAL THERAPY		3964223						50
53.01 CARDIAC CATH LAB		8183090						53.01
55 MEDICAL SUPPLIES CHARGED TO PA		10634127						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		3937007						56
58 ASC (NON-DISTINCT PART)		1120860						58
59 ACUTE DIALYSIS								59
61 OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5475940						61
61.01 SLEEP LAB		713729						61.01
61.02 BRONCH & GASTRO LAB		3633335						61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)		2433606						62
62.01 OBSERVATION BEDS-DISTINCT		83973						62.01
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 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		54716276						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		54716276						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		2520614					37
38 RECOVERY ROOM		147421					38
39 DELIVERY ROOM & LABOR ROOM		1596					39
40 ANESTHESIOLOGY		14631					40
41 RADIOLOGY-DIAGNOSTIC		1381631					41
44 LABORATORY		783829					44
46 WHOLE BLOOD & PACKED RED BLOOD		41176					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		35398					49
50 PHYSICAL THERAPY		1299782					50
53.01 CARDIAC CATH LAB		1352395					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		3082833					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		561484					56
58 ASC (NON-DISTINCT PART)		348150					58
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1218336					61
61.01 SLEEP LAB		199589					61.01
61.02 BRONCH & GASTRO LAB		575869					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT)		534323					62
62.01 OBSERVATION BEDS-DISTINCT		20281					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		14119338					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14119338					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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	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		3581876	75094819	19023			.047698	907 37
38 RECOVERY ROOM		180130	13281445	4740			.013563	64 38
39 DELIVERY ROOM & LABOR ROOM		76297	12371002				.006167	39
40 ANESTHESIOLOGY		67021	3846246				.017425	40
41 RADIOLOGY-DIAGNOSTIC		470613	74436229	231823			.006322	1466 41
44 LABORATORY		464718	73664845	230929			.006309	1457 44
46 WHOLE BLOOD & PACKED RED BLOO		51039	13388506	32287			.003812	123 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		483858	39555683	125301			.012232	1533 49
50 PHYSICAL THERAPY		2288108	57609631	2119086			.039717	84164 50
53.01 CARDIAC CATH LAB		1784545	47235546	43181			.037780	1631 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1430314	125499057	93783			.011397	1069 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		708920	102148969	866891			.006940	6016 56
58 ASC (NON-DISTINCT PART)		338250	6886063				.049121	58
59 ACUTE DIALYSIS		32879	1364491				.024096	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		853364	49822251	1283			.017128	22 61
61.01 SLEEP LAB		190393	4884186				.038982	61.01
61.02 BRONCH & GASTRO LAB		642187	21779936	2180			.029485	64 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		168575	6169862				.027322	62
62.01 OBSERVATION BEDS-DISTINCT		233518	9861031				.023681	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14046605	738899798	3770507				98516 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	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		75094819			19023		37
38 RECOVERY ROOM		13281445			4740		38
39 DELIVERY ROOM & LABOR ROOM		12371002					39
40 ANESTHESIOLOGY		3846246					40
41 RADIOLOGY-DIAGNOSTIC		74436229			231823		41
44 LABORATORY		73664845			230929		44
46 WHOLE BLOOD & PACKED RED BLOO		13388506			32287		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39555683			125301		49
50 PHYSICAL THERAPY		57609631			2119086		50
53.01 CARDIAC CATH LAB		47235546			43181		53.01
55 MEDICAL SUPPLIES CHARGED TO P		125499057			93783		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		102148969			866891		56
58 ASC (NON-DISTINCT PART)		6886063					58
59 ACUTE DIALYSIS		1364491					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49822251			1283		61
61.01 SLEEP LAB		4884186					61.01
61.02 BRONCH & GASTRO LAB		21779936			2180		61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		6169862					62
62.01 OBSERVATION BEDS-DISTINCT		9861031					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		738899798			3770507		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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				5998411		5998411
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				502344		502344
27 CORONARY CARE UNIT				455313		455313
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				394127		394127
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				212635		212635
33 NURSERY				51329		51329
101 TOTAL				7614159		7614159

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	59602	9629			100.64	969063
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	7589	4930			66.19	326317
27 CORONARY CARE UNIT	3398	124			133.99	16615
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3240	435			121.64	52913
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4634	313			45.89	14364
33 NURSERY	4034	1515			12.72	19271
101 TOTAL	82497	16946				1398543

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		3581876	75094819				.047698	37
38 RECOVERY ROOM		180130	13281445				.013563	38
39 DELIVERY ROOM & LABOR ROOM		76297	12371002				.006167	39
40 ANESTHESIOLOGY		67021	3846246				.017425	40
41 RADIOLOGY-DIAGNOSTIC		470613	74436229				.006322	41
44 LABORATORY		464718	73664845				.006309	44
46 WHOLE BLOOD & PACKED RED BLOO		51039	13388506				.003812	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		483858	39555683				.012232	49
50 PHYSICAL THERAPY		2288108	57609631				.039717	50
53.01 CARDIAC CATH LAB		1784545	47235546				.037780	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1430314	125499057				.011397	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		708920	102148969				.006940	56
58 ASC (NON-DISTINCT PART)		338250	6886063				.049121	58
59 ACUTE DIALYSIS		32879	1364491				.024096	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		853364	49822251				.017128	61
61.01 SLEEP LAB		190393	4884186				.038982	61.01
61.02 BRONCH & GASTRO LAB		642187	21779936				.029485	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		168575	6169862				.027322	62
62.01 OBSERVATION BEDS-DISTINCT		233518	9861031				.023681	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14046605	738899798					101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/21/2009 15:35

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	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DIEM	DAYS	PASS THRU
		1	2	3	4	6	7	8
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				59602		9629	25
26	INTENSIVE CARE UNIT							26
26.01	NEONATAL ICU				7589		4930	26.01
27	CORONARY CARE UNIT				3398		124	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT				3240		435	29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				4634		313	31
33	NURSERY				4034		1515	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL				82497		16946	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
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
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	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		75094819					37
38 RECOVERY ROOM		13281445					38
39 DELIVERY ROOM & LABOR ROOM		12371002					39
40 ANESTHESIOLOGY		3846246					40
41 RADIOLOGY-DIAGNOSTIC		74436229					41
44 LABORATORY		73664845					44
46 WHOLE BLOOD & PACKED RED BLOO		13388506					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39555683					49
50 PHYSICAL THERAPY		57609631					50
53.01 CARDIAC CATH LAB		47235546					53.01
55 MEDICAL SUPPLIES CHARGED TO P		125499057					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		102148969					56
58 ASC (NON-DISTINCT PART)		6886063					58
59 ACUTE DIALYSIS		1364491					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49822251					61
61.01 SLEEP LAB		4884186					61.01
61.02 BRONCH & GASTRO LAB		21779936					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		6169862					62
62.01 OBSERVATION BEDS-DISTINCT		9861031					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		738899798					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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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		3581876	75094819				.047698	37
38 RECOVERY ROOM		180130	13281445				.013563	38
39 DELIVERY ROOM & LABOR ROOM		76297	12371002				.006167	39
40 ANESTHESIOLOGY		67021	3846246				.017425	40
41 RADIOLOGY-DIAGNOSTIC		470613	74436229				.006322	41
44 LABORATORY		464718	73664845				.006309	44
46 WHOLE BLOOD & PACKED RED BLOO		51039	13388506				.003812	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		483858	39555683				.012232	49
50 PHYSICAL THERAPY		2288108	57609631				.039717	50
53.01 CARDIAC CATH LAB		1784545	47235546				.037780	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1430314	125499057				.011397	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		708920	102148969				.006940	56
58 ASC (NON-DISTINCT PART)		338250	6886063				.049121	58
59 ACUTE DIALYSIS		32879	1364491				.024096	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		853364	49822251				.017128	61
61.01 SLEEP LAB		190393	4884186				.038982	61.01
61.02 BRONCH & GASTRO LAB		642187	21779936				.029485	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		168575	6169862				.027322	62
62.01 OBSERVATION BEDS-DISTINCT		233518	9861031				.023681	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		14046605	738899798					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		75094819					37
38 RECOVERY ROOM		13281445					38
39 DELIVERY ROOM & LABOR ROOM		12371002					39
40 ANESTHESIOLOGY		3846246					40
41 RADIOLOGY-DIAGNOSTIC		74436229					41
44 LABORATORY		73664845					44
46 WHOLE BLOOD & PACKED RED BLOO		13388506					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39555683					49
50 PHYSICAL THERAPY		57609631					50
53.01 CARDIAC CATH LAB		47235546					53.01
55 MEDICAL SUPPLIES CHARGED TO P		125499057					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		102148969					56
58 ASC (NON-DISTINCT PART)		6886063					58
59 ACUTE DIALYSIS		1364491					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		49822251					61
61.01 SLEEP LAB		4884186					61.01
61.02 BRONCH & GASTRO LAB		21779936					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		6169862					62
62.01 OBSERVATION BEDS-DISTINCT		9861031					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		738899798					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	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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)	59602	4634					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59602	4634					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59602	4634					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)	21273	2092					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	48202877	2946311					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	48202877	2946311					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	99833763	6948346					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99833763	6948346					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.482831	.424031					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1675.01	1499.43					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	48202877	2946311					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	808.75	635.80				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17204539	1330094				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17204539	1330094				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
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
43.01 NEONATAL ICU	7361806	7589	970.06			43.01
44 CORONARY CARE UNIT	4592933	3398	1351.66	1112	1503046	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	4902832	3240	1513.22	787	1190904	46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	39192869	1029032				48
49 TOTAL PROGRAM INPATIENT COSTS	59091358	2359126				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2385643	96002				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2530769	98516				51
52 TOTAL PROGRAM EXCLUDABLE COST	4916412	194518				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	54174946	2164608				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						
	1	1	1	1	1	
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
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					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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		1675			83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		808.75			84
85	OBSERVATION BED COST		1354656			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	48202877		1354656		86
87	NEW CAPITAL-RELATED COST	5998411	.124441	1354656	168575	87
88	NON PHYSICIAN ANESTHETIST	48202877		1354656		88
89	MEDICAL EDUCATION	48202877		1354656		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)	59602	4634				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	59602	4634				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59602	4634				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)	9629	313				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	4034					15
16 TITLE V OR XIX NURSERY DAYS	1515					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							
17		1	1	1	1	1	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	48202877	2924918					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	48202877	2924918					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	99833763	6948346					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	99833763	6948346					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.482831	.420952					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1675.01	1499.43					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	48202877	2924918					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	808.75	631.19					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7787454	197562					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7787454	197562					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)	1762044	4034	436.80	1515	661752	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT							43
43.01	NEONATAL ICU	7361806	7589	970.06	4930	4782396	43.01	
44	CORONARY CARE UNIT	4592933	3398	1351.66	124	167606	44	
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT	4902832	3240	1513.22	435	658251	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	14057459	197562					49
		PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1384179	14364					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	1384179	14364					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	12673280						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		28				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 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/21/2009 15:35

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	1675	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	808.75	84
85 OBSERVATION BED COST	1354656	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		48202877		1354656		86
87 NEW CAPITAL-RELATED COST	5998411	48202877	.124441	1354656	168575	87
88 NON PHYSICIAN ANESTHETIST		48202877		1354656		88
89 MEDICAL EDUCATION		48202877		1354656		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		36333236		25
26.01 NEONATAL ICU				26.01
27 CORONARY CARE UNIT		5825707		27
29 SURGICAL INTENSIVE CARE UNIT		4118257		29
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.412485	16493253	6803219	37
38 RECOVERY ROOM	.160048	2788136	446236	38
39 DELIVERY ROOM & LABOR ROOM	.300216	47724	14328	39
40 ANESTHESIOLOGY	.252705	257731	65130	40
41 RADIOLOGY-DIAGNOSTIC	.313402	15278351	4788266	41
44 LABORATORY	.313454	19563954	6132400	44
46 WHOLE BLOOD & PACKED RED BLOOD	.172831	5052886	873295	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.121589	11828714	1438242	49
50 PHYSICAL THERAPY	.328363	3655203	1200233	50
53.01 CARDIAC CATH LAB	.168737	11008571	1857553	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.289900	33209245	9627360	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.142617	27985228	3991169	56
58 ASC (NON-DISTINCT PART)	.313261			58
59 ACUTE DIALYSIS	.405562			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.224938	6944002	1561970	61
61.01 SLEEP LAB	.282096			61.01
61.02 BRONCH & GASTRO LAB	.158496	1620932	256911	61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.219560	621956	136557	62
62.01 OBSERVATION BEDS-DISTINCT	.241514			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		156355886	39192869	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		156355886		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		3137376		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.412485	19023	7847	37
38 RECOVERY ROOM	.160048	4740	759	38
39 DELIVERY ROOM & LABOR ROOM	.300216			39
40 ANESTHESIOLOGY	.252705			40
41 RADIOLOGY-DIAGNOSTIC	.313402	231823	72654	41
44 LABORATORY	.313454	230929	72386	44
46 WHOLE BLOOD & PACKED RED BLOOD	.172831	32287	5580	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.121589	125301	15235	49
50 PHYSICAL THERAPY	.328363	2119086	695829	50
53.01 CARDIAC CATH LAB	.168737	43181	7286	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.289900	93783	27188	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.142617	866891	123633	56
58 ASC (NON-DISTINCT PART)	.313261			58
59 ACUTE DIALYSIS	.405562			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.224938	1283	289	61
61.01 SLEEP LAB	.282096			61.01
61.02 BRONCH & GASTRO LAB	.158496	2180	346	61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.219560			62
62.01 OBSERVATION BEDS-DISTINCT	.241514			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3770507	1029032	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3770507		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	.412485		37
38 RECOVERY ROOM	.160048		38
39 DELIVERY ROOM & LABOR ROOM	.300216		39
40 ANESTHESIOLOGY	.252705		40
41 RADIOLOGY-DIAGNOSTIC	.313402		41
44 LABORATORY	.313454		44
46 WHOLE BLOOD & PACKED RED BLOOD	.172831		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.121589		49
50 PHYSICAL THERAPY	.328363		50
53.01 CARDIAC CATH LAB	.168737		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.289900		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.142617		56
58 ASC (NON-DISTINCT PART)	.313261		58
59 ACUTE DIALYSIS	.405562		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.224938		61
61.01 SLEEP LAB	.282096		61.01
61.02 BRONCH & GASTRO LAB	.158496		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.219560		62
62.01 OBSERVATION BEDS-DISTINCT	.241514		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	.412309		37
38 RECOVERY ROOM	.160048		38
39 DELIVERY ROOM & LABOR ROOM	.300216		39
40 ANESTHESIOLOGY	.252705		40
41 RADIOLOGY-DIAGNOSTIC	.313402		41
44 LABORATORY	.313454		44
46 WHOLE BLOOD & PACKED RED BLOOD	.172831		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.121518		49
50 PHYSICAL THERAPY	.327878		50
53.01 CARDIAC CATH LAB	.165267		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.289900		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.142617		56
58 ASC (NON-DISTINCT PART)	.310610		58
59 ACUTE DIALYSIS	.405562		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.222489		61
61.01 SLEEP LAB	.279643		61.01
61.02 BRONCH & GASTRO LAB	.158496		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.219560		62
62.01 OBSERVATION BEDS-DISTINCT	.241514		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	22424816					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11212408					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11212408					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	4609856					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4609856					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	9219713					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	2072445					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	279.11					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	29.04					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	38.81					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..	32.29					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	30.30					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	31.63	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	0.113324				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.135076				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	0.113324				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1621783				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	949162				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]	1225703				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3796648 689851 4486499				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0340				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2270				4.01
4.02	SUM OF 4 AND 4.01	0.2610				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1075				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4821335				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	56229911				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	56229911				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4269516				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1191051				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	61690478				16
17	PRIMARY PAYER PAYMENTS	66582				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	61623896				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3889850				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	98132				20
21	REIMBURSABLE BAD DEBTS	598224				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	418757				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	556635				21.02
22	SUBTOTAL	58054671				22

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	9252			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14119338			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	12039519			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				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	9252			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	64873			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	64873			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	64873			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	55621			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9252			17
17.01 TOTAL PPS PAYMENTS	12039519			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	2737639		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	9311132		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	274138		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9585270		23
24 PRIMARY PAYER PAYMENTS	167		24
25 SUBTOTAL	9585103		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	489217		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	342452		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	466138		27.02
28 SUBTOTAL	9927555		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)	20		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	9927535		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9827995		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	99540		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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			18.01
LINE 17.01			
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
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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		56321284		9307273	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.		1313437		461771	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01	02/20/2009	273565	02/20/2009	14199	3.01
TO .02			05/22/2009	44752	3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50	05/22/2009	379128			3.50
PROVIDER .51					3.51
TO .52				NONE	3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-105563		58951	3.99
4 TOTAL INTERIM PAYMENTS		57529158		9827995	4
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		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		525513		99540	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		58054671		9927535	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 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		2562711		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	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROVIDER .53			3.54
	PROGRAM .54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2562711		4
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.				5.01
	PROGRAM .01			5.02
	TO .02	NONE	NONE	5.03
	PROVIDER .03			5.50
	PROVIDER .50			5.51
	TO .51	NONE	NONE	5.52
	PROGRAM .52			
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
	PROGRAM TO .01			6.02
	PROVIDER TO .02	-93404		
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		2469307		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)	2321317				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0319				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	141210				1.04
1.05	OUTLIER PAYMENTS	30992				1.05
1.06	TOTAL PPS PAYMENTS	2493519				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)	12.695890				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	2493519				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2493519				6
7	DEDUCTIBLES	5208				7
8	SUBTOTAL	2488311				8
9	COINSURANCE	21451				9
10	SUBTOTAL	2466860				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	3496				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	2447				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3496				11.02
12	SUBTOTAL	2469307				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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	2469307				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2562711				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-93404				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			NF I	
		HOSPITAL (14-0091) (PPS)	SUB I (14-T091) (OTHER)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
2	INPATIENT HOSPITAL/SNF/NF SERVICES		197562				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		197562				6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
10	SUBTOTAL		197562				9
11	COMPUTATION OF LESSER OF COST OR CHARGES						
12	ROUTINE SERVICE CHARGES						10
13	ANCILLARY SERVICE CHARGES						11
14	INTERNS AND RESIDENTS SERVICE CHARGES						12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
16	TEACHING PHYSICIANS						14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
18	TOTAL REASONABLE CHARGES						16
19	CUSTOMARY CHARGES						
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
23	ACCORDANCE WITH 42 CFR 413.13(E)						
24	RATIO OF LINE 17 TO LINE 18						19
25	TOTAL CUSTOMARY CHARGES						20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		197562				22
28	COST OF COVERED SERVICES		197562				23
29	PROSPECTIVE PAYMENT AMOUNT						
30	OTHER THAN OUTLIER PAYMENTS						24
31	OUTLIER PAYMENTS						25
32	PROGRAM CAPITAL PAYMENTS						26
33	CAPITAL EXCEPTION PAYMENTS						27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
36	SUBTOTAL		197562				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
38	LESSER OF LINES 30 OR 31		197562				32
39	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
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE 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

[XX] TITLE V [] 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	28.35 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)

[XX] TITLE V [] TITLE XVIII [] 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			4
5	TOTAL INPATIENT DAYS			5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			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			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	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

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/21/2009 15:35

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

WORKSHEET E-3
PART IV
(CONT)

[XX] TITLE V

[] TITLE XVIII

[] 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

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	28.35 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 28.35	28.35 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	39.27 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	28.35 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	36.99 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	0.89 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	37.88 3.09
3.10	SEE INSTRUCTIONS	27.34 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	5.64 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	5.96 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.01 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.87 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.87 3.16
3.17	SEE INSTRUCTIONS	72927.67 3.17
3.18	SEE INSTRUCTIONS	355158 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		27.36	3.19
3.20	SEE INSTRUCTIONS		32.51	3.20
3.21	SEE INSTRUCTIONS		28.86	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		28.86	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		72927.67	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		2104693	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		2459851	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		25264	4
5	TOTAL INPATIENT DAYS		76788	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.329010	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	809316 303908	1113224	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		9302	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		76788	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		255879	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 96086	96086	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	61450484	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	66582	15
16	TOTAL PART A REASONABLE COST	61383902	16
PART B REASONABLE COST			
17	REASONABLE COST	14128590	17
18	PRIMARY PAYER PAYMENTS	167	18
19	TOTAL PART B REASONABLE COST	14128423	19
20	TOTAL REASONABLE COST	75512325	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.812899	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.187101	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	1465189	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1191051	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	274138	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
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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	15431	4
5	TOTAL INPATIENT DAYS	76788	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.200956	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	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	76788	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	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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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

[XX] TITLE V [] 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
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	28.35
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	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)	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8
9	LINE 7 TIMES LINE 8	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13
14	UNADJUSTED IME FTE CAP	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	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)	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17
18	SEE INSTRUCTIONS	18
19	RESIDENT TO BED COUNT	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23

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)	28.35 2
3	UNADJUSTED DIRECT GME FTE CAP	28.35 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	28.35 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)	10.92 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	10.92 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	84588.40 8
9	LINE 7 TIMES LINE 8	923705 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.329010 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	303908 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	96086 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	29.04 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)	11.52 17
18	SEE INSTRUCTIONS	11.52 18
19	RESIDENT TO BED COUNT	.041274 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010900 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	44849632 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	18439425 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	689851 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	19000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	176592440			4
5 OTHER RECEIVABLES	2246253			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-119775503			6
7 INVENTORY	5148413			7
8 PREPAID EXPENSES	8471580			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	72702183			11
FIXED ASSETS				
12 LAND	485000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	700769			13
13.01 ACCUMULATED DEPRECIATION	-390717			13.01
14 BUILDINGS	10283821			14
14.01 ACCUMULATED DEPRECIATION	-1054822			14.01
15 LEASEHOLD IMPROVEMENTS	1953773			15
15.01 ACCUMULATED AMORTIZATION	-230312			15.01
16 FIXED EQUIPMENT	37821822			16
16.01 ACCUMULATED DEPRECIATION	-15313225			16.01
17 AUTOMOBILES AND TRUCKS	76797			17
17.01 ACCUMULATED DEPRECIATION	-46031			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	34286875			21
OTHER ASSETS				
22 INVESTMENTS	51654376			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	95090			25
26 TOTAL OTHER ASSETS	51749466			26
27 TOTAL ASSETS	158738524			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15774525			28
29 SALARIES, WAGES & FEES PAYABLE	14312752			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	73823371			35
36 TOTAL CURRENT LIABILITIES	103910648			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	103910648			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	54827876			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	54827876			51
52 TOTAL LIABILITIES AND FUND BALANCES	158738524			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	306622164			1
2 NET INCOME (LOSS)	30567847			2
3 TOTAL	337190011			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED GAIN	23000			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	23000			10
11 SUBTOTAL	337213011			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	282385135			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	282385135			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	54827876			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	119586855		119586855	2
4 SUBPROVIDER I	6948346		6948346	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	126535201		126535201	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT				11
12 NEONATAL ICU	15382519		15382519	12
13 CORONARY CARE UNIT	13405591		13405591	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT	13810834		13810834	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	42598944		42598944	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	169134145		169134145	18
18.50 ANCILLARY SERVICES	458386980		458386980	18.50
18.60 OUTPATIENT SERVICES		279897292	279897292	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		3749343	3749343	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE	310685	5433428	5744113	25
TOTAL PATIENT REVENUES	627831810	289080063	916911873	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		328096341	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	18058510		28
29 ROUNDING	546		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		18059056	33
34 DEDUCT (SPECIFY)			34
35 INCOME TAX	-47590		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-47590		39
40 TOTAL OPERATING EXPENSES		346107807	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	916911873	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	550981368	2
3	NET PATIENT REVENUES	365930505	3
4	LESS - TOTAL OPERATING EXPENSES	346107807	4
5	NET INCOME FROM SERVICE TO PATIENTS	19822698	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	754514	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	627707	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1325228	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	234740	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	62350	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MGMT AND INTERNAL	13900962	24
24.01	OTHER	6738208	24.01
25	TOTAL OTHER INCOME	23643709	25
26	TOTAL	43466407	26
27	LOSSES	12850967	27
27.01	INCOME TAXES	47590	27.01
27.02	OTHER	3	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	12898560	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	30567847	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	920394	276610	884		1149239	2347127 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1168165	214520	155489		10027	1548201 6
7 PHYSICAL THERAPY	386946	78536	72706		30713	568901 7
8 OCCUPATIONAL THERAPY	102037	11578	24277		9387	147279 8
9 SPEECH PATHOLOGY	6283	1141	1677			9101 9
10 MEDICAL SOCIAL SERVICES	15661	4420	1903			21984 10
11 HOME HEALTH AIDE	35803	11649	22759		23	70234 11
12 SUPPLIES					21473	21473 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	2635289	598454	279695		1220862	4734300 24

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	-778592	1568535	-694574	873961	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		1548201		1548201	6
7 PHYSICAL THERAPY		568901		568901	7
8 OCCUPATIONAL THERAPY		147279		147279	8
9 SPEECH PATHOLOGY		9101		9101	9
10 MEDICAL SOCIAL SERVICES		21984		21984	10
11 HOME HEALTH AIDE		70234		70234	11
12 SUPPLIES		21473		21473	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	-778592	3955708	-694574	3261134	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	873961					873961	873961	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1548201					1548201	566808	2115009 6
7 PHYSICAL THERAPY	568901					568901	208279	777180 7
8 OCCUPATIONAL THERAPY	147279					147279	53920	201199 8
9 SPEECH PATHOLOGY	9101					9101	3332	12433 9
10 MEDICAL SOCIAL SERVICES	21984					21984	8048	30032 10
11 HOME HEALTH AIDE	70234					70234	25713	95947 11
12 SUPPLIES	21473					21473	7861	29334 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	3261134					3261134		3261134 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	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 HHA REIMBURSABLE SERVICES					-873961	2387173	5
6 SKILLED NURSING CARE						1548201	6
7 PHYSICAL THERAPY						568901	7
8 OCCUPATIONAL THERAPY						147279	8
9 SPEECH PATHOLOGY						9101	9
10 MEDICAL SOCIAL SERVICES						21984	10
11 HOME HEALTH AIDE						70234	11
12 SUPPLIES						21473	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					-873961	2387173	24
25 COST TO BE ALLOC (PER W/S H)						873961	25
26 UNIT COST MULTIPLIER						.366107	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	262260			1
2 SKILLED NURSING CARE	2429103	170253	2599356	2
3 PHYSICAL THERAPY	890818	62437	953255	3
4 OCCUPATIONAL THERAPY	230696	16169	246865	4
5 SPEECH PATHOLOGY	14255	999	15254	5
6 MEDICAL SOCIAL SERVICES	34453	2415	36868	6
7 HOME HEALTH AIDE	109472	7673	117145	7
8 SUPPLIES	33009	2314	35323	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	4004066	262260	4004066	20
21 UNIT COST MULTIPLIER		.070089		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 PROC SSING INVOICES 6.02	FOUNDATION OVERHEAD TOTAL COST 6.03
1 ADMINISTRATIVE AND GENERAL				100159	427429	160	46385	1
2 SKILLED NURSING CARE					1168165			2
3 PHYSICAL THERAPY					386946			3
4 OCCUPATIONAL THERAPY					102037			4
5 SPEECH PATHOLOGY					6283			5
6 MEDICAL SOCIAL SERVICES					15661			6
7 HOME HEALTH AIDE					35803			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				100159	2142324	160	46385	20
21 TOTAL COST TO BE ALLOCATED				99592	80084		117493	21
22 UNIT COST MULTIPLIER					.037382		2.532996	22
22 UNIT COST MULTIPLIER				.994339				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- CILIATION 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 FT HOUSEKEEPI 10
1 ADMINISTRATIVE AND GENERAL				233063				1
2 SKILLED NURSING CARE				2158678				2
3 PHYSICAL THERAPY				791645				3
4 OCCUPATIONAL THERAPY				205013				4
5 SPEECH PATHOLOGY				12668				5
6 MEDICAL SOCIAL SERVICES				30617				6
7 HOME HEALTH AIDE				97285				7
8 SUPPLIES				29334				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				3558303				20
21 TOTAL COST TO BE ALLOCATED				445763				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				.125274				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	2599356		2599356	14023	185.36	1
2	PHYSICAL THERAPY	3	953255		953255	5214	182.83	2
3	OCCUPATIONAL THERAPY	4	246865		246865	1666	148.18	3
4	SPEECH PATHOLOGY	5	15254		15254	83	183.78	4
5	MEDICAL SOCIAL SERV	6	36868		36868	126	292.60	5
6	HOME HEALTH AIDE SERV	7	117145		117145	1201	97.54	6
7	TOTAL		3968743		3968743	22313		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	35323		35323	123125	.286887	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 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 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

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11	12		
1	SKILLED NURSING CARE	3756	2747		696212	509184		1205396	1	
2	PHYSICAL THERAPY	1791	1026		327449	187584		515033	2	
3	OCCUPATIONAL THERAPY	595	409		88167	60606		148773	3	
4	SPEECH PATHOLOGY	23	5		4227	919		5146	4	
5	MEDICAL SOCIAL SERV	26	39		7608	11411		19019	5	
6	HOME HEALTH AIDE SERV	260	748		25360	72960		98320	6	
7	TOTAL	6451	4974		1149023	842664		1991687	7	

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11	12		
8	SKILLED NURSING CARE							8		
8.01	SKILLED NURSING CARE							8.01		
8.02	SKILLED NURSING CARE							8.02		
8.03	SKILLED NURSING CARE							8.03		
9	PHYSICAL THERAPY							9		
9.01	PHYSICAL THERAPY							9.01		
9.02	PHYSICAL THERAPY							9.02		
9.03	PHYSICAL THERAPY							9.03		
10	OCCUPATIONAL THERAPY							10		
10.01	OCCUPATIONAL THERAPY							10.01		
10.02	OCCUPATIONAL THERAPY							10.02		
10.03	OCCUPATIONAL THERAPY							10.03		
11	SPEECH PATHOLOGY							11		
11.01	SPEECH PATHOLOGY							11.01		
11.02	SPEECH PATHOLOGY							11.02		
11.03	SPEECH PATHOLOGY							11.03		
12	MEDICAL SOCIAL SERV							12		
12.01	MEDICAL SOCIAL SERV							12.01		
12.02	MEDICAL SOCIAL SERV							12.02		
12.03	MEDICAL SOCIAL SERV							12.03		
13	HOME HEALTH AIDE SERV							13		
13.01	HOME HEALTH AIDE SERV							13.01		
13.02	HOME HEALTH AIDE SERV							13.02		
13.03	HOME HEALTH AIDE SERV							13.03		
14	TOTAL							14		

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	5	
1	PHYSICAL THERAPY 50	.327878			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.289900			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30				COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.142617			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	182.83	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	148.18						2
3	SPEECH PATHOLOGY 4	183.78						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	
REASONABLE COST OF PROGRAM SERVICES				1
1 REASONABLE COST OF SERVICES				
2 TOTAL CHARGES	1005842	1467614		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	1005842	1467614		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1005842	1467614		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 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1164487	814709	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2935	5037	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11482	12797	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	13751	10441	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	75	810	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	1192730	843794	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1192730	843794	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1192730	843794	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1192730	843794	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	1192730	843794	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1192730	843794	24
25 TOTAL INTERIM PAYMENTS	1192730	843794	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		1192730		843794	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					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1192730		843794	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				5.01
	TO	NONE		NONE	5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO	NONE		NONE	5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1192730		843794	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	277880		2403		2271533	2551816
7 INPATIENT CARE SERVICE						7
8 INPATIENT - GENERAL CARE						8
9 INPATIENT - RESPITE CARE						9
10 VISITING SERVICES						10
10.20 NURSING CARE	764750		74587		168937	1008274
11 NURSING CARE-CONTINUOUS HOME CARE						10.20
12 PHYSICAL THERAPY			979		378	1357
13 OCCUPATIONAL THERAPY						12
14 SPEECH/LANGUAGE PATHOLOGY						13
15 MEDICAL SOCIAL SERVICES	92821		10147		28271	131239
16 SPIRITUAL COUNSELING	92236		18426		25437	136099
17 DIETARY COUNSELING						16
18 COUNSELING - OTHER						17
18.20 HOME HEALTH AIDE AND HOMEMAKER	114399		41412		43495	199306
19 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
20 OTHER						19
20.30 OTHER HOSPICE SERVICE COSTS						20
21 DRUGS, BIOLOGICAL & INFUSION THERAPY						20.30
22 ANALGESICS						20.30
23 SEDATIVES / HYPNOTICS						20.31
24 OTHER - SPECIFY						20.32
25 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
26 PATIENT TRANSPORTATION						22
27 IMAGING SERVICES						23
28 LABS AND DIAGNOSTICS						24
29 MEDICAL SUPPLIES						25
30 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
31 RADIATION THERAPY						27
32 CHEMOTHERAPY						28
33 OTHER						29
34 HOSPICE NONREIMBURSABLE SERVICE						
BEREAVEMENT PROGRAM COSTS	29154				32783	61937
VOLUNTEER PROGRAM COSTS	36588		300		15359	52247
FUNDRAISING						32
OTHER PROGRAM COSTS						33
TOTAL	1407828		148254		2586193	4142275

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
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	302524	2854340	-684478	2169862	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		1008274		1008274	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY		1357		1357	11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		131239		131239	14
15 SPIRITUAL COUNSELING		136099		136099	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		199306		199306	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		61937		61937	30
31 VOLUNTEER PROGRAM COSTS		52247		52247	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	302524	4444799	-684478	3760321	34

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	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	114670		135431				27779	277880
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE				764750				764750
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		92821						92821
19	SPIRITUAL COUNSELING							92236	92236
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOME MAKER						114399		114399
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
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								30
40	BEREAVEMENT PROGRAM COSTS							29154	29154
41	VOLUNTEER PROGRAM COSTS							36588	36588
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL	114670	92821	135431	764750		114399	185757	1407828

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	2169862						2169862	2169862	6
7									7
8									8
9									9
10	1008274						1008274	1375587	2383861
10.20									10.20
11	1357						1357	1851	3208
12									12
13									13
14	131239						131239	179049	310288
15	136099						136099	185680	321779
16									16
17									17
18	199306						199306	271913	471219
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	61937						61937	84501	146438
31	52247						52247	71281	123528
32									32
33									33
34	3760321						3760321		3760321

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	231566			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE	2721304	146934	2868238	5
5.20 NURSING CARE-CONTINUOUS HOM				5.20
6 PHYSICAL THERAPY	3610	195	3805	6
7 OCCUPATIONAL THERAPY				7
8 SPEECH/LANGUAGE PATHOLOGY				8
9 MEDICAL SOCIAL SERV. - DIRE	353869	19107	372976	9
10 SPIRITUAL COUNSELING	366771	19803	386574	10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS	536056	28944	565000	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	166263	8977	175240	25
26 VOLUNTEER PROGRAM COSTS	140860	7606	148466	26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTALS	4520299		4520299	29
30 UNIT COST MULTIPLIER		.053994		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				76022	277881	60	46452	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					764750			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					92821			9
10 SPIRITUAL COUNSELING					92236			10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					114399			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					29154			25
26 VOLUNTEER PROGRAM COSTS					36588			26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				76022	1407829	60	46452	29
30 TOTAL COST TO BE ALLOCATED				75591	63490		117663	30
31 UNIT COST MULTIPLIER					.045098		2.533002	31
31 UNIT COST MULTIPLIER				.994331				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.	NURSING	I&R SERVIC	I&R SERVIC	PARAMED	
	ANESTHET.	SCHOOL	ES-SALARY	ES-OTHER P	EDUCATION	
	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
	TIME	TIME	TIME	TIME	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

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	0.327878	1
2	OCCUPATIONAL THERAPY	51		2
3	SPEECH/LANGUAGE PATHOLOGY	52		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.142617	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.313454	6
7	MEDICAL SUPPLIES	55	0.289900	7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.222489	8
8.01	SLEEP LAB	61.01	0.279643	8.01
8.02	BRONCH & GASTRO LAB	61.02	0.158496	8.02
8.03	SURGICENTER	61.03		8.03
9	RADIATION THERAPY	41	0.313402	9
10	ACUTE DIALYSIS	59	0.405562	10
11	TOTALS			11

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/21/2009 15:35

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				4520299	1
2 TOTAL UNDUPLICATED DAYS				36715	2
3 AGGREGATE COST PER DIEM				123.12	3
4 UNDUPLICATED MEDICARE DAYS	32753				4
5 AGGREGATE MEDICARE COST	4032549				5
6 UNDUPLICATED MEDICAID DAYS		1502			6
7 AGGREGATE MEDICAID COST		184926			7
8 UNDUPLICATED SNF DAYS	11543				8
9 AGGREGATE SNF COST	1421174				9
10 UNDUPLICATED NF DAYS		344			10
11 AGGREGATE NF COST		42353			11
12 OTHER UNDUPLICATED DAYS			2460		12
13 AGGREGATE COST FOR OTHER DAYS			302875		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0091)	HOSPITAL (14-0091)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3721826				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	4269516				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)	HOSPITAL (14-0091)	SUB I	SUB II	SUB III
	1	1.01			
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 DISPROPORTIONATE SHARE ADJUSTMENT				4.03
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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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	35.69		16.16				51.85 25
26.01 NEONATAL ICU			64.96				64.96 26.01
27 CORONARY CARE UNIT	32.73		3.65				36.38 27
29 SURGICAL INTENSIVE CARE UNIT	24.29		13.43				37.72 29
33 NURSERY			37.56				37.56 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	21.96	8.14					30.10 37
38 RECOVERY ROOM	20.99	6.94					27.93 38
39 DELIVERY ROOM & LABOR ROOM	0.39	0.04					0.43 39
40 ANESTHESIOLOGY	6.70	1.51					8.21 40
41 RADIOLOGY-DIAGNOSTIC	20.53	5.92					26.45 41
44 LABORATORY	26.56	3.39					29.95 44
46 WHOLE BLOOD & PACKED RED BLOOD	37.74	1.78					39.52 46
49 RESPIRATORY THERAPY	29.90	0.74					30.64 49
50 PHYSICAL THERAPY	6.34	6.88					13.22 50
53.01 CARDIAC CATH LAB	23.31	17.32					40.63 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	26.46	8.47					34.93 55
56 DRUGS CHARGED TO PATIENTS	27.40	3.85					31.25 56
58 ASC (NON-DISTINCT PART)		16.28					16.28 58
61 EMERGENCY	13.94	10.99					24.93 61
61.01 SLEEP LAB		14.61					14.61 61.01
61.02 BRONCH & GASTRO LAB	7.44	16.68					24.12 61.02
62 OBSERVATION BEDS (NON-DISTINCT)	10.08	39.44					49.52 62
62.01 OBSERVATION BEDS-DISTINCT		0.85					0.85 62.01
101 TOTAL CHARGES	17.50	6.12					23.62 101

***** 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	45.14		6.75				51.89 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.04						0.04 38
41 RADIOLOGY-DIAGNOSTIC	0.31						0.31 41
44 LABORATORY	0.31						0.31 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.24						0.24 46
49 RESPIRATORY THERAPY	0.32						0.32 49
50 PHYSICAL THERAPY	3.68						3.68 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	0.85						0.85 56
61.02 BRONCH & GASTRO LAB	0.01						0.01 61.02
101 TOTAL CHARGES	0.42						0.42 101

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	18842497	6.10	-18842497	-17.96		3
4	NEW CAP REL COSTS-MVBLE EQUIP	14017849	4.54	-14017849	-13.36		4
5	EMPLOYEE BENEFITS	3873716	1.25	-3873716	-3.69		5
6.01	NON-PATIENT TELEPHONE						6.01
6.02	DATA PROCESSING	7840874	2.54	-7840874	-7.47		6.02
6.03	FOUNDATION OVERHEAD	8771967	2.84	-8771967	-8.36		6.03
6.04	ADMITTING	1835232	.59	-1835232	-1.75		6.04
6.05	SHARED ADMINISTRATIVE & GENERAL	13895592	4.50	-13895592	-13.24		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	6331571	2.05	-6331571	-6.03		6.06
7	MAINTENANCE & REPAIRS	6468860	2.10	-6468860	-6.17		7
8	OPERATION OF PLANT	4635100	1.50	-4635100	-4.42		8
9	LAUNDRY & LINEN SERVICE	249712	.08	-249712	-.24		9
10	HOUSEKEEPING	3151353	1.02	-3151353	-3.00		10
11	DIETARY	1396071	.45	-1396071	-1.33		11
12	CAFETERIA	620704	.20	-620704	-.59		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2564246	.83	-2564246	-2.44		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	5254493	1.70	-5254493	-5.01		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	2450658	.79	-2450658	-2.34		22
23	I&R SERVICES-OTHER PRGM COSTS A	2724742	.88	-2724742	-2.60		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	25640889	8.31	28092182	26.77	53733071	17.40
26.01	NEONATAL ICU	5345110	1.73	2382831	2.27	7727941	2.50
27	CORONARY CARE UNIT	2826666	.92	1756995	1.67	4583661	1.48
29	SURGICAL INTENSIVE CARE UNIT	3123365	1.01	1762840	1.68	4886205	1.58
31	SUBPROVIDER I	1919423	.62	1005495	.96	2924918	.95
33	NURSERY	1425198	.46	521971	.50	1947169	.63
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	21343798	6.91	9618505	9.17	30962303	10.03
38	RECOVERY ROOM	1415343	.46	710330	.68	2125673	.69
39	DELIVERY ROOM & LABOR ROOM	3097113	1.00	616855	.59	3713968	1.20
40	ANESTHESIOLOGY	772797	.25	199167	.19	971964	.31
41	RADIOLOGY-DIAGNOSTIC	20018943	6.48	3309504	3.15	23328447	7.56
44	LABORATORY	19815997	6.42	3274551	3.12	23090548	7.48
46	WHOLE BLOOD & PACKED RED BLOOD	1928401	.62	385545	.37	2313946	.75
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	3063137	.99	1743600	1.66	4806737	1.56
50	PHYSICAL THERAPY	13148998	4.26	5739908	5.47	18888906	6.12

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.19 STRATUM							98.19
99.01 BROMENN DME							99.01
99.02 TELEMEDICINE	139663	.05	115960	.11	255623	.08	99.02
99.04 NORTH GARAGE	223302	.07	40188	.04	263490	.09	99.04
99.05 HOME INFUSION	2779645	.90	476716	.45	3256361	1.05	99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED	3612816	1.17	908667	.87	4521483	1.46	99.07
99.08 EMERGENCY MEDICAL SERVICES	274221	.09	61180	.06	335401	.11	99.08
100 UNDERGRADUATE MEDICAL EDUCATION	14899		178942	.17	193841	.06	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	308729473	100.00	0	.00	308729473	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3581876	75094819	.047698	16493253	786695	37
38 RECOVERY ROOM	180130	13281445	.013563	2788136	37815	38
39 DELIVERY ROOM & LABOR ROOM	76297	12371002	.006167	47724	294	39
40 ANESTHESIOLOGY	67021	3846246	.017425	257731	4491	40
41 RADIOLOGY-DIAGNOSTIC	470613	74436229	.006322	15278351	96590	41
44 LABORATORY	464718	73664845	.006309	19563954	123429	44
46 WHOLE BLOOD & PACKED RED BLOOD	51039	13388506	.003812	5052886	19262	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	483858	39555683	.012232	11828714	144689	49
50 PHYSICAL THERAPY	2288108	57609631	.039717	3655203	145174	50
53.01 CARDIAC CATH LAB	1784545	47235546	.037780	11008571	415904	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1430314	125499057	.011397	33209245	378486	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	708920	102148969	.006940	27985228	194217	56
58 ASC (NON-DISTINCT PART)	338250	6886063	.049121			58
59 ACUTE DIALYSIS	32879	1364491	.024096			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	853364	49822251	.017128	6944002	118937	61
61.01 SLEEP LAB	190393	4884186	.038982			61.01
61.02 BRONCH & GASTRO LAB	642187	21779936	.029485	1620932	47793	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT	168575	6169862	.027322	621956	16993	62
62.01 OBSERVATION BEDS-DISTINCT	233518	9861031	.023681			62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	14046605	738899798		156355886	2530769	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	1	2	3	4	5	6	7
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
						DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	5998411		5998411	59602	100.64	21273	2140915 25
26.01 NEONATAL ICU	502344		502344	7589	66.19		26.01
27 CORONARY CARE UNIT	455313		455313	3398	133.99	1112	148997 27
29 SURGICAL INTENSIVE CARE UNIT	394127		394127	3240	121.64	787	95731 29
101 TOTAL	7350195		7350195			23172	2385643 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2385643

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2530769

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4916412

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)	54174946
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	202633086
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.267

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))	2359126
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	6930235
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.340

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)	4916412
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	12819556
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	50752053
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.253