

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 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	361015	651919	4	1
2	SUBPROVIDER I	65768			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	426783	651919		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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: IL

P.O. BOX:
 ZIP CODE: 61801-2595 COUNTY: CHAMPAIGN

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009	TO: 06/30/2010	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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	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
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.					21.08
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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
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
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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? NO 36
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? NO 36.01
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 37
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? NO 37.01

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 04H077 40
 40.01 NAME: THE CARLE FOUNDATION FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 611 W. PARK ST. P.O. BOX: 40.02
 40.03 CITY: STATE: IL ZIP CODE: 61801 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? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 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 NCMQ 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)?						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.						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: 6373904						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.						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.						55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO	NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
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)		YES	10/05/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V	XVIII	XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5488	3967	20236	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		5488	3967	20236	12
13 RPCH VISITS					13
14 SUBPROVIDER I		177	48	452	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.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	116362560		116362560	4496779.00	25.88		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A	1348483		1348483	9604.00	140.41	A-8-2	4
6 4.01 TEACHING PHYSICIAN SALARIES							4.01
7 PHYSICIAN - PART B							5
8 5.01 NON-PHYSICIAN - PART B							5.01
9 6 INTERNS & RESIDENTS (IN APPR PGM)	2684479		2684479	96173.00	27.91	LDR	6
10 6.01 CONTRACT SERVICES, I&R							6.01
11 HOME OFFICE PERSONNEL							7
12 8 SNF							8
13 8.01 EXCLUDED AREA SALARIES	9034750		9034750	311552.00	29.00	WP	8.01
14 OTHER WAGES & RELATED COSTS							
15 9 CONTRACT LABOR	882935		882935	12461.50	70.85	INVOICE ANALYSI	9
16 9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
17 9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
18 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
19 10 CONTRACT LABOR: PHYSICIAN PART A	3946661		3946661	64079.00	61.59	WP AND STAND BY	10
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT	1268489		1268489	9160.00	138.48	AVG RATE	10.01
21 11 HOME OFFICE SALARIES & WAGE REL COSTS	5180296		5180296	29484.40	175.70	HO CR	11
22 12 HOME OFFICE: PHYSICIAN PART A							12
23 12.01 TEACHING PHYSICIAN SALARIES							12.01
24 WAGE-RELATED COSTS							
25 13 WAGE RELATED COSTS (CORE)	29850721		29850721			CMS 339	13
26 14 WAGE RELATED COSTS (OTHER)						CMS 339	14
27 15 EXCLUDED AREAS	2405180		2405180			CMS 339	15
28 16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
29 17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
30 18 PHYSICIAN PART A	147153		147153			CMS 339	18
31 18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
32 19 PHYSICIAN PART B						CMS 339	19
33 19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
34 20 INTERNS & RESIDENTS (IN APPR PGM)	588980		588980			CMS 339	20
35 OVERHEAD COSTS - DIRECT SALARIES							
36 21 EMPLOYEE BENEFITS	816229	-816229					21
37 22 ADMINISTRATIVE & GENERAL	17958834	816229	18775063	643490.00	29.18		22
38 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	3529555		3529555	53613.33	65.83		22.01
39 23 MAINTENANCE & REPAIRS	1492368		1492368	63481.00	23.51		23
40 24 OPERATION OF PLANT	453010		453010	22391.00	20.23		24
41 25 LAUNDRY & LINEN SERVICE	217403		217403	17366.00	12.52		25
42 26 HOUSEKEEPING	2553289		2553289	207640.00	12.30		26
43 26.01 HOUSEKEEPING UNDER CONTRACT							26.01
44 27 DIETARY	1733811	-831927	901884	65406.00	13.79		27
45 27.01 DIETARY UNDER CONTRACT							27.01
46 28 CAFETERIA		831927	831927	60333.00	13.79		28
47 29 MAINTENANCE OF PERSONNEL							29
48 30 NURSING ADMINISTRATION	970521		970521	3315.00	292.77		30
49 31 CENTRAL SERVICES AND SUPPLY							31
50 32 PHARMACY							32
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2219771		2219771	97161.00	22.85		33
52 34 SOCIAL SERVICE							34
53 35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	117207636		117207636	4454219.33	26.31		1
2 EXCLUDED AREA SALARIES	9034750		9034750	311552.00	29.00		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	108172886		108172886	4142667.33	26.11		3
4 SUBTOTAL OTHER WAGES & REL COSTS	11278381		11278381	115184.90	97.92		4
5 SUBTOTAL WAGE-RELATED COSTS	29997874		29997874		27.73%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	149449141		149449141	4257852.23	35.10		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	31944791		31944791	1234196.33	25.88		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		1902		304	2206	1
2 UNDUPLICATED CENSUS COUNT		791.00		1075.00	1866.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	4.75	.52	5.27	5
6 DIRECT NURSING SERVICE	15.65		15.65	6
7 NURSING SUPERVISOR	1.31		1.31	7
8 PHYSICAL THERAPY SERVICE	3.30		3.30	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.96		1.96	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.15		.15	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.26		.26	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.06		1.06	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				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
	21	SKILLED NURSING VISITS	5351	1110				
22	SKILLED NURSING VISIT CHARGES	802650	166500	92400	18450		1080000	22
23	PHYSICAL THERAPY VISITS	2019	24	67	43		2153	23
24	PHYSICAL THERAPY VISIT CHARGES	323040	3840	10720	6880		344480	24
25	OCCUPATIONAL THERAPY VISITS	794	4	31	18		847	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	127040	640	4960	2880		135520	26
27	SPEECH PATHOLOGY VISITS	52		1	1		54	27
28	SPEECH PATHOLOGY VISIT CHARGES	8320		160	160		8640	28
29	MEDICAL SOCIAL SERVICE VISITS	71	2	7	3		83	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	13135	370	1295	555		15355	30
31	HOME HEALTH AIDE VISITS	1012	121	4	8		1145	31
32	HOME HEALTH AIDE VISIT CHARGES	80960	9680	320	640		91600	32
33	TOTAL VISITS	9299	1261	726	196		11482	33
34	OTHER CHARGES	70155	3546	6555	917		81173	34
35	TOTAL CHARGES	1425300	184576	116410	30482		1756768	35
36	TOTAL NUMBER OF EPISODES	738		249	18		1005	36
37	TOTAL NUMBER OF OUTLIER EPISODES		23				23	37
38	TOTAL MEDICAL SUPPLY CHARGES	70155	3546	6555	917		81173	38

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
 11/29/2010 08:20

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	30515	1196	10527	350	1504	33215	2
3 INPATIENT RESPITE CARE	96					96	3
4 GENERAL INPATIENT CARE	351	13	7		25	389	4
5 TOTAL HOSPICE DAYS	30962	1209	10534	350	1529	33700	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	572	24	168	7	53	649	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	54.13	50.38	62.70	50.00	28.85	51.93	8
9 UNDUPLICATED CENSUS COUNT	474	18	131	4	48	540	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	42117851 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	42117851 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.251878 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	151276452 28
29	TOTAL GROSS MEDICAID COST	38103210 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	54274060 30
31	UNCOMPENSATED CARE COST	13670442 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	38103210 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
			1	2	3	4	5	6	7	
71	7100	HOME HEALTH AGENCY	2555966	1669980	4225946	-816859	3409087	-180584	3228503	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	1150805	2099537	3250342	343287	3593629	-179015	3414614	93
95		SUBTOTALS	112416646	219178735	331595381	-282450	331312931	-4185157	327127774	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	101551	179940	281491	-1187	280304		280304	96
97	9700	RESEARCH								97
98	9800	PHYSICIANS' PRIVATE OFFICES								98
98.01	9801	CHEMOTHERAPY RX	337461	-41105	296356		296356		296356	98.01
98.02	9802	RURAL HEALTH	451235	214554	665789	-2586	663203		663203	98.02
98.03	9803	ARBOURS RX								98.03
98.04	9804	FUND DEVELOPMENT								98.04
98.05	9805	MARKETING	373794	1375169	1748963	-7383	1741580		1741580	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	109881	232795	342676	-24578	318098	-38352	279746	98.11
98.12	9812	SOUTH PARKING GARAGE	63985	20798	84783	281369	366152	-15620	350532	98.12
98.13	9813	PARISH NRSG	25316	56169	81485		81485		81485	98.13
98.14	9814	COMM HLTH & WLNS	195949	2217386	2413335	-32416	2380919		2380919	98.14
98.15	9815	MOBILE CLINIC								98.15
98.16	9816	PALLIATIVE CARE		1873	1873		1873		1873	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	71905	65867	137772	-9736	128036		128036	99.02
99.04	9904	NORTH GARAGE	62187	35937	98124	351838	449962	-9080	440882	99.04
99.05	9905	HOME INFUSION	576546	2283387	2859933	323652	3183585	-154500	3029085	99.05
99.06	9906	MISSION RELATED								99.06
99.07	9907	GRANT RELATED	1411974	2857900	4269874	-596090	3673784	-93400	3580384	99.07
99.08	9908	EMERGENCY MEDICAL SERVICES	164130	78026	242156	-433	241723		241723	99.08
100	7950	UNDERGRADUATE MEDICAL EDUCATION		33846	33846		33846		33846	100
101		TOTAL	116362560	228791277	345153837		345153837	-4496109	340657728	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23		2775842	1
2						2
3 HHA HOME OFFICE	B	HOSPICE	93	293463	101727	3
4	B	HOME INFUSION	99.05	258214	89509	4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATION	C	SOUTH PARKING GARAGE	98.12		281369	6
7	C	NORTH GARAGE	99.04		351838	7
8						8
9 RESIDUAL DIALYSIS COST	D	ADULTS & PEDIATRICS	25	1294	321132	9
10						10
11 OBSTETRICS	E	NURSERY	33	833591	592155	11
12						12
13 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	39	2283727	1421805	13
14						14
15 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		575257	15
16	H	NEW CAP REL COSTS-MVBLE EQUIP	4		7109953	16
17	H					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				3670289	13620587	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 INTERNS AND RESIDENTS	A	I&R SERVICES-SALARY & FRINGES	22		2775842	1
2						2
3 HHA HOME OFFICE	B	HOME HEALTH AGENCY	71	551677	191236	3
4	B					4
5						5
6 NORTH AND SOUTH GARAGE DEPRECIATI	C	NEW CAP REL COSTS-BLDG & FIXT	3		633207	9
7	C					9
8						8
9 RESIDUAL DIALYSIS COST	D	ACUTE DIALYSIS	59	1294	321132	9
10						10
11 OBSTETRICS	E	ADULTS & PEDIATRICS	25	833591	592155	11
12						12
13 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	25	2283727	1421805	13
14						14
15 DEPRECIATION	H	DATA PROCESSING	6.02		3759535	9
16	H	ADMITTING	6.04		14407	9
17	H	SHARED ADMINISTRATIVE & GENER	6.05		190377	17
18	H	OTHER ADMINISTRATIVE & GENERA	6.06		148428	18
19	H	MAINTENANCE & REPAIRS	7		12473	19
20	H	HOUSEKEEPING	10		8883	20
21	H	DIETARY	11		14286	21
22	H	NURSING ADMINISTRATION	14		135664	22
23	H	MEDICAL RECORDS & LIBRARY	17		137077	23
24	H	ADULTS & PEDIATRICS	25		205375	24
25	H	NEONATAL ICU	26.01		108590	25
26	H	SURGICAL INTENSIVE CARE UNIT	29		23563	26
27	H	SUBPROVIDER I	31		3664	27
28	H	OPERATING ROOM	37		425039	28
29	H	RESPIRATORY THERAPY	49		50219	29
30	H	PHYSICAL THERAPY	50		350026	30
31	H	CARDIAC CATH LAB	53.01		390394	31
32	H	MEDICAL SUPPLIES CHARGED TO P	55		41675	32
33	H	ASC (NON-DISTINCT PART)	58		312821	33
34	H	EMERGENCY	61		19750	34
35	H	BRONCH & GASTRO LAB	61.02		441125	35
36 SUBTOTAL				3670289	12728748	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	H				19
20	H				20
21	H				21
22	H				22
23	H				23
24	H				24
25					25
26 HUMAN RESOURCES	M	SHARED ADMINISTRATIVE & GENER	6.05	816229	362536 26
27					27
28 MEDICAL RECORDS	N	MEDICAL RECORDS & LIBRARY	17		376044 28
29					29
30 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		26529036 30
31	O	IMPL. DEV. CHARGED TO PATIENT	55.30		12561365 31
32	O				32
33	O				33
34	O				34
35	O				35
36 SUBTOTAL				4486518	53449568 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10	
			LINE #	SALARY	OTHER		
	1		7	8	9		
1	H	HOME HEALTH AGENCY	71		73946	1	
2	H	HOSPICE	93		51903	2	
3	H	GIFT, FLOWER, COFFEE SHOP & C	96		1187	3	
4	H	RURAL HEALTH	98.02		2586	4	
5	H	MARKETING	98.05		7383	5	
6	H	CHAMPAIGN ASC	98.11		24578	6	
7	H	COMM HLTH & WLNS	98.14		32416	7	
8	H	TELEMEDICINE	99.02		9736	8	
9	H	HOME INFUSION	99.05		24071	9	
10	H	GRANT RELATED	99.07		596090	10	
11	H	OPERATION OF PLANT	8		1173	11	
12	H	I&R SERVICES-SALARY & FRINGES	22		9354	12	
13	H	CORONARY CARE UNIT	27		1887	13	
14	H	DRUGS CHARGED TO PATIENTS	56		6762	14	
15	H	SLEEP LAB	61.01		15514	15	
16	H	OBSERVATION BEDS-DISTINCT	62.01		1254	16	
17	H	EMERGENCY MEDICAL SERVICES	99.08		433	17	
18	H	EMPLOYEE BENEFITS	5		945	18	
19	H	LAUNDRY & LINEN SERVICE	9		378	19	
20	H	ANESTHESIOLOGY	40		578	20	
21	H	RADIOLOGY-DIAGNOSTIC	41		6307	21	
22	H	LABORATORY	44		8058	22	
23	H	WHOLE BLOOD & PACKED RED BLOO	46		86	23	
24	H	ELECTROCARDIOLOGY	53		15212	24	
25						25	
26	HUMAN RESOURCES	M	EMPLOYEE BENEFITS	5	816229	362536	26
27							27
28	MEDICAL RECORDS	N	SHARED ADMINISTRATIVE & GENER	6.05		376044	28
29							29
30	SUPPLIES	O	ADULTS & PEDIATRICS	25		2235168	30
31		O	NEONATAL ICU	26.01		334675	31
32		O	CORONARY CARE UNIT	27		306369	32
33		O	SURGICAL INTENSIVE CARE UNIT	29		480220	33
34		O	SUBPROVIDER I	31		53859	34
35		O	OPERATING ROOM	37		22712425	35
36	SUBTOTAL				4486518	40481881	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	O				6
7	O				7
8	O				8
9	O				9
10	O				10
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16					16
17 CAFETERIA	P	CAFETERIA	12	831927	1118445 17
18					18
19 ONCOLOGY UNIT ADMINISTRATION	Q	ADULTS & PEDIATRICS	25	567943	19
20	Q	RADIOISOTOPE	43		63272 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				5886388	54631285 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF.		
		COST CENTER	LINE #	SALARY			
	1	6	7	8	9	10	
1	O	RECOVERY ROOM	38		139023	1	
2	O	RESPIRATORY THERAPY	49		378323	2	
3	O	PHYSICAL THERAPY	50		366494	3	
4	O	CARDIAC CATH LAB	53.01		9095046	4	
5	O	DRUGS CHARGED TO PATIENTS	56		34736	5	
6	O	ASC (NON-DISTINCT PART)	58		381943	6	
7	O	ACUTE DIALYSIS	59		17469	7	
8	O	EMERGENCY	61		744648	8	
9	O	SLEEP LAB	61.01		3340	9	
10	O	BRONCH & GASTRO LAB	61.02		659912	10	
11	O	OBSERVATION BEDS-DISTINCT	62.01		65725	11	
12	O	ANESTHESIOLOGY	40		737995	12	
13	O	RADIOLOGY-DIAGNOSTIC	41		280354	13	
14	O	LABORATORY	44		2515	14	
15	O	MEDICAL SUPPLIES CHARGED TO P	55		60164	15	
16						16	
17	P	CAFETERIA	DIETARY	11	831927	1118445	17
18							18
19	Q	ONCOLOGY UNIT ADMINISTRATION	RADIOISOTOPE	43	567943		19
20	Q		ADULTS & PEDIATRICS	25		63272	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			5886388	54631285	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	485000					485000		1
2 LAND IMPROVEMENTS	700769				13030	687739		2
3 BUILDINGS AND FIXTURES	10283821				2322755	7961066		3
4 BUILDING IMPROVEMENTS	1953773	28250		28250		1982023		4
5 FIXED EQUIPMENT	37821822	23256371		23256371		61078193		5
6 MOVABLE EQUIPMENT	76795					76795		6
7 SUBTOTAL	51321980	23284621		23284621	2335785	72270816		7
8 RECONCILING ITEMS								8
9 TOTAL	51321980	23284621		23284621	2335785	72270816		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	OTHER CAPITAL-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					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	9	10	11	12	13		
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	8078205		7727699				15805904
4 NEW CAP REL COSTS-MVBLE EQUIP	14708978						14708978
5 TOTAL	22787183		7727699				30514882

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	9	10	11	12	13		
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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	A	-39808	SHARED ADMINISTRATIVE & GENERAL	6.05	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1536046			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	35187635			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1423229	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	-193	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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 PATIENT ADVISORY NURSE OFFSET	A	-624546	OTHER ADMINISTRATIVE & GENERAL	6.06	37
37.01 PROFESSIONAL LIAB	A	-6312717	SHARED ADMINISTRATIVE & GENERAL	6.05	37.01
37.02 PROFESSIONAL LIAB	A	-18179	PHYSICAL THERAPY	50	37.02
37.03 PROFESSIONAL LIAB	A	-29042	ASC (NON-DISTINCT PART)	58	37.03
37.04 PROFESSIONAL LIAB	A	-2570	HOME HEALTH AGENCY	71	37.04
37.05 PROFESSIONAL LIAB	A	-2570	HOSPICE	93	37.05
38 AHA AND IHA LOBBYING EXPENSE	A	-454654	OTHER ADMINISTRATIVE & GENERAL	6.06	38
39 CAOS TUITION	B	-296347	PHYSICAL THERAPY	50	39
39.01 OUTSIDE CONTRACTS	B	-79	PHYSICAL THERAPY	50	39.01
39.02 PULM REHAB	B	-10894	RESPIRATORY THERAPY	49	39.02
39.03 FEE FOR SERVICE	B	-67195	OTHER ADMINISTRATIVE & GENERAL	6.06	39.03
39.05 EDUCATION REVENUE	B	-2900	OTHER ADMINISTRATIVE & GENERAL	6.06	39.05
39.06 EDUCATION REVENUE	B	-1240	ADULTS & PEDIATRICS	25	39.06
39.07 EDUCATION REVENUE	B	-3785	EMERGENCY	61	39.07
39.08 INTERNAL RENT	A	-22910014	SHARED ADMINISTRATIVE & GENERAL	6.05	39.08
39.09 INTERNAL RENT	A	-1756645	PHYSICAL THERAPY	50	39.09
39.10 INTERNAL RENT	A	-21411	HOME HEALTH AGENCY	71	39.10
39.11 INTERNAL RENT	A	-21411	HOSPICE	93	39.11
40 CCA REVENUE	B	-382302	ADMITTING	6.04	40
41 MISC REVENUE/CCA REVENUE	B	-519930	SHARED ADMINISTRATIVE & GENERAL	6.05	41
42 MISC REVENUE & CCA REVENUE, SER	B	-540105	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 EXTERNAL RENT REVENUE	B	-10350	MAINTENANCE & REPAIRS	7	43
43.01 EXTERNAL RENT	B	-16000	OTHER ADMINISTRATIVE & GENERAL	6.06	43.01
44 SERVICES TO CCA	B	-498010	OPERATION OF PLANT	8	44
45 CCA REVENUE	B	-48779	ADULTS & PEDIATRICS	25	45
46 CCA & HOUSEKEEPING REVENUE	B	-826023	HOUSEKEEPING	10	46
47 MISC & CCA REVENUE	B	-18546	MAINTENANCE & REPAIRS	7	47
48 MISC & CCA REVENUE	B	-36849	MEDICAL RECORDS & LIBRARY	17	48
49 MISC & CCA REVENUE	B	-220852	I&R SERVICES-OTHER PRGM COSTS A	23	49
49.01 MISC & CCA REVENUE	B	-153414	LAUNDRY & LINEN SERVICE	9	49.01

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	
49.02 MISC & CCA REVENUE	B	-148481	PHYSICAL THERAPY	50	49.02
49.03 MISC & CCA REVENUE	B	-233285	MEDICAL SUPPLIES CHARGED TO PAT	55	49.03
49.04 VARIOUS CCA REVENUE	B	-1366	DRUGS CHARGED TO PATIENTS	56	49.04
49.05 MISC REVENUE	B	15	ASC (NON-DISTINCT PART)	58	49.05
49.06 MISC REVENUE	B	-2103	HOME HEALTH AGENCY	71	49.06
49.11 UNALLOWABLE EXPENSE	A	-155	CARDIAC CATH LAB	53.01	49.11
49.12 UNALLOWABLE EXPENSE	A	-360362	SHARED ADMINISTRATIVE & GENERAL	6.05	49.12
49.13 UNALLOWABLE EXPENSE	A	-894	OTHER ADMINISTRATIVE & GENERAL	6.06	49.13
49.15 UNALLOWABLE EXPENSE	A	-172	I&R SERVICES-SALARY & FRINGES A	22	49.15
49.16 UNALLOWABLE EXPENSE	A	-1216	NURSING ADMINISTRATION	14	49.16
49.23 CONFRENCE REVENUE	B	-4020	RESPIRATORY THERAPY	49	49.23
49.25 CRIMCO INTERNAL FEES	B	-93497	OTHER ADMINISTRATIVE & GENERAL	6.06	49.25
49.28 CONFERENCE REVENUE	B	-5420	OTHER ADMINISTRATIVE & GENERAL	6.06	49.28
49.29 FOOD TO FLOOR	B	-21386	DIETARY	11	49.29
49.30 MEAL TRAY REVENUE	B	-3916	DIETARY	11	49.30
49.32 MISC REVENUE	B	-101	EMPLOYEE BENEFITS	5	49.32
49.33 MISC REVENUE	B	-534	HOSPICE	93	49.33
49.37 DONATIONS	A	-170607	SHARED ADMINISTRATIVE & GENERAL	6.05	49.37
49.40 DONATIONS	A	-15115	PHYSICAL THERAPY	50	49.40
49.50 CAFETERIA DISCOUNTS	B	192351	CAFETERIA	12	49.50
49.51 GIFT CERTIFICATE REVENUE	B	-2043	DIETARY	11	49.51
49.60 ALCHOHOL	A	-4802	OTHER ADMINISTRATIVE & GENERAL	6.06	49.60
50 TOTAL		-4496109			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	7556956		7556956	9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	7599025		7599025	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	579199		579199	9 3
4	6.03	FOUNDATION OVERHEAD	16275980		16275980	4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT	7727699		7727699	11 4.01
4.02	6.05	SHARED ADMINISTRATIVE & GENERAL		1316000	-1316000	4.02
4.03	6.06	OTHER ADMINISTRATIVE & GENERAL		7492	-7492	4.03
4.04	22	I&R SERVICES-SALARY & FRINGES A		64488	-64488	4.04
4.05	37	OPERATING ROOM		26000	-26000	4.05
4.06	50	PHYSICAL THERAPY		1884996	-1884996	4.06
4.07	58	ASC (NON-DISTINCT PART)		496996	-496996	4.07
4.08	61.01	SLEEP LAB		-700	700	4.08
4.09	71	HOME HEALTH AGENCY		154500	-154500	4.09
4.10	93	HOSPICE		154500	-154500	4.10
4.11	98.11	CHAMPAIGN ASC		38352	-38352	4.11
4.12	98.12	SOUTH PARKING GARAGE		15620	-15620	4.12
4.13	99.04	NORTH GARAGE		9080	-9080	4.13
4.14	99.05	HOME INFUSION		154500	-154500	4.14
4.15	99.07	GRANT RELATED		93400	-93400	4.15
4.16	61	EMERGENCY		136000	-136000	4.16
5		TOTALS	39738859	4551224	35187635	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B		CARLE FOUNDATIO	100.00	HOME OFFICE	1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2	3	4	5	6	7	8	9	
1	6.02 DATA PROCESSING	AGGREGATE	25298		25298	171400	182	14998	750
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE	4477069	434750	4042319	171400	65068	5361853	268093
3	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE	49980		49980	154100	294	21781	1089
4	17 MEDICAL RECORDS & LIBRAR	AGGREGATE	136776		136776	171400	984	81085	4054
5	25 ADULTS & PEDIATRICS	AGGREGATE	67311		67311	194500	484	45259	2263
6	26.01 NEONATAL ICU	AGGREGATE	10147		10147	194500	73	6826	341
7	27 CORONARY CARE UNIT	AGGREGATE	25330		25330	204100	149	14621	731
8	29 SURGICAL INTENSIVE CARE	AGGREGATE	39059		39059	171400	281	23155	1158
9	31 SUBPROVIDER I	AGGREGATE	79578		79578	171400	573	47217	2361
10	37 OPERATING ROOM	AGGREGATE	55878		55878	200300	402	38712	1936
11	49 RESPIRATORY THERAPY	AGGREGATE	7298		7298	171400	53	4367	218
12	50 PHYSICAL THERAPY	AGGREGATE	80064		80064	171400	571	47053	2353
13	53.01 CARDIAC CATH LAB	AGGREGATE	276587		276587	171400	1695	139675	6984
14	44 LABORATORY	AGGREGATE	61994		61994	171400	446	36752	1838
15	58 ASC (NON-DISTINCT PART)	AGGREGATE	45870		45870	171400	330	27193	1360
16	61 EMERGENCY	AGGREGATE	261598		261598	171400	1882	155084	7754
17	61.01 SLEEP LAB	AGGREGATE	30059		30059	152100	216	15795	790
35	23 I&R SERVICES-OTHER PRGM	OB ONCALL	96000	96000					
47	25 ADULTS & PEDIATRICS	AGGREGATE	26827		26827	194500	193	18047	902
48	53.01 CARDIAC CATH LAB	CATH LAB	57290		57290	154100	337	24967	1248
49	25 ADULTS & PEDIATRICS	AGGREGATE	45175		45175	194500	325	30391	1520
50	25 ADULTS & PEDIATRICS	AGGREGATE	10000	10000		194500			
51	27 CORONARY CARE UNIT	CCU	21930		21930	204100	129	12658	633
52	29 SURGICAL INTENSIVE CARE	SICU	20225		20225	171400	146	12031	602
53	29 SURGICAL INTENSIVE CARE	SICU	20711		20711	171400	149	12278	614
54	31 SUBPROVIDER I	REHAB	52542		52542	171400	378	31149	1557
55	37 OPERATING ROOM	OR	4309		4309	200300	31	2985	149
56	37 OPERATING ROOM	OR	27939		27939	200300	201	19356	968
57	37 OPERATING ROOM	OR	11120		11120	204100	80	7850	393
58	50 PHYSICAL THERAPY	PT	3058		3058	171400	22	1813	91
59	50 PHYSICAL THERAPY	PT				171400			
60	50 PHYSICAL THERAPY	PT	11607		11607	204100	84	8243	412
61	50 PHYSICAL THERAPY	PT	21823		21823	171400	157	12937	647
62	50 PHYSICAL THERAPY	PT	1425		1425	171400	10	824	41
63	50 PHYSICAL THERAPY	PT	33951		33951	171400	244	20107	1005
64	53.01 CARDIAC CATH LAB	CATH	124100		124100	171400	730	60155	3008
65	53.01 CARDIAC CATH LAB	CATH	33320		33320	171400	196	16151	808
66	53.01 CARDIAC CATH LAB	CATH	89725		89725	171400	646	53233	2662
67	53.01 CARDIAC CATH LAB	CATH				171400			
68	6.02 DATA PROCESSING	AGGREGATE	16680		16680	171400	120	9888	494
69	58 ASC (NON-DISTINCT PART)	ASC	19460		19460	171400	140	11537	577
70	58 ASC (NON-DISTINCT PART)	ASC	25333		25333	171400	182	14998	750
71	59 ACUTE DIALYSIS	DIALYSIS				154100			
72	61 EMERGENCY	ER	56990		56990	204100	410	40231	2012
73	17 MEDICAL RECORDS & LIBRAR	AGGREGATE	47677		47677	171400	343	28265	1413
74	61.01 SLEEP LAB	AGGREGATE				154100			
75	61.01 SLEEP LAB	AGGREGATE	16541		16541	152100	119	8702	435
76	6.02 DATA PROCESSING	AGGREGATE				171400			
77	6.02 DATA PROCESSING	AGGREGATE				171400			
78	6.02 DATA PROCESSING	AGGREGATE	36279		36279	171400	261	21507	1075
79	61 EMERGENCY	ER	51708		51708	171400	372	30654	1533
87	26.01 NEONATAL ICU	GELKE	12719		12719	194500	92	8603	430
88	49 RESPIRATORY THERAPY	MAIN	1251		1251	171400	9	742	37
89	49 RESPIRATORY THERAPY	WHITE	5595		5595	171400	40	3296	165
90	61 EMERGENCY	OLIPHANT	56990		56990	204100	410	40231	2012
91	61 EMERGENCY	KISKADDON	165653		165653	171400	1192	98225	4911
92	61.01 SLEEP LAB	DAVIES	5386		5386	152100	17	1243	62
101	TOTAL		6961235	540750	6420485		81448	6744723	337239

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6.02 DATA PROCESSING	AGGREGATE					14998	10300	10300
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE					5361853		434750
3	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE					21781	28199	28199
4	17 MEDICAL RECORDS & LIBRAR	AGGREGATE					81085	55691	55691
5	25 ADULTS & PEDIATRICS	AGGREGATE					45259	22052	22052
6	26.01 NEONATAL ICU	AGGREGATE					6826	3321	3321
7	27 CORONARY CARE UNIT	AGGREGATE					14621	10709	10709
8	29 SURGICAL INTENSIVE CARE	AGGREGATE					23155	15904	15904
9	31 SUBPROVIDER I	AGGREGATE					47217	32361	32361
10	37 OPERATING ROOM	AGGREGATE					38712	17166	17166
11	49 RESPIRATORY THERAPY	AGGREGATE					4367	2931	2931
12	50 PHYSICAL THERAPY	AGGREGATE					47053	33011	33011
13	53.01 CARDIAC CATH LAB	AGGREGATE					139675	136912	136912
14	44 LABORATORY	AGGREGATE					36752	25242	25242
15	58 ASC (NON-DISTINCT PART)	AGGREGATE					27193	18677	18677
16	61 EMERGENCY	AGGREGATE					155084	106514	106514
17	61.01 SLEEP LAB	AGGREGATE					15795	14264	14264
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						6744723	995296	1536046

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
71 HOME HEALTH AGENCY	3228503		60434	80711	97256			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	3414614		38568	58159	97256			93
95 SUBTOTALS	327127774	13692197	13975005	4516515	9000164	16276102	2107252	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	280304	87143	3199	4089	9141			96
97 RESEARCH					1801			97
98 PHYSICIANS' PRIVATE OFFICES		1001002	1351					98
98.01 CHEMOTHERAPY RX	296356			13589				98.01
98.02 RURAL HEALTH	663203	18260	12168	18171	70568			98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT			12409					98.04
98.05 MARKETING	1741580	25809	28809	15052	27177			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		40343					62523	98.10
98.11 CHAMPAIGN ASC	279746	366909	5066	4425	4733		18145694	98.11
98.12 SOUTH PARKING GARAGE	350532		271	2577	31			98.12
98.13 PARISH NRSG	81485	11685	279	1019	11739			98.13
98.14 COMM HLTH & WLNS	2380919	302220	33170	7891	4853			98.14
98.15 MOBILE CLINIC		3258	5116					98.15
98.16 PALLIATIVE CARE	1873							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	128036		60537	2896	2908			99.02
99.04 NORTH GARAGE	440882		18435	2504	1627			99.04
99.05 HOME INFUSION	3029085		17246	33615	48628			99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	3580384	113537	534563	56859	100028			99.07
99.08 EMERGENCY MEDICAL SERVICES	241723	1990	1084	6609	7662			99.08
100 UNDERGRADUATE MEDICAL EDUCATION	33846	141551	270		3983			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	340657728	15805904	14708978	4685811	9295043	16276102	2107252	18208217 103

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 & LINEN SERV ICE	HOUSEKEEPI NG	DIETARY	CAFETERIA	
71 HOME HEALTH AGENCY	3466904	743304							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	3608597	773683							93
95 SUBTOTALS	305607702	52627737	8720508	5795129	258681	9846484	2902197	882300	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	383876	82303	41072	27294		103530		2613	96
97 RESEARCH	1801	386							97
98 PHYSICIANS' PRIVATE OFFICES	1002353	214904	471795	313527		1189240			98
98.01 CHEMOTHERAPY RX	309945	66452						2924	98.01
98.02 RURAL HEALTH	782370	167740	8606	5719		21693		3702	98.02
98.03 ARBOURS RX									98.03
98.04 FUND DEVELOPMENT	12409	2660							98.04
98.05 MARKETING	1838427	394159	12164	8084		30663		4923	98.05
98.06 CARLE CLINIC									98.06
98.08 CARLE FOUNDATION #14-8077									98.08
98.09 CARLE ARBOURS #14-1439	62523	13405							98.09
98.10 OTHER REL ENTITIES	18186037	3899086	19014	12636		47929			98.10
98.11 CHAMPAIGN ASC	660879	141692	172933	114921		435906			98.11
98.12 SOUTH PARKING GARAGE	353411	75771						1786	98.12
98.13 PARISH NRSG	106207	22771	5508	3660		13883		367	98.13
98.14 COMM HLTH & WLNS	2729053	585109	142443	94659		359053		398	98.14
98.15 MOBILE CLINIC	8374	1795	1536	1020		3871			98.15
98.16 PALLIATIVE CARE	1873	402							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	194377	41674						523	99.02
99.04 NORTH GARAGE	463448	99363						1716	99.04
99.05 HOME INFUSION	3128574	670766							99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED	4385371	940224	53513	35561		134888		11627	99.07
99.08 EMERGENCY MEDICAL SERVICES	259068	55544	938	623		2364		1558	99.08
100 UNDERGRADUATE MEDICAL EDUCATION	179650	38517	66716	44336		168170			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	340657728	60142460	9716746	6457169	258681	12357674	2902197	914437	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL	
	MINISTRATI	CORDS & LI	ES-SALARY	ES-OTHER P		POST STEP-		
	ON	BRARY	& FRINGES	RGM COSTS		DOWN ADJS		
	14	17	22	23	25	26	27	
71 HOME HEALTH AGENCY					4210208		4210208	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					4382280		4382280	93
95 SUBTOTALS	3241562	6220624	3615906	2986197	293887678	-6602103	287285575	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					640688		640688	96
97 RESEARCH					2187		2187	97
98 PHYSICIANS' PRIVATE OFFICES					3191819		3191819	98
98.01 CHEMOTHERAPY RX					379321		379321	98.01
98.02 RURAL HEALTH					989830		989830	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT					15069		15069	98.04
98.05 MARKETING					2288420		2288420	98.05
98.06 CARLE CLINIC								98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439					75928		75928	98.09
98.10 OTHER REL ENTITIES					22164702		22164702	98.10
98.11 CHAMPAIGN ASC					1526331		1526331	98.11
98.12 SOUTH PARKING GARAGE					430968		430968	98.12
98.13 PARISH NRSG	3696				156092		156092	98.13
98.14 COMM HLTH & WLNS					3910715		3910715	98.14
98.15 MOBILE CLINIC					16596		16596	98.15
98.16 PALLIATIVE CARE					2275		2275	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					236574		236574	99.02
99.04 NORTH GARAGE					564527		564527	99.04
99.05 HOME INFUSION					3799340		3799340	99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED					5561184		5561184	99.07
99.08 EMERGENCY MEDICAL SERVICES					320095		320095	99.08
100 UNDERGRADUATE MEDICAL EDUCATION					497389		497389	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3245258	6220624	3615906	2986197	340657728	-6602103	334055625	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
71 HOME HEALTH AGENCY	74537		60434	134971	1347	41706		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	74537		38568	113105	971	41706		93
95 SUBTOTALS	764137	13692197	13975005	28431339	75359	3859528	122	182595
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		87143	3199	90342	68	3920		96
97 RESEARCH						772		97
98 PHYSICIANS' PRIVATE OFFICES		1001002	1351	1002353				98
98.01 CHEMOTHERAPY RX					227			98.01
98.02 RURAL HEALTH		18260	12168	30428	303	30262		98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT			12409	12409				98.04
98.05 MARKETING		25809	28809	54618	251	11654		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		40343		40343				98.10
98.11 CHAMPAIGN ASC		366909	5066	371975	74	2030		98.11
98.12 SOUTH PARKING GARAGE			271	271	43	13		98.12
98.13 PARISH NRSG		11685	279	11964	17	5034		98.13
98.14 COMM HLTH & WLNS		302220	33170	335390	132	2081		98.14
98.15 MOBILE CLINIC		3258	5116	8374				98.15
98.16 PALLIATIVE CARE								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			60537	60537	48	1247		99.02
99.04 NORTH GARAGE			18435	18435	42	698		99.04
99.05 HOME INFUSION	59786		17246	77032	561	20853		99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	124076	113537	534563	772176	949	42895		99.07
99.08 EMERGENCY MEDICAL SERVICES		1990	1084	3074	110	3286		99.08
100 UNDERGRADUATE MEDICAL EDUCATION		141551	270	141821		1708		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	947999	15805904	14708978	31462881	78184	3985981	122	182595

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SHARED ADM	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA
	INISTRATIV	NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV	NG		
	6.05	6.06	7	8	9	10	11	12
71 HOME HEALTH AGENCY		60494						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		62966						93
95 SUBTOTALS		4283228	1666068	390119	174731	1057843	555471	13217 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		6698	7847	1837		11123		39 96
97 RESEARCH		31						97
98 PHYSICIANS' PRIVATE OFFICES		17490	90137	21106		127764		98
98.01 CHEMOTHERAPY RX		5408						44 98.01
98.02 RURAL HEALTH		13652	1644	385		2331		55 98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT		217						98.04
98.05 MARKETING		32079	2324	544		3294		74 98.05
98.06 CARLE CLINIC								98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439	7263	1091						98.09
98.10 OTHER REL ENTITIES	2107859	317328	3633	851		5149		98.10
98.11 CHAMPAIGN ASC		11532	33039	7736		46831		98.11
98.12 SOUTH PARKING GARAGE		6167						27 98.12
98.13 PARISH NRSG		1853	1052	246		1491		5 98.13
98.14 COMM HLTH & WLNS		47619	27214	6372		38574		6 98.14
98.15 MOBILE CLINIC		146	293	69		416		98.15
98.16 PALLIATIVE CARE		33						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		3392						8 99.02
99.04 NORTH GARAGE		8087						26 99.04
99.05 HOME INFUSION		54590						99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED		76520	10224	2394		14491		174 99.07
99.08 EMERGENCY MEDICAL SERVICES		4520	179	42		254		23 99.08
100 UNDERGRADUATE MEDICAL EDUCATION		3135	12746	2985		18067		100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2115122	4894816	1856400	434686	174731	1327628	555471	13698 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	
71 HOME HEALTH AGENCY					238518		238518	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					218748		218748	93
95 SUBTOTALS	517192	381286			24836003		24836003	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					121874		121874	96
97 RESEARCH					803		803	97
98 PHYSICIANS' PRIVATE OFFICES					1258850		1258850	98
98.01 CHEMOTHERAPY RX					5679		5679	98.01
98.02 RURAL HEALTH					79060		79060	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT					12626		12626	98.04
98.05 MARKETING					104838		104838	98.05
98.06 CARLE CLINIC								98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439					8354		8354	98.09
98.10 OTHER REL ENTITIES					2475163		2475163	98.10
98.11 CHAMPAIGN ASC					473217		473217	98.11
98.12 SOUTH PARKING GARAGE					6521		6521	98.12
98.13 PARISH NRSG	590				22252		22252	98.13
98.14 COMM HLTH & WLNS					457388		457388	98.14
98.15 MOBILE CLINIC					9298		9298	98.15
98.16 PALLIATIVE CARE					33		33	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					65232		65232	99.02
99.04 NORTH GARAGE					27288		27288	99.04
99.05 HOME INFUSION					153036		153036	99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED					919823		919823	99.07
99.08 EMERGENCY MEDICAL SERVICES					11488		11488	99.08
100 UNDERGRADUATE MEDICAL EDUCATION					180462		180462	100
101 CROSS FOOT ADJUSTMENTS			190686	42907	233593		233593	101
102 NEGATIVE COST CENTER								102
103 TOTAL	517782	381286	190686	42907	31462881		31462881	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE B ENEFITS GROSS SALARIES	NON-PATIENT T TELEPHON E PHONE INSTR	DATA PROC SSING INVOICES	FOUNDATION OVERHEAD TOTAL COST	ADMITTING GROSS REVENUE
	3	4	5	6.01	6.02	6.03	6.04
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY		60920	2004289	76	47156		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		38878	1444268	32	47156		93
95 SUBTOTALS	701871	14087397	112158432	2887	4363846	367965000	1106460833
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	4467	3225	101551	11	4432		96
97 RESEARCH					873		97
98 PHYSICIANS' PRIVATE OFFICES	51312	1362		2			98
98.01 CHEMOTHERAPY RX			337461				98.01
98.02 RURAL HEALTH	936	12266	451235	12	34216		98.02
98.03 ARBOURS RX							98.03
98.04 FUND DEVELOPMENT		12509					98.04
98.05 MARKETING	1323	29041	373794	20	13177		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	2068						98.10
98.11 CHAMPAIGN ASC	18808	5107	109881	15	2295		98.11
98.12 SOUTH PARKING GARAGE		273	63985	11	15		98.12
98.13 PARISH NRSG	599	281	25316	2	5692		98.13
98.14 COMM HLTH & WLNS	15492	33437	195949	10	2353		98.14
98.15 MOBILE CLINIC	167	5157					98.15
98.16 PALLIATIVE CARE							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		61024	71905	6	1410		99.02
99.04 NORTH GARAGE		18583	62187	15	789		99.04
99.05 HOME INFUSION		17385	834760	15	23578		99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED	5820	538862	1411974	49	48500		99.07
99.08 EMERGENCY MEDICAL SERVICES	102	1093	164130		3715		99.08
100 UNDERGRADUATE MEDICAL EDUCATI	7256	272		25	1931		100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	15805904	14708978	4685811		9295043	16276102	2107252
104 UNIT COST MULT-WS B PT I		.992022				.044233	104
104 UNIT COST MULT-WS B PT I	19.508139		.040269		2.062438		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			78184		3985981	122	182595
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III			.000672		.884433		.000165

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SHARED ADM	RECON-	OTHER ADMI	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY
	INISTRATIV	CILIATION	NISTRATIVE	E & REPAIR	OF PLANT	LINEN SERV NG	NG	
	E & GENERA		& GENERAL	S		ICE		
	TOTAL		ACCUM	SQ FEET	SQ FEET	POUNDS OF	SQ FEET	MEALS
	COST		COST			LAUNDRY		SERVED
	6.05	6A.06	6.06	7	8	9	10	11
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			3466904					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			3608597					93
95 SUBTOTALS	1	-60142460	245465242	948435	948435	2499894	424845	258702 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			383876	4467	4467		4467	96
97 RESEARCH			1801					97
98 PHYSICIANS' PRIVATE OFFICES			1002353	51312	51312		51312	98
98.01 CHEMOTHERAPY RX			309945					98.01
98.02 RURAL HEALTH			782370	936	936		936	98.02
98.03 ARBOURS RX								98.03
98.04 FUND DEVELOPMENT			12409					98.04
98.05 MARKETING			1838427	1323	1323		1323	98.05
98.06 CARLE CLINIC								98.06
98.08 CARLE FOUNDATION #14-8077								98.08
98.09 CARLE ARBOURS #14-1439	391000		62523					98.09
98.10 OTHER REL ENTITIES	113477000		18186037	2068	2068		2068	98.10
98.11 CHAMPAIGN ASC			660879	18808	18808		18808	98.11
98.12 SOUTH PARKING GARAGE			353411					98.12
98.13 PARISH NRSG			106207	599	599		599	98.13
98.14 COMM HLTH & WLNS			2729053	15492	15492		15492	98.14
98.15 MOBILE CLINIC			8374	167	167		167	98.15
98.16 PALLIATIVE CARE			1873					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			194377					99.02
99.04 NORTH GARAGE			463448					99.04
99.05 HOME INFUSION			3128574					99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED			4385371	5820	5820		5820	99.07
99.08 EMERGENCY MEDICAL SERVICES			259068	102	102		102	99.08
100 UNDERGRADUATE MEDICAL EDUCATI			179650	7256	7256		7256	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	18208217		60142460	9716746	6457169	258681	12357674	2902197 103
104 UNIT COST MULT-WS B PT I	.159906		.214400		6.110201		23.176650	104
104 UNIT COST MULT-WS B PT I				9.194629		.103477		11.218301 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	2115122		4894816	1856400	434686	174731	1327628	555471 107
108 UNIT COST MULT-WS B PT III	.018575		.017449		.411329		2.489948	108
108 UNIT COST MULT-WS B PT III				1.756649		.069895		2.147146 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	MEDICAL RE CORDS & LI BRARY REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC 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	3267307					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	33315	1151074				14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	97161		1106460833			17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES	96173			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	763562	763562	119854294	300	300	25
26.01 NEONATAL ICU	120647	120647	18749207	20	20	26.01
27 CORONARY CARE UNIT	86602	86602	15613121			27
29 SURGICAL INTENSIVE CARE UNIT	79332	79332	17498490			29
31 SUBPROVIDER I	47359		7643448			31
33 NURSERY	58773		5706393	10	10	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	235778		91337766			37
38 RECOVERY ROOM	36048		14316303			38
39 DELIVERY ROOM & LABOR ROOM	74283		12684356			39
40 ANESTHESIOLOGY			442896			40
41 RADIOLOGY-DIAGNOSTIC	142348		61586569			41
43 RADIOISOTOPE	48594		521415			43
44 LABORATORY	217959		160604177			44
46 WHOLE BLOOD & PACKED RED BLOO	7687		22467304			46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	73535	73535	52946401			49
50 PHYSICAL THERAPY	350074		59811482			50
53 ELECTROCARDIOLOGY	60072		15106403			53
53.01 CARDIAC CATH LAB	81874		48991795			53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	4628		416364			54
55 MEDICAL SUPPLIES CHARGED TO P	101410		98479155			55
55.30 IMPL. DEV. CHARGED TO PATIENT			31607998			55.30
56 DRUGS CHARGED TO PATIENTS	86225		122842364			56
58 ASC (NON-DISTINCT PART)	20154		4453827			58
58.01 WOUND CARE	4959		1800667			58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	112221		73616716	2	2	61
61.01 SLEEP LAB	26085	26085	6395089			61.01
61.02 BRONCH & GASTRO LAB	50646		22097487			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINC						62
62.01 OBSERVATION BEDS-DISTINCT	34973		18869346			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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	MEDICAL RE CORDS & LI BRARY REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	
	12	14	17	22	23	
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE						93
95 SUBTOTALS	3152477	1149763	1106460833	332	332	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	9337					96
97 RESEARCH						97
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 CHEMOTHERAPY RX	10446					98.01
98.02 RURAL HEALTH	13228					98.02
98.03 ARBOURS RX						98.03
98.04 FUND DEVELOPMENT						98.04
98.05 MARKETING	17591					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	6382					98.12
98.13 PARISH NRSG	1311	1311				98.13
98.14 COMM HLTH & WLNS	1423					98.14
98.15 MOBILE CLINIC						98.15
98.16 PALLIATIVE CARE						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	1870					99.02
99.04 NORTH GARAGE	6132					99.04
99.05 HOME INFUSION						99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED	41545					99.07
99.08 EMERGENCY MEDICAL SERVICES	5565					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	914437	3245258	6220624	3615906	2986197	103
104 UNIT COST MULT-WS B PT I	.279875		.005622		8994.569277	104
104 UNIT COST MULT-WS B PT I		2.819330		10891.283133		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	13698	517782	381286	190686	42907	107
108 UNIT COST MULT-WS B PT III	.004192		.000345		129.237952	108
108 UNIT COST MULT-WS B PT III		.449825		574.355422		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	51362275		51362275	45616	51407891	25
26.01 NEONATAL ICU	7796712		7796712	7437	7804149	26.01
27 CORONARY CARE UNIT	4999637		4999637	19981	5019618	27
29 SURGICAL INTENSIVE CARE UNI	5022814		5022814	32531	5055345	29
31 SUBPROVIDER I	2942899		2942899	53754	2996653	31
33 NURSERY	1887944		1887944		1887944	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18908731		18908731	30343	18939074	37
38 RECOVERY ROOM	2083807		2083807		2083807	38
39 DELIVERY ROOM & LABOR ROOM	4733108		4733108		4733108	39
40 ANESTHESIOLOGY	154796		154796		154796	40
41 RADIOLOGY-DIAGNOSTIC	10564040		10564040		10564040	41
43 RADIOISOTOPE	2333400		2333400		2333400	43
44 LABORATORY	26381569		26381569	25242	26406811	44
46 WHOLE BLOOD & PACKED RED BL	4183954		4183954		4183954	46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
49 RESPIRATORY THERAPY	4788319		4788319	5739	4794058	49
50 PHYSICAL THERAPY	23296017		23296017	60951	23356968	50
53 ELECTROCARDIOLOGY	2786786		2786786		2786786	53
53.01 CARDIAC CATH LAB	8768836		8768836	286841	9055677	53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	243371		243371		243371	54
55 MEDICAL SUPPLIES CHARGED TO	38042866		38042866		38042866	55
55.30 IMPL. DEV. CHARGED TO PATIE	15505307		15505307		15505307	55.30
56 DRUGS CHARGED TO PATIENTS	19424290		19424290		19424290	56
58 ASC (NON-DISTINCT PART)	2135976		2135976	36935	2172911	58
58.01 WOUND CARE	312037		312037		312037	58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	11850552		11850552	228514	12079066	61
61.01 SLEEP LAB	1618286		1618286	26246	1644532	61.01
61.02 BRONCH & GASTRO LAB	3996192		3996192		3996192	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	1216534		1216534		1216534	62
62.01 OBSERVATION BEDS-DISTINCT	2568566		2568566		2568566	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	279909621		279909621	860130	280769751	101
102 LESS OBSERVATION BEDS	1216534		1216534		1216534	102
103 TOTAL	278693087		278693087	860130	279553217	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	118341417		118341417			25
26.01 NEONATAL ICU	18749207		18749207			26.01
27 CORONARY CARE UNIT	15613121		15613121			27
29 SURGICAL INTENSIVE CARE UNI	17498490		17498490			29
31 SUBPROVIDER I	7643448		7643448			31
33 NURSERY	5706393		5706393			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	70840206	20497560	91337766	.207020	.207020	.207352 37
38 RECOVERY ROOM	9467988	4848315	14316303	.145555	.145555	.145555 38
39 DELIVERY ROOM & LABOR ROOM	12654905	29451	12684356	.373145	.373145	.373145 39
40 ANESTHESIOLOGY	218532	224364	442896	.349509	.349509	.349509 40
41 RADIOLOGY-DIAGNOSTIC	38973231	22613338	61586569	.171532	.171532	.171532 41
43 RADIOISOTOPE	518878	2537	521415	4.475130	4.475130	4.475130 43
44 LABORATORY	71239791	89364386	160604177	.164265	.164265	.164422 44
46 WHOLE BLOOD & PACKED RED BL	18355871	4111433	22467304	.186224	.186224	.186224 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	51356748	1589653	52946401	.090437	.090437	.090545 49
50 PHYSICAL THERAPY	13958628	45852854	59811482	.389491	.389491	.390510 50
53 ELECTROCARDIOLOGY	11442121	3664282	15106403	.184477	.184477	.184477 53
53.01 CARDIAC CATH LAB	32823361	16168434	48991795	.178986	.178986	.184841 53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	132166	284198	416364	.584515	.584515	.584515 54
55 MEDICAL SUPPLIES CHARGED TO	76463376	22015779	98479155	.386304	.386304	.386304 55
55.30 IMPL. DEV. CHARGED TO PATIE	21402330	10205668	31607998	.490550	.490550	.490550 55.30
56 DRUGS CHARGED TO PATIENTS	102753943	20088421	122842364	.158124	.158124	.158124 56
58 ASC (NON-DISTINCT PART)	116292	4337535	4453827	.479582	.479582	.487875 58
58.01 WOUND CARE	1800667		1800667	.173290	.173290	.173290 58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	25083789	48532927	73616716	.160976	.160976	.164080 61
61.01 SLEEP LAB	10666	6384423	6395089	.253051	.253051	.257155 61.01
61.02 BRONCH & GASTRO LAB	4287973	17809514	22097487	.180844	.180844	.180844 61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI		1512877	1512877	.804120	.804120	.804120 62
62.01 OBSERVATION BEDS-DISTINCT	4791483	14077863	18869346	.136124	.136124	.136124 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	752245021	354215812	1106460833			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	752245021	354215812	1106460833			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				6629762		6629762
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				776976		776976
27 CORONARY CARE UNIT				487527		487527
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				432566		432566
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				238764		238764
33 NURSERY				50667		50667
101 TOTAL				8616262		8616262

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	65880	22900			100.63	2304427
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	8596				90.39	
27 CORONARY CARE UNIT	3553	1606			137.22	220375
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3611	814			119.79	97509
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4626	1801			51.61	92950
33 NURSERY	4162				12.17	
101 TOTAL	90428	27121				2715261

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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		3556547	91337766	18538446			.038938	721850 37
38 RECOVERY ROOM		176154	14316303	3043428			.012304	37446 38
39 DELIVERY ROOM & LABOR ROOM		74999	12684356	67885			.005913	401 39
40 ANESTHESIOLOGY		49326	442896	33236			.111372	3702 40
41 RADIOLOGY-DIAGNOSTIC		227574	61586569	21235704			.003695	78466 41
43 RADIOISOTOPE		36497	521415				.069996	43
44 LABORATORY		983767	160604177	22258953			.006125	136336 44
46 WHOLE BLOOD & PACKED RED BLOO		95631	22467304	5975935			.004256	25434 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		424138	52946401	16289338			.008011	130494 49
50 PHYSICAL THERAPY		2790917	59811482	4407182			.046662	205648 50
53 ELECTROCARDIOLOGY		149486	15106403				.009896	53
53.01 CARDIAC CATH LAB		2138232	48991795	13425937			.043645	585975 53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY		14735	416364				.035390	54
55 MEDICAL SUPPLIES CHARGED TO P		1385813	98479155	29257484			.014072	411711 55
55.30 IMPL. DEV. CHARGED TO PATIENT		236353	31607998	9950763			.007478	74412 55.30
56 DRUGS CHARGED TO PATIENTS		737622	122842364	34159431			.006005	205127 56
58 ASC (NON-DISTINCT PART)		411851	4453827	1711			.092471	158 58
58.01 WOUND CARE		5375	1800667				.002985	58.01
59 ACUTE DIALYSIS								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		943995	73616716	7772260			.012823	99664 61
61.01 SLEEP LAB		246108	6395089	9246			.038484	356 61.01
61.02 BRONCH & GASTRO LAB		807592	22097487	1688449			.036547	61708 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		156889	1512877				.103702	62
62.01 OBSERVATION BEDS-DISTINCT		269763	18869346	1272556			.014296	18192 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		15919364	922908757	189387944				2797080 101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
 11/29/2010 08:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					65880		22900	25
26	INTENSIVE CARE UNIT								26
26.01	NEONATAL ICU					8596			26.01
27	CORONARY CARE UNIT					3553		1606	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT					3611		814	29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4626		1801	31
33	NURSERY					4162			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					90428		27121	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
43 RADIOISOTOPE							43
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 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
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
58.01 WOUND CARE							58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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		CHARGES	COST TO	RATIO OF COST	PROGRAM	PROGRAM
	COSTS		CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		91337766			18538446		6581117 37
38 RECOVERY ROOM		14316303			3043428		911234 38
39 DELIVERY ROOM & LABOR ROOM		12684356			67885		17886 39
40 ANESTHESIOLOGY		442896			33236		69737 40
41 RADIOLOGY-DIAGNOSTIC		61586569			21235704		6055529 41
43 RADIOISOTOPE		521415					43
44 LABORATORY		160604177			22258953		1364331 44
46 WHOLE BLOOD & PACKED RED BLOO		22467304			5975935		411787 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		52946401			16289338		344018 49
50 PHYSICAL THERAPY		59811482			4407182		3275562 50
53 ELECTROCARDIOLOGY		15106403					53
53.01 CARDIAC CATH LAB		48991795			13425937		8319566 53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		416364					54
55 MEDICAL SUPPLIES CHARGED TO P		98479155			29257484		5698858 55
55.30 IMPL. DEV. CHARGED TO PATIENT		31607998			9950763		5178994 55.30
56 DRUGS CHARGED TO PATIENTS		122842364			34159431		4541825 56
58 ASC (NON-DISTINCT PART)		4453827			1711		1194158 58
58.01 WOUND CARE		1800667					58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		73616716			7772260		6040334 61
61.01 SLEEP LAB		6395089			9246		1175984 61.01
61.02 BRONCH & GASTRO LAB		22097487			1688449		4334735 61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		1512877					93993 62
62.01 OBSERVATION BEDS-DISTINCT		18869346			1272556		3518256 62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		922908757			189387944		59127904 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
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 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
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
58.01 WOUND CARE					58.01
59 ACUTE DIALYSIS					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.207020	.207020	.207020			37
38 RECOVERY ROOM	.145555	.145555	.145555			38
39 DELIVERY ROOM & LABOR ROOM	.373145	.373145	.373145			39
40 ANESTHESIOLOGY	.349509	.349509	.349509			40
41 RADIOLOGY-DIAGNOSTIC	.171532	.171532	.171532			41
43 RADIOISOTOPE	4.475130	4.475130	4.475130			43
44 LABORATORY	.164265	.164265	.164265			44
46 WHOLE BLOOD & PACKED RED BLOOD	.186224	.186224	.186224			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.090437	.090437	.090437			49
50 PHYSICAL THERAPY	.389491	.389491	.389491			50
53 ELECTROCARDIOLOGY	.184477	.184477	.184477			53
53.01 CARDIAC CATH LAB	.178986	.178986	.178986			53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	.584515	.584515	.584515			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.386304	.386304	.386304			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.490550	.490550	.490550			55.30
56 DRUGS CHARGED TO PATIENTS	.158124	.158124	.158124			56
58 ASC (NON-DISTINCT PART)	.479582	.479582	.479582			58
58.01 WOUND CARE	.173290	.173290	.173290			58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.160976	.160976	.160976			61
61.01 SLEEP LAB	.253051	.253051	.253051			61.01
61.02 BRONCH & GASTRO LAB	.180844	.180844	.180844			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.804120	.804120	.804120			62
62.01 OBSERVATION BEDS-DISTINCT	.136124	.136124	.136124			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 SERVICES (4TH PERIOD)						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	.158124	1
2 PROGRAM VACCINE CHARGES	44239	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	6995	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	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	SURGICAL CENTER 6	CENTER 7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6581117						37
38 RECOVERY ROOM		911234						38
39 DELIVERY ROOM & LABOR ROOM		17886						39
40 ANESTHESIOLOGY		69737						40
41 RADIOLOGY-DIAGNOSTIC		6055529						41
43 RADIOISOTOPE								43
44 LABORATORY		1364331						44
46 WHOLE BLOOD & PACKED RED BLOOD		411787						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		344018						49
50 PHYSICAL THERAPY		3275562						50
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC CATH LAB		8319566						53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		5698858						55
55.30 IMPL. DEV. CHARGED TO PATIENT		5178994						55.30
56 DRUGS CHARGED TO PATIENTS		4541825						56
58 ASC (NON-DISTINCT PART)		1194158						58
58.01 WOUND CARE								58.01
59 ACUTE DIALYSIS								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		6040334						61
61.01 SLEEP LAB		1175984						61.01
61.02 BRONCH & GASTRO LAB		4334735						61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)		93993						62
62.01 OBSERVATION BEDS-DISTINCT		3518256						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 SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		59127904						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		59127904						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		1362423					37
38 RECOVERY ROOM		132635					38
39 DELIVERY ROOM & LABOR ROOM		6674					39
40 ANESTHESIOLOGY		24374					40
41 RADIOLOGY-DIAGNOSTIC		1038717					41
43 RADIOISOTOPE							43
44 LABORATORY		224112					44
46 WHOLE BLOOD & PACKED RED BLOOD		76685					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		31112					49
50 PHYSICAL THERAPY		1275802					50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB		1489086					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		2201492					55
55.30 IMPL. DEV. CHARGED TO PATIENT		2540556					55.30
56 DRUGS CHARGED TO PATIENTS		718172					56
58 ASC (NON-DISTINCT PART)		572697					58
58.01 WOUND CARE							58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		972349					61
61.01 SLEEP LAB		297584					61.01
61.02 BRONCH & GASTRO LAB		783911					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT)		75582					62
62.01 OBSERVATION BEDS-DISTINCT		478919					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 SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		14302882					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14302882					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 RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		3556547	91337766	21443				.038938	835 37
38 RECOVERY ROOM		176154	14316303	2581				.012304	32 38
39 DELIVERY ROOM & LABOR ROOM		74999	12684356					.005913	39
40 ANESTHESIOLOGY		49326	442896					.111372	40
41 RADIOLOGY-DIAGNOSTIC		227574	61586569	169960				.003695	628 41
43 RADIOISOTOPE		36497	521415					.069996	43
44 LABORATORY		983767	160604177	239811				.006125	1469 44
46 WHOLE BLOOD & PACKED RED BLOO		95631	22467304	27079				.004256	115 46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		424138	52946401	196361				.008011	1573 49
50 PHYSICAL THERAPY		2790917	59811482	2094036				.046662	97712 50
53 ELECTROCARDIOLOGY		149486	15106403					.009896	53
53.01 CARDIAC CATH LAB		2138232	48991795	56421				.043645	2462 53.01
53.02 CARDIAC REHAB									53.02
54 ELECTROENCEPHALOGRAPHY		14735	416364					.035390	54
55 MEDICAL SUPPLIES CHARGED TO P		1385813	98479155	91883				.014072	1293 55
55.30 IMPL. DEV. CHARGED TO PATIENT		236353	31607998	7457				.007478	56 55.30
56 DRUGS CHARGED TO PATIENTS		737622	122842364	973122				.006005	5844 56
58 ASC (NON-DISTINCT PART)		411851	4453827					.092471	58
58.01 WOUND CARE		5375	1800667					.002985	58.01
59 ACUTE DIALYSIS									59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		943995	73616716	42189				.012823	541 61
61.01 SLEEP LAB		246108	6395089	1420				.038484	55 61.01
61.02 BRONCH & GASTRO LAB		807592	22097487					.036547	61.02
61.03 SURGICENTER									61.03
62 OBSERVATION BEDS (NON-DISTINC		156889	1512877					.103702	62
62.01 OBSERVATION BEDS-DISTINCT		269763	18869346	94				.014296	1 62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		15919364	922908757	3923857					112616 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			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
43 RADIOISOTOPE							43
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 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
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
58.01 WOUND CARE							58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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 [] 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		91337766			21443		37
38 RECOVERY ROOM		14316303			2581		38
39 DELIVERY ROOM & LABOR ROOM		12684356					39
40 ANESTHESIOLOGY		442896					40
41 RADIOLOGY-DIAGNOSTIC		61586569			169960		41
43 RADIOISOTOPE		521415					43
44 LABORATORY		160604177			239811		44
46 WHOLE BLOOD & PACKED RED BLOO		22467304			27079		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		52946401			196361		49
50 PHYSICAL THERAPY		59811482			2094036		50
53 ELECTROCARDIOLOGY		15106403					53
53.01 CARDIAC CATH LAB		48991795			56421		53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		416364					54
55 MEDICAL SUPPLIES CHARGED TO P		98479155			91883		55
55.30 IMPL. DEV. CHARGED TO PATIENT		31607998			7457		55.30
56 DRUGS CHARGED TO PATIENTS		122842364			973122		56
58 ASC (NON-DISTINCT PART)		4453827					58
58.01 WOUND CARE		1800667					58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		73616716			42189		61
61.01 SLEEP LAB		6395089			1420		61.01
61.02 BRONCH & GASTRO LAB		22097487					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		1512877					62
62.01 OBSERVATION BEDS-DISTINCT		18869346			94		62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		922908757			3923857		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
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 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
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
58.01 WOUND CARE					58.01
59 ACUTE DIALYSIS					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 SLEEP LAB					61.01
61.02 BRONCH & GASTRO LAB					61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				6629762		6629762
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				776976		776976
27 CORONARY CARE UNIT				487527		487527
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				432566		432566
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				238764		238764
33 NURSERY				50667		50667
101 TOTAL				8616262		8616262

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	65880	10287			100.63	1035181
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	8596	5442			90.39	491902
27 CORONARY CARE UNIT	3553	398			137.22	54614
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	3611	575			119.79	68879
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4626	479			51.61	24721
33 NURSERY	4162	1527			12.17	18584
101 TOTAL	90428	18708				1693881

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 CHARGES	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		3556547	91337766				.038938	37
38 RECOVERY ROOM		176154	14316303				.012304	38
39 DELIVERY ROOM & LABOR ROOM		74999	12684356				.005913	39
40 ANESTHESIOLOGY		49326	442896				.111372	40
41 RADIOLOGY-DIAGNOSTIC		227574	61586569				.003695	41
43 RADIOISOTOPE		36497	521415				.069996	43
44 LABORATORY		983767	160604177				.006125	44
46 WHOLE BLOOD & PACKED RED BLOO		95631	22467304				.004256	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		424138	52946401				.008011	49
50 PHYSICAL THERAPY		2790917	59811482				.046662	50
53 ELECTROCARDIOLOGY		149486	15106403				.009896	53
53.01 CARDIAC CATH LAB		2138232	48991795				.043645	53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY		14735	416364				.035390	54
55 MEDICAL SUPPLIES CHARGED TO P		1385813	98479155				.014072	55
55.30 IMPL. DEV. CHARGED TO PATIENT		236353	31607998				.007478	55.30
56 DRUGS CHARGED TO PATIENTS		737622	122842364				.006005	56
58 ASC (NON-DISTINCT PART)		411851	4453827				.092471	58
58.01 WOUND CARE		5375	1800667				.002985	58.01
59 ACUTE DIALYSIS								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		943995	73616716				.012823	61
61.01 SLEEP LAB		246108	6395089				.038484	61.01
61.02 BRONCH & GASTRO LAB		807592	22097487				.036547	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		156889	1512877				.103702	62
62.01 OBSERVATION BEDS-DISTINCT		269763	18869346				.014296	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		15919364	922908757					101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
 11/29/2010 08:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					65880		10287	25
26	INTENSIVE CARE UNIT								26
26.01	NEONATAL ICU					8596		5442	26.01
27	CORONARY CARE UNIT					3553		398	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT					3611		575	29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4626		479	31
33	NURSERY					4162		1527	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					90428		18708	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
43 RADIOISOTOPE							43
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 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
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
58.01 WOUND CARE							58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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		91337766					37
38 RECOVERY ROOM		14316303					38
39 DELIVERY ROOM & LABOR ROOM		12684356					39
40 ANESTHESIOLOGY		442896					40
41 RADIOLOGY-DIAGNOSTIC		61586569					41
43 RADIOISOTOPE		521415					43
44 LABORATORY		160604177					44
46 WHOLE BLOOD & PACKED RED BLOO		22467304					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		52946401					49
50 PHYSICAL THERAPY		59811482					50
53 ELECTROCARDIOLOGY		15106403					53
53.01 CARDIAC CATH LAB		48991795					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		416364					54
55 MEDICAL SUPPLIES CHARGED TO P		98479155					55
55.30 IMPL. DEV. CHARGED TO PATIENT		31607998					55.30
56 DRUGS CHARGED TO PATIENTS		122842364					56
58 ASC (NON-DISTINCT PART)		4453827					58
58.01 WOUND CARE		1800667					58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		73616716					61
61.01 SLEEP LAB		6395089					61.01
61.02 BRONCH & GASTRO LAB		22097487					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		1512877					62
62.01 OBSERVATION BEDS-DISTINCT		18869346					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		922908757					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
43 RADIOISOTOPE						43
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 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATH LAB						53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY						54
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
58.01 WOUND CARE						58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
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	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	COSTS
	1	2		4	5		7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3556547	91337766				.038938	37
38 RECOVERY ROOM		176154	14316303				.012304	38
39 DELIVERY ROOM & LABOR ROOM		74999	12684356				.005913	39
40 ANESTHESIOLOGY		49326	442896				.111372	40
41 RADIOLOGY-DIAGNOSTIC		227574	61586569				.003695	41
43 RADIOISOTOPE		36497	521415				.069996	43
44 LABORATORY		983767	160604177				.006125	44
46 WHOLE BLOOD & PACKED RED BLOO		95631	22467304				.004256	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		424138	52946401				.008011	49
50 PHYSICAL THERAPY		2790917	59811482				.046662	50
53 ELECTROCARDIOLOGY		149486	15106403				.009896	53
53.01 CARDIAC CATH LAB		2138232	48991795				.043645	53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY		14735	416364				.035390	54
55 MEDICAL SUPPLIES CHARGED TO P		1385813	98479155				.014072	55
55.30 IMPL. DEV. CHARGED TO PATIENT		236353	31607998				.007478	55.30
56 DRUGS CHARGED TO PATIENTS		737622	122842364				.006005	56
58 ASC (NON-DISTINCT PART)		411851	4453827				.092471	58
58.01 WOUND CARE		5375	1800667				.002985	58.01
59 ACUTE DIALYSIS								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		943995	73616716				.012823	61
61.01 SLEEP LAB		246108	6395089				.038484	61.01
61.02 BRONCH & GASTRO LAB		807592	22097487				.036547	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		156889	1512877				.103702	62
62.01 OBSERVATION BEDS-DISTINCT		269763	18869346				.014296	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		15919364	922908757					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			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
43 RADIOISOTOPE							43
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 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
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
58.01 WOUND CARE							58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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 [] 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		91337766					37
38 RECOVERY ROOM		14316303					38
39 DELIVERY ROOM & LABOR ROOM		12684356					39
40 ANESTHESIOLOGY		442896					40
41 RADIOLOGY-DIAGNOSTIC		61586569					41
43 RADIOISOTOPE		521415					43
44 LABORATORY		160604177					44
46 WHOLE BLOOD & PACKED RED BLOO		22467304					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		52946401					49
50 PHYSICAL THERAPY		59811482					50
53 ELECTROCARDIOLOGY		15106403					53
53.01 CARDIAC CATH LAB		48991795					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		416364					54
55 MEDICAL SUPPLIES CHARGED TO P		98479155					55
55.30 IMPL. DEV. CHARGED TO PATIENT		31607998					55.30
56 DRUGS CHARGED TO PATIENTS		122842364					56
58 ASC (NON-DISTINCT PART)		4453827					58
58.01 WOUND CARE		1800667					58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		73616716					61
61.01 SLEEP LAB		6395089					61.01
61.02 BRONCH & GASTRO LAB		22097487					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		1512877					62
62.01 OBSERVATION BEDS-DISTINCT		18869346					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		922908757					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
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 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
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
58.01 WOUND CARE					58.01
59 ACUTE DIALYSIS					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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)	65880	4626					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	65880	4626					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	65880	4626					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)	22900	1801					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	51407891	2996653					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	51407891	2996653					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	118341417	7643448					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	118341417	7643448					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.434403	.392055					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1796.32	1652.28					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	51407891	2996653					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	780.33	647.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17869557	1166652				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17869557	1166652				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	7804149	8596	907.88			43.01
44 CORONARY CARE UNIT	5019618	3553	1412.78	1606	2268925	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	5055345	3611	1399.98	814	1139584	46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0091)	SUB I (PPS) (14-T091)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	41758988	1124727				48
49 TOTAL PROGRAM INPATIENT COSTS	63037054	2291379				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2622311	92950				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2797080	112616				51
52 TOTAL PROGRAM EXCLUDABLE COST	5419391	205566				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	57617663	2085813				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)	SUB I (PPS)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1559	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	780.33	84
85 OBSERVATION BED COST	1216534	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		51407891		1216534		86
87 NEW CAPITAL-RELATED COST	6629762	51407891	.128964	1216534	156889	87
88 NON PHYSICIAN ANESTHETIST		51407891		1216534		88
89 MEDICAL EDUCATION		51407891		1216534		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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(PPS) (14-0091)	(OTHER) (14-T091)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	65880	4626					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	65880	4626					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	65880	4626					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)	10287	479					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	4162						15
16 TITLE V OR XIX NURSERY DAYS	1527						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0091)	SUB I (OTHER) (14-T091)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 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	51407891	2942899					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	51407891	2942899					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	118341417	7643448					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	118341417	7643448					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.434403	.385022					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1796.32	1652.28					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	51407891	2942899					37

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	780.33	636.16					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8027255	304721					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8027255	304721					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)	1887944	4162	453.61	1527	692662		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT							43
43.01	NEONATAL ICU	7804149	8596	907.88	5442	4940683		43.01
44	CORONARY CARE UNIT	5019618	3553	1412.78	398	562286		44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT	5055345	3611	1399.98	575	804989		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	15027875	304721					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1669160	24721					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	1669160	24721					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13358715						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	48	1	1	54
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 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
11/29/2010 08:20

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	1559	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	780.33	84
85 OBSERVATION BED COST	1216534	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		51407891		1216534		86
87 NEW CAPITAL-RELATED COST	6629762	51407891	.128964	1216534	156889	87
88 NON PHYSICIAN ANESTHETIST		51407891		1216534		88
89 MEDICAL EDUCATION		51407891		1216534		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
 [] 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		44417027		25
26.01 NEONATAL ICU				26.01
27 CORONARY CARE UNIT		7058032		27
29 SURGICAL INTENSIVE CARE UNIT		3945639		29
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.207352	18538446	3843984	37
38 RECOVERY ROOM	.145555	3043428	442986	38
39 DELIVERY ROOM & LABOR ROOM	.373145	67885	25331	39
40 ANESTHESIOLOGY	.349509	33236	11616	40
41 RADIOLOGY-DIAGNOSTIC	.171532	21235704	3642603	41
43 RADIOISOTOPE	4.475130			43
44 LABORATORY	.164422	22258953	3659862	44
46 WHOLE BLOOD & PACKED RED BLOOD	.186224	5975935	1112863	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.090545	16289338	1474918	49
50 PHYSICAL THERAPY	.390510	4407182	1721049	50
53 ELECTROCARDIOLOGY	.184477			53
53.01 CARDIAC CATH LAB	.184841	13425937	2481664	53.01
53.02 CARDIAC REHAB				53.02
54 ELECTROENCEPHALOGRAPHY	.584515			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.386304	29257484	11302283	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.490550	9950763	4881347	55.30
56 DRUGS CHARGED TO PATIENTS	.158124	34159431	5401426	56
58 ASC (NON-DISTINCT PART)	.487875	1711	835	58
58.01 WOUND CARE	.173290			58.01
59 ACUTE DIALYSIS				59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.164080	7772260	1275272	61
61.01 SLEEP LAB	.257155	9246	2378	61.01
61.02 BRONCH & GASTRO LAB	.180844	1688449	305346	61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.804120			62
62.01 OBSERVATION BEDS-DISTINCT	.136124	1272556	173225	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		189387944	41758988	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		189387944		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		2992549		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.207352	21443	4446	37
38 RECOVERY ROOM	.145555	2581	376	38
39 DELIVERY ROOM & LABOR ROOM	.373145			39
40 ANESTHESIOLOGY	.349509			40
41 RADIOLOGY-DIAGNOSTIC	.171532	169960	29154	41
43 RADIOISOTOPE	4.475130			43
44 LABORATORY	.164422	239811	39430	44
46 WHOLE BLOOD & PACKED RED BLOOD	.186224	27079	5043	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.090545	196361	17780	49
50 PHYSICAL THERAPY	.390510	2094036	817742	50
53 ELECTROCARDIOLOGY	.184477			53
53.01 CARDIAC CATH LAB	.184841	56421	10429	53.01
53.02 CARDIAC REHAB				53.02
54 ELECTROENCEPHALOGRAPHY	.584515			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.386304	91883	35495	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.490550	7457	3658	55.30
56 DRUGS CHARGED TO PATIENTS	.158124	973122	153874	56
58 ASC (NON-DISTINCT PART)	.487875			58
58.01 WOUND CARE	.173290			58.01
59 ACUTE DIALYSIS				59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.164080	42189	6922	61
61.01 SLEEP LAB	.257155	1420	365	61.01
61.02 BRONCH & GASTRO LAB	.180844			61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.804120			62
62.01 OBSERVATION BEDS-DISTINCT	.136124	94	13	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3923857	1124727	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3923857		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	.207352		37
38 RECOVERY ROOM	.145555		38
39 DELIVERY ROOM & LABOR ROOM	.373145		39
40 ANESTHESIOLOGY	.349509		40
41 RADIOLOGY-DIAGNOSTIC	.171532		41
43 RADIOISOTOPE	4.475130		43
44 LABORATORY	.164422		44
46 WHOLE BLOOD & PACKED RED BLOOD	.186224		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.090545		49
50 PHYSICAL THERAPY	.390510		50
53 ELECTROCARDIOLOGY	.184477		53
53.01 CARDIAC CATH LAB	.184841		53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY	.584515		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.386304		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.490550		55.30
56 DRUGS CHARGED TO PATIENTS	.158124		56
58 ASC (NON-DISTINCT PART)	.487875		58
58.01 WOUND CARE	.173290		58.01
59 ACUTE DIALYSIS			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.164080		61
61.01 SLEEP LAB	.257155		61.01
61.02 BRONCH & GASTRO LAB	.180844		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.804120		62
62.01 OBSERVATION BEDS-DISTINCT	.136124		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	.207020		37
38 RECOVERY ROOM	.145555		38
39 DELIVERY ROOM & LABOR ROOM	.373145		39
40 ANESTHESIOLOGY	.349509		40
41 RADIOLOGY-DIAGNOSTIC	.171532		41
43 RADIOISOTOPE	4.475130		43
44 LABORATORY	.164265		44
46 WHOLE BLOOD & PACKED RED BLOOD	.186224		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.090437		49
50 PHYSICAL THERAPY	.389491		50
53 ELECTROCARDIOLOGY	.184477		53
53.01 CARDIAC CATH LAB	.178986		53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY	.584515		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.386304		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.490550		55.30
56 DRUGS CHARGED TO PATIENTS	.158124		56
58 ASC (NON-DISTINCT PART)	.479582		58
58.01 WOUND CARE	.173290		58.01
59 ACUTE DIALYSIS			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.160976		61
61.01 SLEEP LAB	.253051		61.01
61.02 BRONCH & GASTRO LAB	.180844		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.804120		62
62.01 OBSERVATION BEDS-DISTINCT	.136124		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	12469643					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12469643					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	24939286					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	4891508					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4891508					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	9783016					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	3072643					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	277.23					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	28.35					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	44.86					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..	31.60					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	32.29					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	32.06				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	0.115644				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.113217				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	0.113217				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1040506				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1040506				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]	2081012				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	4162024 5316957	1154933			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0288				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2315				4.01
4.02	SUM OF 4 AND 4.01	0.2603				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1069				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5332019				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	63600191				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	63600191				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4841711				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1299653				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	69741555				16
17	PRIMARY PAYER PAYMENTS	88326				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	69653229				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4203292				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	102468				20
21	REIMBURSABLE BAD DEBTS	670131				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	469092				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	614805				21.02
22	SUBTOTAL	65816561				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	65816561				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	65455546				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	361015				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1009990				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0091) 1	HOSPITAL (14-0091) 1.01	HOSPITAL (14-0091) 1.02
1 MEDICAL AND OTHER SERVICES	6995		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14302882		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	12883885		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	6995		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	44239		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	44239		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	44239		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	37244		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	6995		17
17.01 TOTAL PPS PAYMENTS	12883885		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0091) 1	HOSPITAL (14-0091) 1.01	HOSPITAL (14-0091) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2873345		18.01
19 SUBTOTAL	10017535		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	285046		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10302581		23
24 PRIMARY PAYER PAYMENTS	1081		24
25 SUBTOTAL	10301500		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	601819		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	421273		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	516972		27.02
28 SUBTOTAL	10722773		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	10722773		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10070854		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	651919		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) 1	SUB I (14-T091) 1.01	SUB I (14-T091) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03	0.940			1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

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		62367977		10011843	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.		2041951		NONE	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 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	02/12/2010 687091 05/21/2010 358527	02/12/2010 05/21/2010	54870 4141	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1045618		59011	3.99
4 TOTAL INTERIM PAYMENTS		65455546		10070854	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	361015		651919	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		65816561		10722773	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		2226160		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 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 TO .02 PROVIDER .03 PROVIDER .04 .05 02/12/2010 PROVIDER .51 TO .52 PROGRAM .53 .54			3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	-18880		3.99
4 TOTAL INTERIM PAYMENTS		2207280		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	65768		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2273048		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

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	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					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)					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					4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL					6
7	DEDUCTIBLES					7
8	SUBTOTAL					8
9	COINSURANCE					9
10	SUBTOTAL					10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL					12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T091)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2273048				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2207280				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	65768				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0091) (PPS)	SUB I (14-T091) (OTHER)	SUB II	SUB III	SUB IV	NF I
1	1	1	1	1	1	1
2		304721				2
3						3
4						4
5						5
6		304721				6
7						7
8						8
9		304721				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		304721				22
23		304721				23
24						24
25						25
26						26
27						27
28						28
29						29
30		304721				30
31						31
32		304721				32
33						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				
		HOSPITAL (14-0091) (PPS)	SUB I (14-T091) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST		304721				34
35	SUBTOTAL						35
36	COINSURANCE						36
37	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		0.00	3.23
	BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS			3.24
	BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS			3.25
	BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			
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	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1			6.02
	OF THIS COST REPORTING PERIOD			
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			6.05
	OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS			6.06
	COST REPORTING YEAR			
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON			6.07
	LINE 6.04 ABOVE			
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS	0	0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
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

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 27.50	27.50 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	45.26 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	27.50 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	43.11 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	0.67 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	43.78 3.09
3.10	SEE INSTRUCTIONS	26.60 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	4.50 3.11
3.12	SEE INSTRUCTIONS	4.91 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	5.43 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	5.96 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	5.43 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	5.43 3.16
3.17	SEE INSTRUCTIONS	74874.84 3.17
3.18	SEE INSTRUCTIONS	406570 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			24.78	3.19
3.20 SEE INSTRUCTIONS			26.54	3.20
3.21 SEE INSTRUCTIONS			25.84	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			25.84	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			74874.84	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			1934766	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			2341336	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			27121	4
5 TOTAL INPATIENT DAYS			84707	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.320174	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 749635 477709			1227344	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			9196	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			84707	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			218264	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 0 139091			139091	6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
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	65328433	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	88326	15
16	TOTAL PART A REASONABLE COST	65240107	16
PART B REASONABLE COST			
17	REASONABLE COST	14309877	17
18	PRIMARY PAYER PAYMENTS	1081	18
19	TOTAL PART B REASONABLE COST	14308796	19
20	TOTAL REASONABLE COST	79548903	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.820126	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.179874	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	1584699	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1299653	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	285046	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		17181	4
5	TOTAL INPATIENT DAYS		84707	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.202829	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6135	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		84707	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
		[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
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

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

1	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	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
5	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
13	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
16	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)	27.50	2
3	UNADJUSTED DIRECT GME FTE CAP	28.35	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	27.50	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	25.00	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17.76	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	17.18	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	86846.91	8
9	LINE 7 TIMES LINE 8	1492030	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.320174	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	477709	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	139091	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	28.35	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)	17.57	17
18	SEE INSTRUCTIONS	17.57	18
19	RESIDENT TO BED COUNT	.063377	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.016631	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	49878572	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	19566032	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	1154933	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	-5902541			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	232836384			4
5 OTHER RECEIVABLES	452461			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-170433508			6
7 INVENTORY	4948780			7
8 PREPAID EXPENSES	6517817			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	68419393			11
FIXED ASSETS				
12 LAND	485000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	687739			13
13.01 ACCUMULATED DEPRECIATION	-422065			13.01
14 BUILDINGS	7961066			14
14.01 ACCUMULATED DEPRECIATION	-1692596			14.01
15 LEASEHOLD IMPROVEMENTS	1982023			15
15.01 ACCUMULATED AMORTIZATION	-501952			15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS	76795			17
17.01 ACCUMULATED DEPRECIATION	-55685			17.01
18 MAJOR MOVABLE EQUIPMENT	61078193			18
18.01 ACCUMULATED DEPRECIATION	-23386922			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	46211596			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	114630989			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	23964607			28
29 SALARIES, WAGES & FEES PAYABLE	15708911			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	-27086282			35
36 TOTAL CURRENT LIABILITIES	12587236			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	12587236			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	102043753			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	102043753			51
52 TOTAL LIABILITIES AND FUND BALANCES	114630989			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	54827876			1
2 NET INCOME (LOSS)	79776035			2
3 TOTAL	134603911			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	134603911			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	32560158			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	32560158			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	102043753			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	140693737		140693737	1
2 SUBPROVIDER I	7644314		7644314	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	148338051		148338051	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
10.01 NEONATAL ICU	18763654		18763654	10.01
11 CORONARY CARE UNIT	15952166		15952166	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT	17507179		17507179	13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	52222999		52222999	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	200561050		200561050	16
17 ANCILLARY SERVICES	550224518		550224518	17
18 OUTPATIENT SERVICES		365433206	365433206	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		3562343	3562343	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE	304380	4974790	5279170	23
24				24
25 TOTAL PATIENT REVENUES	751089948	373970339	1125060287	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		345153837	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	23980371		28
29 ROUNDING			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		23980371	33
34 DEDUCT (SPECIFY)			34
35 INCOME TAX			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		369134208	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1125060287	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	715939663	2
3	NET PATIENT REVENUES	409120624	3
4	LESS - TOTAL OPERATING EXPENSES	369134208	4
5	NET INCOME FROM SERVICE TO PATIENTS	39986416	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	8171590	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	561978	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1423228	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	16632	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	26350	22
23	GOVERNMENTAL APPROPRIATIONS	4000000	23
24	MGMT AND INTERNAL	8750339	24
24.01	OTHER	16839505	24.01
25	TOTAL OTHER INCOME	39789622	25
26	TOTAL	79776038	26
27	LOSSES		27
27.01	INCOME TAXES		27.01
27.02	OTHER	3	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	3	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	79776035	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	1023099	334247	4856		653632	2015834
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1101832	193698	125534		80739	1501803
7 PHYSICAL THERAPY	232551	62877	51470		7287	354185
8 OCCUPATIONAL THERAPY	142820	17450	22912		8070	191252
9 SPEECH PATHOLOGY	9075	2454	3487		174	15190
10 MEDICAL SOCIAL SERVICES	13085	3212	2786			19083
11 HOME HEALTH AIDE	33504	11616	12043			57163
12 SUPPLIES					71436	71436
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	2555966	625554	223088		821338	4225946

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	
1					1
2					2
3					3
4					4
5	-816859	1198975	-180584	1018391	5
6		1501803		1501803	6
7		354185		354185	7
8		191252		191252	8
9		15190		15190	9
10		19083		19083	10
11		57163		57163	11
12		71436		71436	12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-816859	3409087	-180584	3228503	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
1		1	2	3	4			
2								
3								
4								
5	1018391					1018391	1018391	5
6	1501803					1501803	692012	2193815
7	354185					354185	163204	517389
8	191252					191252	88126	279378
9	15190					15190	6999	22189
10	19083					19083	8793	27876
11	57163					57163	26340	83503
12	71436					71436	32917	104353
13								13
13.20								13.20
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
23.50								23.50
24	3228503					3228503		3228503

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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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					-1018391	2210112	5
6 SKILLED NURSING CARE						1501803	6
7 PHYSICAL THERAPY						354185	7
8 OCCUPATIONAL THERAPY						191252	8
9 SPEECH PATHOLOGY						15190	9
10 MEDICAL SOCIAL SERVICES						19083	10
11 HOME HEALTH AIDE						57163	11
12 SUPPLIES						71436	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					-1018391	2210112	24
25 COST TO BE ALLOC (PER W/S H)						1018391	25
26 UNIT COST MULTIPLIER						.460787	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7241

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		TOTAL HHA COSTS	
		HHA A & G	HHA COSTS		
	27	28	29		
1 ADMINISTRATIVE AND GENERAL	214553				1
2 SKILLED NURSING CARE	2718051	145950	2864001		2
3 PHYSICAL THERAPY	639690	34349	674039		3
4 OCCUPATIONAL THERAPY	346261	18593	364854		4
5 SPEECH PATHOLOGY	27390	1471	28861		5
6 MEDICAL SOCIAL SERVICES	34493	1852	36345		6
7 HOME HEALTH AIDE	103044	5533	108577		7
8 SUPPLIES	126726	6805	133531		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	4210208	214553	4210208		20
21 UNIT COST MULTIPLIER		.053697			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	OLD CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE B ENEFITS GROSS SALARIES	NON-PATIENT TELEPHONE INSTR	DATA PROCES SING INVOICES	FOUNDATION OVERHEAD TOTAL COST
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL				60920	471422	76	47156	1
2 SKILLED NURSING CARE					1101832			2
3 PHYSICAL THERAPY					232551			3
4 OCCUPATIONAL THERAPY					142820			4
5 SPEECH PATHOLOGY					9075			5
6 MEDICAL SOCIAL SERVICES					13085			6
7 HOME HEALTH AIDE					33504			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				60920	2004289	76	47156	20
21 TOTAL COST TO BE ALLOCATED				60434	80711		97256	21
22 UNIT COST MULTIPLIER					.040269		2.062431	22
22 UNIT COST MULTIPLIER				.992022				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	SHARED ADM INISTRATIV E & GENERA	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERV NG ICE POUNDS OF LAUNDRY	HOUSEKEEPI SQ FEET
	GROSS REVENUE	TOTAL COST						
	6.04	6.05	6A.06	6.06	7	8	9	10
1 ADMINISTRATIVE AND GENERAL				176674				1
2 SKILLED NURSING CARE				2238185				2
3 PHYSICAL THERAPY				526754				3
4 OCCUPATIONAL THERAPY				285129				4
5 SPEECH PATHOLOGY				22554				5
6 MEDICAL SOCIAL SERVICES				28403				6
7 HOME HEALTH AIDE				84852				7
8 SUPPLIES				104353				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				3466904				20
21 TOTAL COST TO BE ALLOCATED				743304				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				.214400				22

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
 11/29/2010 08:20

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	NONPHYSIC.	NURSING	I&R SERVIC	I&R SERVIC	PARAMED	
	ANESTHET.	SCHOOL	ES-SALARY & FRINGES	ES-OTHER P	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	2864001		2864001	14334	199.80	1
2	PHYSICAL THERAPY	3	674039		674039	4224	159.57	2
3	OCCUPATIONAL THERAPY	4	364854		364854	1530	238.47	3
4	SPEECH PATHOLOGY	5	28861		28861	110	262.37	4
5	MEDICAL SOCIAL SERV	6	36345		36345	138	263.37	5
6	HOME HEALTH AIDE SERV	7	108577		108577	1298	83.65	6
7	TOTAL		4076677		4076677	21634		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	
15	COST OF MEDICAL SUPPLIES	8	133531	2	133531	147287	.906604	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1400		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1040		17.02
17.03	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2040		17.03
18	PER BENEFICIARY COST LIMITATION					1400		18
18.01	PER BENEFICIARY COST LIMITATION					9914		18.01
18.02	PER BENEFICIARY COST LIMITATION					1040		18.02
18.03	PER BENEFICIARY COST LIMITATION					2040		18.03
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-6
 PARTS 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
		PART B			PART B			PROGRAM
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	COST
		6	7	8	9	10	11	12
1	SKILLED NURSING CARE	3981	3219		795404	643156		1438560
2	PHYSICAL THERAPY	1315	838		209835	133720		343555
3	OCCUPATIONAL THERAPY	488	359		116373	85611		201984
4	SPEECH PATHOLOGY	37	17		9708	4460		14168
5	MEDICAL SOCIAL SERV	43	40		11325	10535		21860
6	HOME HEALTH AIDE SERV	206	939		17232	78547		95779
7	TOTAL	6070	5412		1159877	956029		2115906

LIMITATION COST COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL
		PART B			PART B			PROGRAM
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	COST
		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	1	2	3	4	
1	PHYSICAL THERAPY	50	.389491		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	.386304		COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.490550		COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.158124		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	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	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	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	159.57					1
2	OCCUPATIONAL THERAPY	3	238.47					2
3	SPEECH PATHOLOGY	4	262.37					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 B -----		
	PART A 1	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES	957706	799062	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	957706	799062	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	957706	799062	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	PART B	
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1020262	713121	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	15468	37728	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	58019	33285	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4602	7847	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	6111	21035	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	1104462	813016	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1104462	813016	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1104462	813016	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1104462	813016	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	1104462	813016	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1104462	813016	24
25 TOTAL INTERIM PAYMENTS	1104462	813016	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		1104462		813016	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 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 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 .54				3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1104462		813016	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1104462		813016	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	162386		8724		1724891	1896001
7 INPATIENT CARE SERVICE						6
8 INPATIENT - GENERAL CARE						7
9 INPATIENT - RESPITE CARE						8
10 VISITING SERVICES						9
10.20 NURSING CARE	638963		64169		137124	840256
11 NURSING CARE-CONTINUOUS HOME CARE						10
12 PHYSICAL THERAPY						10.20
13 OCCUPATIONAL THERAPY						11
14 SPEECH/LANGUAGE PATHOLOGY						11
15 MEDICAL SOCIAL SERVICES	89199		7617		20746	117562
16 SPIRITUAL COUNSELING	93184		14329		26303	133816
17 DIETARY COUNSELING						13
18 COUNSELING - OTHER						14
18.20 HOME HEALTH AIDE AND HOMEMAKER	106063		39781		36381	182225
19 HH AIDE & HOMEMAKER-CONT. HOME CARE						15
20 OTHER						16
20.30 OTHER HOSPICE SERVICE COSTS						17
20.31 DRUGS, BIOLOGICAL & INFUSION THERAPY						18
20.32 ANALGESICS						18.20
21 SEDATIVES / HYPNOTICS						19
21.30 OTHER - SPECIFY						20
22 DURABLE MEDICAL EQUIPMENT/OXYGEN						20.30
23 PATIENT TRANSPORTATION						20.31
24 IMAGING SERVICES						20.32
25 LABS AND DIAGNOSTICS						21
26 MEDICAL SUPPLIES						21
27 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						22
28 RADIATION THERAPY						22
29 CHEMOTHERAPY						23
30 OTHER						23
31 HOSPICE NONREIMBURSABLE SERVICE						24
32 BEREAVEMENT PROGRAM COSTS	22050				12676	34726
33 VOLUNTEER PROGRAM COSTS	38960		566		6230	45756
34 FUNDRAISING						24
OTHER PROGRAM COSTS						25
TOTAL	1150805		135186		1964351	3250342

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	343287	2239288	-179015	2060273	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		840256		840256	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		117562		117562	14
15 SPIRITUAL COUNSELING		133816		133816	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		182225		182225	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		34726		34726	30
31 VOLUNTEER PROGRAM COSTS		45756		45756	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	343287	3593629	-179015	3414614	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								72422
8	INPATIENT CARE SERVICE								68336
9	INPATIENT - GENERAL CARE								21628
10	INPATIENT - RESPITE CARE								162386
11	VISITING SERVICES								6
12	PHYSICIAN SERVICES								7
13	NURSING CARE								8
14	NURSING CARE-CONT.HOME CARE								9
15	PHYSICAL THERAPY								638963
16	OCCUPATIONAL THERAPY								638963
17	SPEECH/LANGUAGE PATHOLOGY								10.20
18	MEDICAL SOCIAL SERVICES								89199
19	SPIRITUAL COUNSELING								93184
20	DIETARY COUNSELING								14
21	COUNSELING - OTHER								15
22	HH AIDE AND HOMEMAKER								106063
23	HH AIDE & HMKR-CONT.HME CARE								106063
24	OTHER								18.20
25	OTHER HOSPICE SERVICE COSTS								19
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								22050
41	VOLUNTEER PROGRAM COSTS								38960
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								72422
			89199	68336	638963		106063	175822	1150805

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 14-1526

WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	2060273						2060273	2060273	7
8	ADMINISTRATIVE AND GENERAL								8
9	INPATIENT CARE SERVICE								9
10	INPATIENT - GENERAL CARE								10
10.20	INPATIENT - RESPITE CARE								10.20
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	840256						840256	1278228	14
15	NURSING CARE-CONTINUOUS HOME								15
16	PHYSICAL THERAPY								16
17	OCCUPATIONAL THERAPY								17
18	SPEECH/LANGUAGE PATHOLOGY								18
19	117562						117562	178840	19
20	MEDICAL SOCIAL SERVICES								20
21	133816						133816	203566	21
22	SPIRITUAL COUNSELING								22
23	DIETARY COUNSELING								23
24	COUNSELING - OTHER								24
25	182225						182225	277207	25
26	HH AIDE AND HOMEMAKER								26
27	HH AIDE & HMKR-CONT. HOME CA								27
28	OTHER								28
29	OTHER HOSPICE SERVICE COSTS								29
30	DRUGS, BIOL. & INFUS. THER.								30
31	ANALGESICS								31
32	SEDATIVES / HYPNOTICS								32
33	OTHER - SPECIFY								33
34	DURABLE MED. EQUIP./OXYGEN								34
35	PATIENT TRANSPORTATION								35
36	IMAGING SERVICES								36
37	LABS AND DIAGNOSTICS								37
38	MEDICAL SUPPLIES								38
39	OUTPAT.SERV.(INCL.E/R DEPT.)								39
40	RADIATION THERAPY								40
41	CHEMOTHERAPY								41
42	OTHER								42
43	HOSPICE NONREIMBURSABLE SERV.								43
44	34726						34726	52826	44
45	BEREAVEMENT PROGRAM COSTS								45
46	45756						45756	69606	46
47	VOLUNTEER PROGRAM COSTS								47
48	FUNDRAISING								48
49	OTHER PROGRAM COSTS								49
50	3414614						3414614		50
51	COST TO BE ALLOCATED								51

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 28	TOTAL HOSPICE COSTS 29	
	27			
1 ADMINISTRATIVE AND GENERAL	187237			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE	2603933	116221	2720154	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	364313	16260	380573	9
10 SPIRITUAL COUNSELING	414273	18490	432763	10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS	563121	25134	588255	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	107402	4794	112196	25
26 VOLUNTEER PROGRAM COSTS	142001	6338	148339	26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTALS	4382280		4382280	29
30 UNIT COST MULTIPLIER		.044633		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	OLD CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE B ENEFITS GROSS SALARIES	NON-PATIENT TELEPHONE INSTR	DATA PROCES SING INVOICES	FOUNDATION OVERHEAD TOTAL COST
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL				51903	455850	32	47156	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					638963			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					89199			9
10 SPIRITUAL COUNSELING					93184			10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					106062			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					22050			25
26 VOLUNTEER PROGRAM COSTS					38960			26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				51903	1444268	32	47156	29
30 TOTAL COST TO BE ALLOCATED				38568	58159		97256	30
31 UNIT COST MULTIPLIER					.040269		2.062431	31
31 UNIT COST MULTIPLIER				.743078				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

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
11/29/2010 08:20

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	0.389491		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.158124		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.164265		6
7	MEDICAL SUPPLIES	55	0.386304		7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.490550		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.160976		8
8.01	SLEEP LAB	61.01	0.253051		8.01
8.02	BRONCH & GASTRO LAB	61.02	0.180844		8.02
8.03	SURGICENTER	61.03			8.03
9	RADIATION THERAPY	41	0.171532		9
10	ACUTE DIALYSIS	59			10
10.97	CARDIAC REHABILITATION	59.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	59.98			10.98
10.99	LITHOTRIPSY	59.99			10.99
11	TOTALS				11

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.02
11/29/2010 08:20

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				4382280	1
2 TOTAL UNDUPLICATED DAYS				33700	2
3 AGGREGATE COST PER DIEM				130.04	3
4 UNDUPLICATED MEDICARE DAYS	30962				4
5 AGGREGATE MEDICARE COST	4026298				5
6 UNDUPLICATED MEDICAID DAYS		1209			6
7 AGGREGATE MEDICAID COST		157218			7
8 UNDUPLICATED SNF DAYS	10534				8
9 AGGREGATE SNF COST	1369841				9
10 UNDUPLICATED NF DAYS		350			10
11 AGGREGATE NF COST		45514			11
12 OTHER UNDUPLICATED DAYS			1529		12
13 AGGREGATE COST FOR OTHER DAYS			198831		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	4102641				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	4841711				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				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	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 & GENERA					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					22
23 I&R SERVICES-OTHER PRGM COSTS					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
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
58.01 WOUND CARE					58.01
59 ACUTE DIALYSIS					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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 THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

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
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 & CA					96
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 PALLIATIVE CARE					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
100 UNDERGRADUATE MEDICAL EDUCATIO					100
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	34.76		15.61				50.37	25
26.01 NEONATAL ICU			63.31				63.31	26.01
27 CORONARY CARE UNIT	45.20		11.20				56.40	27
29 SURGICAL INTENSIVE CARE UNIT	22.54		15.92				38.46	29
33 NURSERY			36.69				36.69	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	20.30	7.21					27.51	37
38 RECOVERY ROOM	21.26	6.37					27.63	38
39 DELIVERY ROOM & LABOR ROOM	0.54	0.14					0.68	39
40 ANESTHESIOLOGY	7.50	15.75					23.25	40
41 RADIOLOGY-DIAGNOSTIC	34.48	9.83					44.31	41
44 LABORATORY	13.86	0.85					14.71	44
46 WHOLE BLOOD & PACKED RED BLOOD	26.60	1.83					28.43	46
49 RESPIRATORY THERAPY	30.77	0.65					31.42	49
50 PHYSICAL THERAPY	7.37	5.48					12.85	50
53.01 CARDIAC CATH LAB	27.40	16.98					44.38	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	29.71	5.79					35.50	55
55.30 IMPL. DEV. CHARGED TO PATIENT	31.48	16.39					47.87	55.30
56 DRUGS CHARGED TO PATIENTS	27.81	3.70					31.51	56
58 ASC (NON-DISTINCT PART)	0.04	26.81					26.85	58
61 EMERGENCY	10.56	8.21					18.77	61
61.01 SLEEP LAB	0.14	18.39					18.53	61.01
61.02 BRONCH & GASTRO LAB	7.64	19.62					27.26	61.02
62 OBSERVATION BEDS (NON-DISTINCT)		6.21					6.21	62
62.01 OBSERVATION BEDS-DISTINCT	6.74	18.65					25.39	62.01
101 TOTAL CHARGES	17.12	5.34					22.46	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	38.93		10.35				49.28 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.02						0.02 38
41 RADIOLOGY-DIAGNOSTIC	0.28						0.28 41
44 LABORATORY	0.15						0.15 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.12						0.12 46
49 RESPIRATORY THERAPY	0.37						0.37 49
50 PHYSICAL THERAPY	3.50						3.50 50
53.01 CARDIAC CATH LAB	0.12						0.12 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.09						0.09 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.02						0.02 55.30
56 DRUGS CHARGED TO PATIENTS	0.79						0.79 56
61 EMERGENCY	0.06						0.06 61
61.01 SLEEP LAB	0.02						0.02 61.01
101 TOTAL CHARGES	0.35						0.35 101

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	15805904	4.64	-15805904	-11.40			3
4	NEW CAP REL COSTS-MVBLE EQUIP	14708978	4.32	-14708978	-10.61			4
5	EMPLOYEE BENEFITS	4607627	1.35	-4607627	-3.32			5
6.01	NON-PATIENT TELEPHONE							6.01
6.02	DATA PROCESSING	5269839	1.55	-5269839	-3.80			6.02
6.03	FOUNDATION OVERHEAD	16275980	4.78	-16275980	-11.74			6.03
6.04	ADMITTING	1755735	.52	-1755735	-1.27			6.04
6.05	SHARED ADMINISTRATIVE & GENERAL	14886351	4.37	-14886351	-10.74			6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	37471732	11.00	-37471732	-27.03			6.06
7	MAINTENANCE & REPAIRS	6147057	1.80	-6147057	-4.43			7
8	OPERATION OF PLANT	4954064	1.45	-4954064	-3.57			8
9	LAUNDRY & LINEN SERVICE	13520		-13520	-.01			9
10	HOUSEKEEPING	3214787	.94	-3214787	-2.32			10
11	DIETARY	1341361	.39	-1341361	-.97			11
12	CAFETERIA	719494	.21	-719494	-.52			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1896304	.56	-1896304	-1.37			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	4487809	1.32	-4487809	-3.24			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	2610465	.77	-2610465	-1.88			22
23	I&R SERVICES-OTHER PRGM COSTS A	2458990	.72	-2458990	-1.77			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	27508626	8.08	29819404	21.51	57328030	16.83	25
26.01	NEONATAL ICU	4824513	1.42	3369916	2.43	8194429	2.41	26.01
27	CORONARY CARE UNIT	3025450	.89	1974187	1.42	4999637	1.47	27
29	SURGICAL INTENSIVE CARE UNIT	3085781	.91	1937033	1.40	5022814	1.47	29
31	SUBPROVIDER I	1830608	.54	1112291	.80	2942899	.86	31
33	NURSERY	1425746	.42	661057	.48	2086803	.61	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	9888672	2.90	9020059	6.51	18908731	5.55	37
38	RECOVERY ROOM	1336140	.39	747667	.54	2083807	.61	38
39	DELIVERY ROOM & LABOR ROOM	3705532	1.09	1027576	.74	4733108	1.39	39
40	ANESTHESIOLOGY	72755	.02	82041	.06	154796	.05	40
41	RADIOLOGY-DIAGNOSTIC	8030185	2.36	2533855	1.83	10564040	3.10	41
43	RADIOISOTOPE	1865902	.55	467498	.34	2333400	.68	43
44	LABORATORY	19305710	5.67	7075859	5.10	26381569	7.74	44
46	WHOLE BLOOD & PACKED RED BLOOD	3232623	.95	951331	.69	4183954	1.23	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2934471	.86	1853848	1.34	4788319	1.41	49

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	13845343	4.06	9450674	6.82	23296017	6.84	50
53 ELECTROCARDIOLOGY	1926112	.57	860674	.62	2786786	.82	53
53.01 CARDIAC CATH LAB	4207370	1.24	4561466	3.29	8768836	2.57	53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY	169543	.05	73828	.05	243371	.07	54
55 MEDICAL SUPPLIES CHARGED TO PAT	29113266	8.55	8929600	6.44	38042866	11.17	55
55.30 IMPL. DEV. CHARGED TO PATIENT	12561365	3.69	2943942	2.12	15505307	4.55	55.30
56 DRUGS CHARGED TO PATIENTS	14420846	4.23	5003444	3.61	19424290	5.70	56
58 ASC (NON-DISTINCT PART)	1125540	.33	1010436	.73	2135976	.63	58
58.01 WOUND CARE	237000	.07	75037	.05	312037	.09	58.01
59 ACUTE DIALYSIS							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
61 EMERGENCY	7751990	2.28	4138334	2.99	11890324	3.49	61
61.01 SLEEP LAB	805580	.24	812706	.59	1618286	.48	61.01
61.02 BRONCH & GASTRO LAB	2077978	.61	1918214	1.38	3996192	1.17	61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT	1544013	.45	1024553	.74	2568566	.75	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE 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	3228503	.95	981705	.71	4210208	1.24	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	3414614	1.00	967666	.70	4382280	1.29	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	280304	.08	360384	.26	640688	.19	96
97 RESEARCH			2187		2187		97
98 PHYSICIANS' PRIVATE OFFICES			3191819	2.30	3191819	.94	98
98.01 CHEMOTHERAPY RX	296356	.09	82965	.06	379321	.11	98.01
98.02 RURAL HEALTH	663203	.19	326627	.24	989830	.29	98.02
98.03 ARBOURS RX							98.03
98.04 FUND DEVELOPMENT			15069	.01	15069		98.04
98.05 MARKETING	1741580	.51	546840	.39	2288420	.67	98.05
98.06 CARLE CLINIC							98.06
98.08 CARLE FOUNDATION #14-8077							98.08
98.09 CARLE ARBOURS #14-1439			75928	.05	75928	.02	98.09
98.10 OTHER REL ENTITIES			22164702	15.99	22164702	6.51	98.10

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.11 CHAMPAIGN ASC	279746	.08	1246585	.90	1526331	.45	98.11
98.12 SOUTH PARKING GARAGE	350532	.10	80436	.06	430968	.13	98.12
98.13 PARISH NRSG	81485	.02	74607	.05	156092	.05	98.13
98.14 COMM HLTH & WLNS	2380919	.70	1529796	1.10	3910715	1.15	98.14
98.15 MOBILE CLINIC			16596	.01	16596		98.15
98.16 PALLIATIVE CARE	1873		402		2275		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	128036	.04	108538	.08	236574	.07	99.02
99.04 NORTH GARAGE	440882	.13	123645	.09	564527	.17	99.04
99.05 HOME INFUSION	3029085	.89	770255	.56	3799340	1.12	99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED	3580384	1.05	1980800	1.43	5561184	1.63	99.07
99.08 EMERGENCY MEDICAL SERVICES	241723	.07	78372	.06	320095	.09	99.08
100 UNDERGRADUATE MEDICAL EDUCATION	33846	.01	463543	.33	497389	.15	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	340657728	100.00	0	.00	340657728	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3556547	91337766	.038938	18538446	721850	37
38 RECOVERY ROOM	176154	14316303	.012304	3043428	37446	38
39 DELIVERY ROOM & LABOR ROOM	74999	12684356	.005913	67885	401	39
40 ANESTHESIOLOGY	49326	442896	.111372	33236	3702	40
41 RADIOLOGY-DIAGNOSTIC	227574	61586569	.003695	21235704	78466	41
43 RADIOISOTOPE	36497	521415	.069996			43
44 LABORATORY	983767	160604177	.006125	22258953	136336	44
46 WHOLE BLOOD & PACKED RED BLOOD	95631	22467304	.004256	5975935	25434	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	424138	52946401	.008011	16289338	130494	49
50 PHYSICAL THERAPY	2790917	59811482	.046662	4407182	205648	50
53 ELECTROCARDIOLOGY	149486	15106403	.009896			53
53.01 CARDIAC CATH LAB	2138232	48991795	.043645	13425937	585975	53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	14735	416364	.035390			54
55 MEDICAL SUPPLIES CHARGED TO PAT	1385813	98479155	.014072	29257484	411711	55
55.30 IMPL. DEV. CHARGED TO PATIENT	236353	31607998	.007478	9950763	74412	55.30
56 DRUGS CHARGED TO PATIENTS	737622	122842364	.006005	34159431	205127	56
58 ASC (NON-DISTINCT PART)	411851	4453827	.092471	1711	158	58
58.01 WOUND CARE	5375	1800667	.002985			58.01
59 ACUTE DIALYSIS						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	943995	73616716	.012823	7772260	99664	61
61.01 SLEEP LAB	246108	6395089	.038484	9246	356	61.01
61.02 BRONCH & GASTRO LAB	807592	22097487	.036547	1688449	61708	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT	156889	1512877	.103702			62
62.01 OBSERVATION BEDS-DISTINCT	269763	18869346	.014296	1272556	18192	62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	15919364	922908757		189387944	2797080	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS								
25 ADULTS & PEDIATRICS	6629762		6629762	65880	100.63	22900	2304427	25
26.01 NEONATAL ICU	776976		776976	8596	90.39			26.01
27 CORONARY CARE UNIT	487527		487527	3553	137.22	1606	220375	27
29 SURGICAL INTENSIVE CARE UNIT	432566		432566	3611	119.79	814	97509	29
101 TOTAL	8326831		8326831			25320	2622311	101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						2622311		
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2797080		
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						5419391		
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						5488		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						25320		
PER DISCHARGE CAPITAL COSTS						987.50		
PER DIEM CAPITAL COSTS						214.04		

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)	57617663
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	244808642
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.235

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))	2291379
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	6953949
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.330

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)	5419391
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	13027080
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	55852342
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.233