

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 07/01/2010 AND ENDING 12/31/2010, 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	360873	270683		1
2	SUBPROVIDER I	34402			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	395275	270683		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: 07/01/2010	TO: 12/31/2010	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	NO					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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.	NO						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	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.	2	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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	YES		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	9.44		25.08
			PROGRAM NAME(1) PROGRAM CODE(2)	RESIDENT FTEs(3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	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
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			V	XVIII	XIX
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES 04H077 40
 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.
 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: URBANA 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 NHCMDQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) 46
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.

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	N	N	N	49
50 HOME HEALTH AGENCY	N	N	N	N	N	50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH NO 52
 42 CFR 412.348(e)?
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL NO 52.01
 EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.
 53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN 53
 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.
 53.01 MDH PERIOD: BEGINNING: ENDING: 53.01
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54
 PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 491607
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND YES 54.01
 GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
 CONTAINED THEREIN.
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH NO 55
 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.
 DATE Y/N LIMIT Y/N FEES
 0 1 2 3 4
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT / / NO 0.00 NO 56
 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.
 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? YES 58
 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.
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT NO NO 58.01
 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)
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? NO 59
 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)

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		04/01/2011		63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	YES				64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----				
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	233	42780			11950		4929	1
2 HMO					4573		674	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	233	42780			11950		4929	5
6 INTENSIVE CARE UNIT								6
6.01 NEONATAL ICU	25	5152					2135	6.01
7 CORONARY CARE UNIT	12	2208			783		115	7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT	12	2208			460		584	9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							870	11
12 TOTAL HOSPITAL	282	52348			13193		8633	12
13 RPCH VISITS								13
14 SUBPROVIDER I	15	2760			726		327	14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY					4911		620	18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)					13136		508	21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	297							25
26 OBSERVATION BED DAYS							157	26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							403	29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----		---INTERNS & RES FTES---			--FULL TIME EQUIV--			
	OBS.	TOTAL ALL	LESS I&R	REPL NON-	EMPLOYEES	NONPAID			
	BEDS NOT ADMITTED	PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	NET	ON PAYROLL	WORKERS		
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		32449							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		32449							5
6 INTENSIVE CARE UNIT									6
6.01 NEONATAL ICU		4765							6.01
7 CORONARY CARE UNIT		1887							7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT		1814							9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		2088							11
12 TOTAL HOSPITAL		43003			51.66		51.66	1558.91	12
13 RPCH VISITS									13
14 SUBPROVIDER I		2330						23.77	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		9677						30.09	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)		14641						22.31	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					51.66		51.66	1635.08	25
26 OBSERVATION BED DAYS		781							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		858							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2718	2093	9951	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		2718	2093	9951	12
13 RPCH VISITS					13
14 SUBPROVIDER I		62	25	184	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
29 LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	47638169		47638169	1767277.00	26.96		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	1732185		1732185	51941.00	33.35 LDR		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	4660695		4660695	157895.00	29.52 WP		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	850124		850124	13776.00	61.71 INVOICE ANALYSI		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	3085181		3085181	40687.00	75.83 WS A-8-2		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	690152		690152	5364.57	128.65 AVG DIR RATE		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	34304921		34304921	971281.00	35.32 HO CR		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10335294		10335294			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1105592		1105592			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	387694		387694			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	2755110	-386763	2368347	86494.00	27.38		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	3587371		3587371	12476.00	287.54		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	217555		217555	4463.00	48.75		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	73093		73093	526.00	138.96		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	49493355		49493355	1727812.00	28.65	1
2	EXCLUDED AREA SALARIES	4660695		4660695	157895.00	29.52	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	44832660		44832660	1569917.00	28.56	3
4	SUBTOTAL OTHER WAGES & REL COSTS	38930378		38930378	1031108.57	37.76	4
5	SUBTOTAL WAGE-RELATED COSTS	10335294		10335294		23.05%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	94098332		94098332	2601025.57	36.18	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	6633129	-386763	6246366	103959.00	60.08	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		668		237	905	1
2 UNDUPLICATED CENSUS COUNT		434.00		563.00	997.00	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)	2.00		2.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	4.58	.55	5.13	5
6 DIRECT NURSING SERVICE	14.33		14.33	6
7 NURSING SUPERVISOR	1.11		1.11	7
8 PHYSICAL THERAPY SERVICE	3.24	.83	4.07	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.60		1.60	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.17		.17	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.25		.25	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.87		.87	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	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES				
	1	2	3	4				
21	SKILLED NURSING VISITS	2174	380	262	52		2868	21
22	SKILLED NURSING VISIT CHARGES	326100	57000	39300	7800		430200	22
23	PHYSICAL THERAPY VISITS	1140	12	28	14		1194	23
24	PHYSICAL THERAPY VISIT CHARGES	182400	1920	4480	2240		191040	24
25	OCCUPATIONAL THERAPY VISITS	423	2	12	9		446	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	67680	320	1920	1440		71360	26
27	SPEECH PATHOLOGY VISITS	31			1		32	27
28	SPEECH PATHOLOGY VISIT CHARGES	4960			160		5120	28
29	MEDICAL SOCIAL SERVICE VISITS	36	1	2	3		42	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	6660	185	370	555		7770	30
31	HOME HEALTH AIDE VISITS	305	69		6		380	31
32	HOME HEALTH AIDE VISIT CHARGES	24400	5520		480		30400	32
33	TOTAL VISITS	4109	464	304	85		4962	33
34	OTHER CHARGES	21777	1362	2115	688		25942	34
35	TOTAL CHARGES	633977	66307	48185	13363		761832	35
36	TOTAL NUMBER OF EPISODES	337		113	9		459	36
37	TOTAL NUMBER OF OUTLIER EPISODES		8				8	37
38	TOTAL MEDICAL SUPPLY CHARGES	21777	1362	2115	688		25942	38

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 06/08/2011 15:27

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	12725	473	3481	100	1075	14273	2
3 INPATIENT RESPITE CARE	17				34	51	3
4 GENERAL INPATIENT CARE	245	33			10	288	4
5 TOTAL HOSPICE DAYS	12987	506	3481	100	1119	14612	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	295	14	67	3	29	338	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	44.02	36.14	51.96	33.33	38.59	43.23	8
9 UNDUPLICATED CENSUS COUNT	217	13	36	3	23	253	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	24221590 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	24221590 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.252503 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	67047443 28
29	TOTAL GROSS MEDICAID COST	16929680 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	40072543 30
31	UNCOMPENSATED CARE COST	10118437 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16929680 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	1319337	753185	2072522	-407210	1665312	-74209	1591103	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	462892	636170	1099062	135570	1234632	-46906	1187726	93
95		SUBTOTALS	45493936	104141760	149635696	161338	149797034	19841233	169638267	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN		11109	11109		11109		11109	96
97	9700	RESEARCH								97
98	9800	PHYSICIANS' PRIVATE OFFICES		608	608		608		608	98
98.01	9801	CHEMOTHERAPY RX	183413	39118	222531		222531		222531	98.01
98.02	9802	RURAL HEALTH	168150	120318	288468	-12891	275577	-6811	268766	98.02
98.03	9803	ARBOURS RX								98.03
98.04	9804	FUND DEVELOPMENT								98.04
98.05	9805	MARKETING								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	54915	133497	188412	-12390	176022	-43149	132873	98.11
98.12	9812	SOUTH PARKING GARAGE								98.12
98.13	9813	PARISH NRSG	11280	25182	36462		36462	-4357	32105	98.13
98.14	9814	COMM HLTH & WLNS	27120	1080642	1107762	-17866	1089896	-173751	916145	98.14
98.15	9815	MOBILE CLINIC								98.15
98.16	9816	PALLIATIVE CARE								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	CONTRACT MANAGEMENT	261723	215648	477371		477371	-275	477096	99.01
99.02	9902	TELEMEDICINE		32812	32812	-5250	27562	-832	26730	99.02
99.04	9904	NORTH GARAGE								99.04
99.05	9905	HOME INFUSION	283898	1141810	1425708	198919	1624627	-59542	1565085	99.05
99.06	9906	MISSION RELATED								99.06
99.07	9907	GRANT RELATED	1084427	1844522	2928949	-311622	2617327	-564954	2052373	99.07
99.08	9908	EMERGENCY MEDICAL SERVICES	69307	74633	143940	-238	143702	-741	142961	99.08
100	7950	UNDERGRADUATE MEDICAL EDUCATION		64227	64227		64227	-51891	12336	100
101		TOTAL	47638169	108925886	156564055		156564055	18934930	175498985	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	23		1656170	1
2						2
3 HHA HOME OFFICE	B	HOSPICE	93	120331	43936	3
4	B	HOME INFUSION	99.05	156093	56993	4
5						5
6 RESIDUAL DIALYSIS COST	D	ADULTS & PEDIATRICS	25	64	275954	6
7						7
8 OBSTETRICS	E	NURSERY	33	408306	341242	8
9						9
10 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	39	1469677	821586	10
11						11
12 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		195067	12
13	H	NEW CAP REL COSTS-MVBLE EQUIP	4		2233238	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	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				2154471	5624186	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 INTERNS AND RESIDENTS	A	I&R SERVICES-SALARY & FRINGES	22		1656170	1
2						2
3 HHA HOME OFFICE	B	HOME HEALTH AGENCY	71	276424	100929	3
4	B					4
5						5
6 RESIDUAL DIALYSIS COST	D	ACUTE DIALYSIS	59	64	275954	6
7						7
8 OBSTETRICS	E	ADULTS & PEDIATRICS	25	408306	341242	8
9						9
10 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	25	1469677	821586	10
11						11
12 DEPRECIATION	H	ADMITTING	6.04		10205	9 12
13	H	SHARED ADMINISTRATIVE & GENER	6.05		49528	9 13
14	H	OTHER ADMINISTRATIVE & GENERA	6.06		14428	14
15	H	CORONARY CARE UNIT	27		2419	15
16	H	NURSING ADMINISTRATION	14		109684	16
17	H	I&R SERVICES-SALARY & FRINGES	22		7232	17
18	H	ADULTS & PEDIATRICS	25		110061	18
19	H	NEONATAL ICU	26.01		57079	19
20	H	SURGICAL INTENSIVE CARE UNIT	29		13867	20
21	H	SUBPROVIDER I	31		2911	21
22	H	OPERATING ROOM	37		236927	22
23	H	RESPIRATORY THERAPY	49		34695	23
24	H	PHYSICAL THERAPY	50		200409	24
25	H	CARDIAC CATH LAB	53.01		259090	25
26	H	ELECTROENCEPHALOGRAPHY	54		14693	26
27	H	ASC (NON-DISTINCT PART)	58		159746	27
28	H	EMERGENCY	61		17366	28
29	H	BRONCH & GASTRO LAB	61.02		284255	29
30	H	HOSPICE	93		28697	30
31	H	RURAL HEALTH	98.02		12891	31
32	H	CHAMPAIGN ASC	98.11		12390	32
33	H	COMM HLTH & WLNS	98.14		17866	33
34	H	TELEMEDICINE	99.02		5250	34
35	H	HOME INFUSION	99.05		14167	35
36 SUBTOTAL				2154471	4871737	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7	H				7
8	H				8
9	H				9
10	H				10
11	H				11
12	H				12
13 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		4820029 13
14	O	IMPL. DEV. CHARGED TO PATIENT	55.30		6712653 14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33					33
34 CAFETERIA	P	CAFETERIA	12		818911 34
35					35
36 SUBTOTAL				2154471	17975779 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	GRANT RELATED	99.07		311622	1
2	H	ACUTE DIALYSIS	59		282	2
3	H	EMERGENCY MEDICAL SERVICES	99.08		238	3
4	H	DRUGS CHARGED TO PATIENTS	56		14297	4
5	H	SLEEP LAB	61.01		8431	5
6	H	OBSERVATION BEDS-DISTINCT	62.01		969	6
7	H	ANESTHESIOLOGY	40		583	7
8	H	RADIOLOGY-DIAGNOSTIC	41		206082	8
9	H	LABORATORY	44		122600	9
10	H	WHOLE BLOOD & PACKED RED BLOO	46		2670	10
11	H	ELECTROCARDIOLOGY	53		54816	11
12	H	HOME HEALTH AGENCY	71		29857	12
13	O	ADULTS & PEDIATRICS	25		8772	13
14	O	NEONATAL ICU	26.01		38	14
15	O	CORONARY CARE UNIT	27		442	15
16	O	SURGICAL INTENSIVE CARE UNIT	29		581	16
17	O	SUBPROVIDER I	31		390	17
18	O	OPERATING ROOM	37		5729341	18
19	O	RECOVERY ROOM	38		106	19
20	O	PHYSICAL THERAPY	50		106802	20
21	O	ELECTROCARDIOLOGY	53		2	21
22	O	CARDIAC CATH LAB	53.01		5374290	22
23	O	WOUND CARE	58.01		89	23
24	O	ASC (NON-DISTINCT PART)	58		72519	24
25	O	ACUTE DIALYSIS	59		47	25
26	O	EMERGENCY	61		14598	26
27	O	BRONCH & GASTRO LAB	61.02		326	27
28	O	OBSERVATION BEDS-DISTINCT	62.01		368	28
29	O	ANESTHESIOLOGY	40		214	29
30	O	RADIOLOGY-DIAGNOSTIC	41		219896	30
31	O	LABORATORY	44		190	31
32	O	MEDICAL SUPPLIES CHARGED TO P	55		3673	32
33						33
34	P	DIETARY	11		818911	34
35						35
36		SUBTOTAL		2154471	17975779	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
			COST CENTER	LINE #			
		1	2	3	4	5	
1	SPORTS MEDICINE	Q	PHYSICAL THERAPY	50	386763	287484	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
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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				2541234	18263263	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF.	
			COST CENTER	LINE #	SALARY		OTHER
		1	6	7	8	9	10
1	SPORTS MEDICINE	Q	OTHER ADMINISTRATIVE & GENERA	6.06	386763	287484	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
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				2541234	18263263	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	687739					687739		2
3 BUILDINGS AND FIXTURES	7961066	6062167		6062167		14023233		3
4 BUILDING IMPROVEMENTS	1982023				1700131	281892		4
5 FIXED EQUIPMENT	61078193				21178844	39899349		5
6 MOVABLE EQUIPMENT	76795				41115	35680		6
7 SUBTOTAL	72270816	6062167		6062167	22920090	55412893		7
8 RECONCILING ITEMS								8
9 TOTAL	72270816	6062167		6062167	22920090	55412893		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	CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
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	15477873		15477873	.279319				3
4 NEW CAP REL COSTS-MVBLE EQUIP	39935029		39935029	.720681				4
5 TOTAL	55412902		55412902	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	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	7121981						7121981 3
4 NEW CAP REL COSTS-MVBLE EQUIP	7795721						7795721 4
5 TOTAL	14917702						14917702 5

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	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7
			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	-30701	SHARED ADMINISTRATIVE & GENERAL	6.05	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-245159			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	20648071			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3		UTILIZATION REVIEW-SNF	89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				
	WKST				36
	WKST A-8-4				37
37					
37.01 PROFESSIONAL LIAB	A	-486908	SHARED ADMINISTRATIVE & GENERAL	6.05	37.01
37.02 PROFESSIONAL LIAB	A	-1386	PHYSICAL THERAPY	50	37.02
37.03 PROFESSIONAL LIAB	A	-2230	ASC (NON-DISTINCT PART)	58	37.03
37.04 PROFESSIONAL LIAB	A	-197	HOME HEALTH AGENCY	71	37.04
37.05 PROFESSIONAL LIAB	A	-283	HOSPICE	93	37.05
38 AHA AND IHA LOBBYING EXPENSE	A	-135799	OTHER ADMINISTRATIVE & GENERAL	6.06	38
39 CAOS TUITION	B	-66589	PHYSICAL THERAPY	50	39
39.01 ECHO STAFF DISCOUNT	B	5467	PHYSICAL THERAPY	50	39.01
39.02 PULM REHAB	B	-8454	RESPIRATORY THERAPY	49	39.02
39.03 CHILD CARE	B	-16972	PHYSICAL THERAPY	50	39.03
39.05 AQUATIC PROGRAM	B	-2555	PHYSICAL THERAPY	50	39.05
39.06 EDUCATION REVENUE	B	-690	ADULTS & PEDIATRICS	25	39.06
39.07 EDUCATION REVENUE	B	-3050	EMERGENCY	61	39.07
40					40
41 MISC REVENUE/CCA REVENUE	B	24371	SHARED ADMINISTRATIVE & GENERAL	6.05	41
42 MISC REVENUE & CCA REVENUE, SER	B	-9899	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 INTERNAL RENT REVENUE	B	-24000	OTHER ADMINISTRATIVE & GENERAL	6.06	43
44 U OF I SUBSIDY	B	-4500	I&R SERVICES-SALARY & FRINGES A	22	44
45 REFERENCE LAB	B	-23213	OTHER ADMINISTRATIVE & GENERAL	6.06	45
46 RADIOLOGY	B	-32102	LABORATORY	44	46
47					47
48					48
49 MISC & CCA REVENUE	B	-2100	I&R SERVICES-OTHER PRGM COSTS A	23	49
49.01 MISC & CCA REVENUE	B	-600	RADIOLOGY-DIAGNOSTIC	41	49.01
49.02 MISC & CCA REVENUE	B	-73606	PHYSICAL THERAPY	50	49.02
49.05 MISC REVENUE	B	25	ASC (NON-DISTINCT PART)	58	49.05
49.06 MISC REVENUE	B	-1841	EMERGENCY	61	49.06
49.07 MISC REVENUE	B	-7504	HOME HEALTH AGENCY	71	49.07
49.08 MISC REVENUE	B	-4	HOSPICE	93	49.08

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	
49.11 UNALLOWABLE EXPENSE	A	-23	CARDIAC CATH LAB	53.01	49.11
49.12 UNALLOWABLE EXPENSE	A	-209239	SHARED ADMINISTRATIVE & GENERAL	6.05	49.12
49.13 UNALLOWABLE EXPENSE	A	-25	NURSING ADMINISTRATION	14	49.13
49.15 UNALLOWABLE EXPENSE	A	-84	I&R SERVICES-SALARY & FRINGES A	22	49.15
49.16 UNALLOWABLE EXPENSE	A	-36	LABORATORY	44	49.16
49.17 UNALLOWABLE EXPENSE	A	-7	PHYSICAL THERAPY	50	49.17
49.18 UNALLOWABLE EXPENSE	A	-9	SLEEP LAB	61.01	49.18
49.22 CONFERENCE REVENUE	B	-3500	OTHER ADMINISTRATIVE & GENERAL	6.06	49.22
49.23 CONFERENCE REVENUE	B	-3520	RESPIRATORY THERAPY	49	49.23
49.37 DONATIONS	A	-119332	SHARED ADMINISTRATIVE & GENERAL	6.05	49.37
49.38 DONATIONS	A	-12756	OTHER ADMINISTRATIVE & GENERAL	6.06	49.38
49.60 NON ALLOWABLE LOBYING AND BEV	A	-214131	OTHER ADMINISTRATIVE & GENERAL	6.06	49.60
50 TOTAL		18934930			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	DIRECT HO ALLOCATION	4263163		4263163	9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	DIRECT HO ALLOCATION	3409444		3409444	9 2
3	17	MEDICAL RECORDS & LIBRARY	FUNCTIONAL HO ALLOCATION	28729		28729	9 3
4	11	DIETARY	FUNCTIONAL HO ALLOCATION	1780242		1780242	4
4.01	10	HOUSEKEEPING	FUNCTIONAL HO ALLOCATION	2308979		2308979	11 4.01
4.02	8	OPERATION OF PLANT	FUNCTIONAL HO ALLOCATION	3127848		3127848	4.02
4.03	7	MAINTENANCE & REPAIRS	FUNCTIONAL HO ALLOCATION	4397450		4397450	4.03
4.04	17	MEDICAL RECORDS & LIBRARY	FUNCTIONAL HO ALLOCATION	1110372		1110372	4.04
4.05	9	LAUNDRY & LINEN SERVICE	FUNCTIONAL HO ALLOCATION	139021		139021	4.05
4.06	12	CAFETERIA	FUNCTIONAL HO ALLOCATION	-619366		-619366	4.06
4.07	55	MEDICAL SUPPLIES CHARGED TO PAT	FUNCTIONAL HO ALLOCATION	1039645		1039645	4.07
4.08	6.05	SHARED ADMINISTRATIVE & GENERAL	INTERNAL MGMT FEE		30494972	-30494972	4.08
4.09	22	I&R SERVICES-SALARY & FRINGES A	INTERNAL MGMT FEE		5374	-5374	4.09
4.10	50	PHYSICAL THERAPY	INTERNAL MGMT FEE		570779	-570779	4.10
4.11	58	ASC (NON-DISTINCT PART)	INTERNAL MGMT FEE		105384	-105384	4.11
4.12	61.01	SLEEP LAB	INTERNAL MGMT FEE		1050	-1050	4.12
4.13	71	HOME HEALTH AGENCY	INTERNAL MGMT FEE		59140	-59140	4.13
4.14	93	HOSPICE	INTERNAL MGMT FEE		38208	-38208	4.14
4.15	98.11	CHAMPAIGN ASC	INTERNAL MGMT FEE		43149	-43149	4.15
4.16	99.05	HOME INFUSION	INTERNAL MGMT FEE		56171	-56171	4.16
4.17	99.07	GRANT RELATED	INTERNAL MGMT FEE		136810	-136810	4.17
4.18	3	NEW CAP REL COSTS-BLDG & FIXT	POOLED HO ALLOCATION	242964		242964	9 4.18
4.19	4	NEW CAP REL COSTS-MVBLE EQUIP	POOLED HO ALLOCATION	2153039		2153039	9 4.19
4.20	3	NEW CAP REL COSTS-BLDG & FIXT	POOLED HO ALLOCATION	2420787		2420787	9 4.20
4.21	6.03	FOUNDATION OVERHEAD	POOLED HO ALLOCATION	36096312		36096312	4.21
4.22	6.04	ADMITTING	INTERNAL RENT		30602	-30602	4.22
4.23	6.05	SHARED ADMINISTRATIVE & GENERAL	INTERNAL RENT		5568708	-5568708	4.23
4.24	6.06	OTHER ADMINISTRATIVE & GENERAL	INTERNAL RENT		102538	-102538	4.24
4.25	14	NURSING ADMINISTRATION	INTERNAL RENT		15724	-15724	4.25
4.26	22	I&R SERVICES-SALARY & FRINGES A	INTERNAL RENT		1173	-1173	4.26
4.27	25	ADULTS & PEDIATRICS	INTERNAL RENT		855762	-855762	4.27
4.28	26.01	NEONATAL ICU	INTERNAL RENT		90980	-90980	4.28
4.29	27	CORONARY CARE UNIT	INTERNAL RENT		54831	-54831	4.29
4.30	29	SURGICAL INTENSIVE CARE UNIT	INTERNAL RENT		56719	-56719	4.30
4.31	31	SUBPROVIDER I	INTERNAL RENT		35224	-35224	4.31
4.32	37	OPERATING ROOM	INTERNAL RENT		344606	-344606	4.32
4.33	38	RECOVERY ROOM	INTERNAL RENT		18217	-18217	4.33
4.34	41	RADIOLOGY-DIAGNOSTIC	INTERNAL RENT		226540	-226540	4.34
4.35	44	LABORATORY	INTERNAL RENT		350682	-350682	4.35
4.36	46	WHOLE BLOOD & PACKED RED BLOOD	INTERNAL RENT		15450	-15450	4.36
4.37	49	RESPIRATORY THERAPY	INTERNAL RENT		43889	-43889	4.37
4.38	50	PHYSICAL THERAPY	INTERNAL RENT		755221	-755221	4.38
4.39	53	ELECTROCARDIOLOGY	INTERNAL RENT		45691	-45691	4.39
4.40	53.01	CARDIAC CATH LAB	INTERNAL RENT		115696	-115696	4.40
4.41	54	ELECTROENCEPHALOGRAPHY	INTERNAL RENT		7670	-7670	4.41
4.42	56	DRUGS CHARGED TO PATIENTS	INTERNAL RENT		33892	-33892	4.42
4.43	59	ACUTE DIALYSIS	INTERNAL RENT		4165	-4165	4.43
4.44	61	EMERGENCY	INTERNAL RENT		134427	-134427	4.44
4.45	61.01	SLEEP LAB	INTERNAL RENT		58922	-58922	4.45
4.46	61.02	BRONCH & GASTRO LAB	INTERNAL RENT		50277	-50277	4.46
4.47	62.01	OBSERVATION BEDS-DISTINCT	INTERNAL RENT		35963	-35963	4.47
4.48	71	HOME HEALTH AGENCY	INTERNAL RENT		7368	-7368	4.48
4.49	93	HOSPICE	INTERNAL RENT		8411	-8411	4.49
4.50	98.02	RURAL HEALTH	INTERNAL RENT		6811	-6811	4.50
4.51	98.13	PARISH NRSG	INTERNAL RENT		4357	-4357	4.51
4.52	98.14	COMM HLTH & WLNS	INTERNAL RENT		173751	-173751	4.52
4.53	99.02	TELEMEDICINE	INTERNAL RENT		832	-832	4.53
4.54	99.05	HOME INFUSION	INTERNAL RENT		3371	-3371	4.54
4.55	99.07	GRANT RELATED	INTERNAL RENT		428144	-428144	4.55
4.56	99.08	EMERGENCY MEDICAL SERVICES	INTERNAL RENT		741	-741	4.56
4.57	99.01	CONTRACT MANAGEMENT	INTERNAL RENT		275	-275	4.57
4.58	100	UNDERGRADUATE MEDICAL EDUCATION	INTERNAL RENT		51891	-51891	4.58
5		TOTALS		61898629	41250558	20648071	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	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
(1)	2	3	4	5	6
1	B		CARLE FOUNDATIO	100.00	HOME OFFICE
2					
3					
4					
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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6.04 ADMITTING	AGGREGATE	9064		9064	171400	88	7252	363
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE	546002		546002	171400	7456	614403	30720
3	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE	25500		25500	154100	150	11113	556
4	17 MEDICAL RECORDS & LIBRAR	AGGREGATE	73183		73183	171400	527	43427	2171
5	25 ADULTS & PEDIATRICS	AGGREGATE	355737		355737	194500	2977	278378	13919
6	26.01 NEONATAL ICU	AGGREGATE				194500			
7	27 CORONARY CARE UNIT	AGGREGATE	8778		8778	204100	42	4121	206
8	29 SURGICAL INTENSIVE CARE	AGGREGATE	17750		17750	171400	121	9971	499
9	31 SUBPROVIDER I	AGGREGATE	9311		9311	171400	63	5191	260
10	37 OPERATING ROOM	AGGREGATE	47484		47484	200300	231	22245	1112
11	49 RESPIRATORY THERAPY	AGGREGATE	735		735	171400	5	412	21
12	50 PHYSICAL THERAPY	AGGREGATE	35002		35002	171400	222	18294	915
13	53.01 CARDIAC CATH LAB	AGGREGATE	18674		18674	171400	89	7334	367
14	44 LABORATORY	AGGREGATE	9629		9629	171400	66	5439	272
15	58 ASC (NON-DISTINCT PART)	AGGREGATE	38191		38191	171400	181	14915	746
16	61 EMERGENCY	AGGREGATE	1802451		1802451	171400	27689	2281680	114084
17	61.01 SLEEP LAB	AGGREGATE	12642		12642	152100	86	6289	314
18	62.01 OBSERVATION BEDS-DISTINC	AGGREGATE	17714		17714	171400	121	9971	499
19	6.05 SHARED ADMINISTRATIVE &	AGGREGATE	57334		57334	171400	573	47217	2361
101	TOTAL		3085181		3085181		40687	3387652	169385

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6.04 ADMITTING	AGGREGATE					7252	1812	1812
2	6.05 SHARED ADMINISTRATIVE &	AGGREGATE					614403		
3	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE					11113	14387	14387
4	17 MEDICAL RECORDS & LIBRAR	AGGREGATE					43427	29756	29756
5	25 ADULTS & PEDIATRICS	AGGREGATE					278378	77359	77359
6	26.01 NEONATAL ICU	AGGREGATE							
7	27 CORONARY CARE UNIT	AGGREGATE					4121	4657	4657
8	29 SURGICAL INTENSIVE CARE	AGGREGATE					9971	7779	7779
9	31 SUBPROVIDER I	AGGREGATE					5191	4120	4120
10	37 OPERATING ROOM	AGGREGATE					22245	25239	25239
11	49 RESPIRATORY THERAPY	AGGREGATE					412	323	323
12	50 PHYSICAL THERAPY	AGGREGATE					18294	16708	16708
13	53.01 CARDIAC CATH LAB	AGGREGATE					7334	11340	11340
14	44 LABORATORY	AGGREGATE					5439	4190	4190
15	58 ASC (NON-DISTINCT PART)	AGGREGATE					14915	23276	23276
16	61 EMERGENCY	AGGREGATE					2281680		
17	61.01 SLEEP LAB	AGGREGATE					6289	6353	6353
18	62.01 OBSERVATION BEDS-DISTINC	AGGREGATE					9971	7743	7743
19	6.05 SHARED ADMINISTRATIVE &	AGGREGATE					47217	10117	10117
101	TOTAL						3387652	245159	245159

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	FOUNDATION OVERHEAD 6.03	ADMITTING 6.04	SHARED ADM INISTRATIV E & GENERA 6.05	SUBTOTAL 5A	OTHER ADMI NISTRATIVE & GENERAL 6.06	
71 HOME HEALTH AGENCY	1591103	1046	33277				1625426	577424	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	1187726	1046	31569				1220341	433520	93
95 SUBTOTALS	169638267	6441292	7277431	36096312	1072834	3711081	168439288	43494891	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	11109	10989					22098	7850	96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	608		32				640	227	98
98.01 CHEMOTHERAPY RX	222531						222531	79053	98.01
98.02 RURAL HEALTH	268766	8897	25380				303043	107655	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	132873	46559	3790				183222	65089	98.11
98.12 SOUTH PARKING GARAGE									98.12
98.13 PARISH NRSG	32105	5143	34				37282	13244	98.13
98.14 COMM HLTH & WLNS	916145		24108				940253	334020	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 CONTRACT MANAGEMENT	477096	361					477457	169614	99.01
99.02 TELEMEDICINE	26730	1084	32307				60121	21358	99.02
99.04 NORTH GARAGE									99.04
99.05 HOME INFUSION	1565085	3327	14880				1583292	562457	99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED	2052373	531924	416716				3001013	1066095	99.07
99.08 EMERGENCY MEDICAL SERVICES	142961		841				143802	51085	99.08
100 UNDERGRADUATE MEDICAL EDUCATION	12336	72405	202				84943	30176	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	175498985	7121981	7795721	36096312	1072834	3711081	175498985	46002814	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	CAFETERIA	NURSING AD	MEDICAL RE
	E & REPAIR	OF PLANT	LINEN SERV	NG			MINISTRATI	CORDS & LI
	S		ICE				ON	BRARY
	7	8	9	10	11	12	14	17
71 HOME HEALTH AGENCY	1486	899		729				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	1486	899		729				93
95 SUBTOTALS	6075221	3670104	455340	2880870	1686427	260434	1143278	1827735
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN	15616	9447		7659				96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 CHEMOTHERAPY RX						863		98.01
98.02 RURAL HEALTH	12644	7649		6201		779		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	66166	40026		32449				98.11
98.12 SOUTH PARKING GARAGE								98.12
98.13 PARISH NRSG	7308	4421		3584		106	1299	98.13
98.14 COMM HLTH & WLNS						120		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 CONTRACT MANAGEMENT	513	311		252		955		99.01
99.02 TELEMEDICINE	1540	932		755				99.02
99.04 NORTH GARAGE								99.04
99.05 HOME INFUSION	4728	2860		2319				99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	755922	457288		370725		6714		99.07
99.08 EMERGENCY MEDICAL SERVICES						461		99.08
100 UNDERGRADUATE MEDICAL EDUCATION	102896	62246		50463				100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	7042554	4255284	455340	3355277	1686427	270432	1144577	1827735

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES 22	I&R SERVIC ES-OTHER P RGM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6.01	NON-PATIENT TELEPHONE					6.01
6.02	DATA PROCESSING					6.02
6.03	FOUNDATION OVERHEAD					6.03
6.04	ADMITTING					6.04
6.05	SHARED ADMINISTRATIVE & GENERAL					6.05
6.06	OTHER ADMINISTRATIVE & GENERAL					6.06
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE					18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A	2432867				22
23	I&R SERVICES-OTHER PRGM COSTS A		2241670			23
24	PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	2198374	2025606	33852255	-4223980	29628275
26.01	NEONATAL ICU	146558	135040	5149522	-281598	4867924
27	CORONARY CARE UNIT			3289727		3289727
29	SURGICAL INTENSIVE CARE UNIT			3422846		3422846
31	SUBPROVIDER I			1767178		1767178
33	NURSERY	73279	67520	1211391	-140799	1070592
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			17820150		17820150
38	RECOVERY ROOM			1308119		1308119
39	DELIVERY ROOM & LABOR ROOM			3149240		3149240
40	ANESTHESIOLOGY			577516		577516
41	RADIOLOGY-DIAGNOSTIC			5093957		5093957
43	RADIOISOTOPE			3527		3527
44	LABORATORY			14023382		14023382
46	WHOLE BLOOD & PACKED RED BLOOD			2129996		2129996
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY			3388299		3388299
50	PHYSICAL THERAPY			12882288		12882288
53	ELECTROCARDIOLOGY			1499991		1499991
53.01	CARDIAC CATH LAB			6113436		6113436
53.02	CARDIAC REHAB			167		167
54	ELECTROENCEPHALOGRAPHY			179451		179451
55	MEDICAL SUPPLIES CHARGED TO PAT			9223380		9223380
55.30	IMPL. DEV. CHARGED TO PATIENT			9190708		9190708
56	DRUGS CHARGED TO PATIENTS			10135581		10135581
58	ASC (NON-DISTINCT PART)			1508660		1508660
58.01	WOUND CARE			143936		143936
59	ACUTE DIALYSIS			30256		30256
59.97	CARDIAC REHABILITATION					59.97
59.98	HYPERBARIC OXYGEN THERAPY					59.98
59.99	LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY	14656	13504	7695637	-28160	7667477
61.01	SLEEP LAB			1065249		1065249
61.02	BRONCH & GASTRO LAB			2741114		2741114
61.03	SURGICENTER					61.03
62	OBSERVATION BEDS (NON-DISTINCT)					62
62.01	OBSERVATION BEDS-DISTINCT			1433250		1433250
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVIC	I&R SERVIC	SUBTOTAL	I&R COST &	TOTAL	
	ES-SALARY & FRINGES 22	ES-OTHER P RGM COSTS 23		POST STEP-DOWN ADJS 26		
71 HOME HEALTH AGENCY			2205964		2205964	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			1656975		1656975	93
95 SUBTOTALS	2432867	2241670	163893148	-4674537	159218611	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			62670		62670	96
97 RESEARCH						97
98 PHYSICIANS' PRIVATE OFFICES			867		867	98
98.01 CHEMOTHERAPY RX			302447		302447	98.01
98.02 RURAL HEALTH			437971		437971	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			386952		386952	98.11
98.12 SOUTH PARKING GARAGE						98.12
98.13 PARISH NRSG			67244		67244	98.13
98.14 COMM HLTH & WLNS			1274393		1274393	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 CONTRACT MANAGEMENT			649102		649102	99.01
99.02 TELEMEDICINE			84706		84706	99.02
99.04 NORTH GARAGE						99.04
99.05 HOME INFUSION			2155656		2155656	99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED			5657757		5657757	99.07
99.08 EMERGENCY MEDICAL SERVICES			195348		195348	99.08
100 UNDERGRADUATE MEDICAL EDUCATION			330724		330724	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2432867	2241670	175498985	-4674537	170824448	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	CAP REL	ADMITTING	SHARED ADM	OTHER ADMI	MAINTENANC
	CAP-REL COSTS 0	L COSTS-BL DG & FIXT 3	L COSTS-MV BLE EQUIP 4	COST TO BE ALLOC 4A	6.04	INISTRATIV E & GENERA 6.05	NISTRATIVE & GENERAL 6.06	E & REPAIR S 7
71 HOME HEALTH AGENCY	53373	1046	33277	87696			21693	183 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	37395	1046	31569	70010			16287	183 93
95 SUBTOTALS	205733	6441292	7277431	13924456	60603	274734	1634030	749138 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		10989		10989			295	1926 96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES			32	32			9	98
98.01 CHEMOTHERAPY RX							2970	98.01
98.02 RURAL HEALTH		8897	25380	34277			4044	1559 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		46559	3790	50349			2445	8159 98.11
98.12 SOUTH PARKING GARAGE								98.12
98.13 PARISH NRSG		5143	34	5177			498	901 98.13
98.14 COMM HLTH & WLNS			24108	24108			12549	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 CONTRACT MANAGEMENT		361		361			6372	63 99.01
99.02 TELEMEDICINE		1084	32307	33391			802	190 99.02
99.04 NORTH GARAGE								99.04
99.05 HOME INFUSION	30309	3327	14880	48516			21131	583 99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	42146	531924	416716	990786			40052	93213 99.07
99.08 EMERGENCY MEDICAL SERVICES			841	841			1919	1919 99.08
100 UNDERGRADUATE MEDICAL EDUCATION		72405	202	72607			1134	12688 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	278188	7121981	7795721	15195890	60603	274734	1728250	868420 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY & HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	RELIANCE	I&R SERVICES	SERVICES
	OF PLANT	LINEN SERVICE							
	8	9	10	11	12	14	17		22
71 HOME HEALTH AGENCY	10		23						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	10		23						93
95 SUBTOTALS	42015	89836	90426	120859	2564	286238	80008		95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	108		240						96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 CHEMOTHERAPY RX					9				98.01
98.02 RURAL HEALTH	88		195		8				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	458		1019						98.11
98.12 SOUTH PARKING GARAGE									98.12
98.13 PARISH NRSG	51		113		1	325			98.13
98.14 COMM HLTH & WLNS					1				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 CONTRACT MANAGEMENT	4		8		9				99.01
99.02 TELEMEDICINE	11		24						99.02
99.04 NORTH GARAGE									99.04
99.05 HOME INFUSION	33		73						99.05
99.06 MISSION RELATED									99.06
99.07 GRANT RELATED	5235		11637		66				99.07
99.08 EMERGENCY MEDICAL SERVICES					5				99.08
100 UNDERGRADUATE MEDICAL EDUCATION	713		1584						100
101 CROSS FOOT ADJUSTMENTS									71235 101
102 NEGATIVE COST CENTER									102
103 TOTAL	48716	89836	105319	120859	2663	286563	80008		71235 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SERVIC ES-OTHER P RGM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT TELEPHONE					6.01
6.02 DATA PROCESSING					6.02
6.03 FOUNDATION OVERHEAD					6.03
6.04 ADMITTING					6.04
6.05 SHARED ADMINISTRATIVE & GENERAL					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A	22075				23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		2856597		2856597	25
26.01 NEONATAL ICU		386013		386013	26.01
27 CORONARY CARE UNIT		264123		264123	27
29 SURGICAL INTENSIVE CARE UNIT		308631		308631	29
31 SUBPROVIDER I		95231		95231	31
33 NURSERY		20891		20891	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		2158711		2158711	37
38 RECOVERY ROOM		85898		85898	38
39 DELIVERY ROOM & LABOR ROOM		32400		32400	39
40 ANESTHESIOLOGY		39908		39908	40
41 RADIOLOGY-DIAGNOSTIC		264990		264990	41
43 RADIOISOTOPE		564		564	43
44 LABORATORY		1316267		1316267	44
46 WHOLE BLOOD & PACKED RED BLOOD		39360		39360	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		271613		271613	49
50 PHYSICAL THERAPY		1266213		1266213	50
53 ELECTROCARDIOLOGY		230578		230578	53
53.01 CARDIAC CATH LAB		1446532		1446532	53.01
53.02 CARDIAC REHAB		33		33	53.02
54 ELECTROENCEPHALOGRAPHY		9710		9710	54
55 MEDICAL SUPPLIES CHARGED TO PAT		380210		380210	55
55.30 IMPL. DEV. CHARGED TO PATIENT		93977		93977	55.30
56 DRUGS CHARGED TO PATIENTS		342384		342384	56
58 ASC (NON-DISTINCT PART)		243253		243253	58
58.01 WOUND CARE		1588		1588	58.01
59 ACUTE DIALYSIS		11562		11562	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		468986		468986	61
61.01 SLEEP LAB		153067		153067	61.01
61.02 BRONCH & GASTRO LAB		479556		479556	61.02
61.03 SURGICENTER					61.03
62 OBSERVATION BEDS (NON-DISTINCT)					62
62.01 OBSERVATION BEDS-DISTINCT		130662		130662	62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SERVIC ES-OTHER P RGM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
71 HOME HEALTH AGENCY		109605		109605	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	86513			86513	93
95 SUBTOTALS		13595626		13595626	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		13558		13558	96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES	41			41	98
98.01 CHEMOTHERAPY RX	2979			2979	98.01
98.02 RURAL HEALTH	40171			40171	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	62430			62430	98.11
98.12 SOUTH PARKING GARAGE					98.12
98.13 PARISH NRSG	7066			7066	98.13
98.14 COMM HLTH & WLNS	36658			36658	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 CONTRACT MANAGEMENT	6817			6817	99.01
99.02 TELEMEDICINE	34418			34418	99.02
99.04 NORTH GARAGE					99.04
99.05 HOME INFUSION	70336			70336	99.05
99.06 MISSION RELATED					99.06
99.07 GRANT RELATED	1140989			1140989	99.07
99.08 EMERGENCY MEDICAL SERVICES	2765			2765	99.08
100 UNDERGRADUATE MEDICAL EDUCATION		88726		88726	100
101 CROSS FOOT ADJUSTMENTS	22075	93310		93310	101
102 NEGATIVE COST CENTER					102
103 TOTAL	22075	15195890		15195890	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 TELEPHONE INSTR	DATA PROCESSING INVOICES	FOUNDATION OVERHEAD TOTAL COST
	3	4	5	6.01	6.02	6.03
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	110	22598	1042913	79	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	110	21438	583223	32	47156	93
95 SUBTOTALS	677619	4941947	45337843	2795	4363846	367965000
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	1156			6	4432	96
97 RESEARCH					873	97
98 PHYSICIANS' PRIVATE OFFICES		22		2		98
98.01 CHEMOTHERAPY RX			183413			98.01
98.02 RURAL HEALTH	936	17235	168150	14	34216	98.02
98.03 ARBOURS RX						98.03
98.04 FUND DEVELOPMENT						98.04
98.05 MARKETING					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						98.10
98.11 CHAMPAIGN ASC	4898	2574	54915	15	2295	98.11
98.12 SOUTH PARKING GARAGE					15	98.12
98.13 PARISH NRSG	541	23	11280	4	5692	98.13
98.14 COMM HLTH & WLNS		16371	27120	10	2353	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 CONTRACT MANAGEMENT	38		261723			99.01
99.02 TELEMEDICINE	114	21939		5	1410	99.02
99.04 NORTH GARAGE					789	99.04
99.05 HOME INFUSION	350	10105	439991	15	23578	99.05
99.06 MISSION RELATED						99.06
99.07 GRANT RELATED	55958	282983	1084427	92	48500	99.07
99.08 EMERGENCY MEDICAL SERVICES		571	69307		3715	99.08
100 UNDERGRADUATE MEDICAL EDUCATI	7617	137		25	1931	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	7121981	7795721				36096312
104 UNIT COST MULT-WS B PT I		1.472584				.098097
104 UNIT COST MULT-WS B PT I	9.505772					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						107
108 UNIT COST MULT-WS B PT III						108
108 UNIT COST MULT-WS B PT III						108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE 6.04	SHARED ADM INISTRATIV E & GENERA TOTAL COST 6.05	RECON- CILIATION 6A.06	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST 6.06	MAINTENANC E & REPAIR S SQ FEET 7	OPERATION OF PLANT SQ FEET 8	LAUNDRY & LINEN SERV ICE POUNDS OF LAUNDRY 9
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY				1625426	110	110	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				1220341	110	110	93
95 SUBTOTALS	615262342	175498985	-46002814	122436474	449725	449108	1286784
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C				22098	1156	1156	96
97 RESEARCH							97
98 PHYSICIANS' PRIVATE OFFICES				640			98
98.01 CHEMOTHERAPY RX				222531			98.01
98.02 RURAL HEALTH				303043	936	936	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				183222	4898	4898	98.11
98.12 SOUTH PARKING GARAGE							98.12
98.13 PARISH NRSG				37282	541	541	98.13
98.14 COMM HLTH & WLNS				940253			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 CONTRACT MANAGEMENT				477457	38	38	99.01
99.02 TELEMEDICINE				60121	114	114	99.02
99.04 NORTH GARAGE							99.04
99.05 HOME INFUSION				1583292	350	350	99.05
99.06 MISSION RELATED							99.06
99.07 GRANT RELATED				3001013	55958	55958	99.07
99.08 EMERGENCY MEDICAL SERVICES				143802			99.08
100 UNDERGRADUATE MEDICAL EDUCATI				84943	7617	7617	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1072834	3711081		46002814	7042554	4255284	455340
104 UNIT COST MULT-WS B PT I	.001744				13.508744		.353859
104 UNIT COST MULT-WS B PT I		.021146		.355245		8.171986	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	60603	274734		1728250	868420	48716	89836
108 UNIT COST MULT-WS B PT III	.000098				1.665768		.069814
108 UNIT COST MULT-WS B PT III		.001565		.013346		.093556	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING SQ FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION FTES	MEDICAL RECORDS & LIBRARY GROSS REVENUE	I&R SERVICES-SALARY & FRINGES ASSIGNED TIME	I&R SERVICES-OTHER PROGRAM COSTS ASSIGNED TIME	
	10	11	12	14	17	22	23	
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	110							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	110							93
95 SUBTOTALS	434845	133714	1649011	588633	1106460833	332	332	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1156							96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 CHEMOTHERAPY RX			5467					98.01
98.02 RURAL HEALTH	936		4934					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	4898							98.11
98.12 SOUTH PARKING GARAGE								98.12
98.13 PARISH NRSG	541		669	669				98.13
98.14 COMM HLTH & WLNS			758					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 CONTRACT MANAGEMENT	38		6048					99.01
99.02 TELEMEDICINE	114							99.02
99.04 NORTH GARAGE								99.04
99.05 HOME INFUSION	350							99.05
99.06 MISSION RELATED								99.06
99.07 GRANT RELATED	55958		42510					99.07
99.08 EMERGENCY MEDICAL SERVICES			2917					99.08
100 UNDERGRADUATE MEDICAL EDUCATION	7617							100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3355277	1686427	270432	1144577	1827735	2432867	2241670	103
104 UNIT COST MULT-WS B PT I	6.625051		.157934		.001652		6752.018072	104
104 UNIT COST MULT-WS B PT I		12.612195		1.942259		7327.912651		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	105319	120859	2663	286563	80008	71235	22075	107
108 UNIT COST MULT-WS B PT III	.207954		.001555		.000072		66.490964	108
108 UNIT COST MULT-WS B PT III		.903862		.486275		214.563253		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	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 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		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	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	CONTRACT MANAGEMENT	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 EDUCATI	100
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	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	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	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	29628275		29628275	77359	29705634	25
26.01 NEONATAL ICU	4867924		4867924		4867924	26.01
27 CORONARY CARE UNIT	3289727		3289727	4657	3294384	27
29 SURGICAL INTENSIVE CARE UNI	3422846		3422846	7779	3430625	29
31 SUBPROVIDER I	1767178		1767178	4120	1771298	31
33 NURSERY	1070592		1070592		1070592	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17820150		17820150	25239	17845389	37
38 RECOVERY ROOM	1308119		1308119		1308119	38
39 DELIVERY ROOM & LABOR ROOM	3149240		3149240		3149240	39
40 ANESTHESIOLOGY	577516		577516		577516	40
41 RADIOLOGY-DIAGNOSTIC	5093957		5093957		5093957	41
43 RADIOISOTOPE	3527		3527		3527	43
44 LABORATORY	14023382		14023382	4190	14027572	44
46 WHOLE BLOOD & PACKED RED BL	2129996		2129996		2129996	46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
49 RESPIRATORY THERAPY	3388299		3388299	323	3388622	49
50 PHYSICAL THERAPY	12882288		12882288	16708	12898996	50
53 ELECTROCARDIOLOGY	1499991		1499991		1499991	53
53.01 CARDIAC CATH LAB	6113436		6113436	11340	6124776	53.01
53.02 CARDIAC REHAB	167		167		167	53.02
54 ELECTROENCEPHALOGRAPHY	179451		179451		179451	54
55 MEDICAL SUPPLIES CHARGED TO	9223380		9223380		9223380	55
55.30 IMPL. DEV. CHARGED TO PATIE	9190708		9190708		9190708	55.30
56 DRUGS CHARGED TO PATIENTS	10135581		10135581		10135581	56
58 ASC (NON-DISTINCT PART)	1508660		1508660	23276	1531936	58
58.01 WOUND CARE	143936		143936		143936	58.01
59 ACUTE DIALYSIS	30256		30256		30256	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	7667477		7667477		7667477	61
61.01 SLEEP LAB	1065249		1065249	6353	1071602	61.01
61.02 BRONCH & GASTRO LAB	2741114		2741114		2741114	61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	698167		698167		698167	62
62.01 OBSERVATION BEDS-DISTINCT	1433250		1433250	7743	1440993	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	156053839		156053839	189087	156242926	101
102 LESS OBSERVATION BEDS	698167		698167		698167	102
103 TOTAL	155355672		155355672	189087	155544759	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	67290817		67290817			25
26.01 NEONATAL ICU	11414999		11414999			26.01
27 CORONARY CARE UNIT	9127415		9127415			27
29 SURGICAL INTENSIVE CARE UNI	9596240		9596240			29
31 SUBPROVIDER I	4250632		4250632			31
33 NURSERY	3082701		3082701			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	37541971	10592285	48134256	.370218	.370218	.370742 37
38 RECOVERY ROOM	4358756	2426880	6785636	.192778	.192778	.192778 38
39 DELIVERY ROOM & LABOR ROOM	6951797		6951797	.453011	.453011	.453011 39
40 ANESTHESIOLOGY	331491	193259	524750	1.100555	1.100555	1.100555 40
41 RADIOLOGY-DIAGNOSTIC	28761973	19691905	48453878	.105130	.105130	.105130 41
43 RADIOISOTOPE						43
44 LABORATORY	31790540	55403944	87194484	.160829	.160829	.160877 44
46 WHOLE BLOOD & PACKED RED BL	10100063	531370	10631433	.200349	.200349	.200349 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	27973408	809696	28783104	.117718	.117718	.117730 49
50 PHYSICAL THERAPY	7579043	22101472	29680515	.434032	.434032	.434595 50
53 ELECTROCARDIOLOGY	8548488	2871070	11419558	.131353	.131353	.131353 53
53.01 CARDIAC CATH LAB	14563473	9553703	24117176	.253489	.253489	.253959 53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	157791	241728	399519	.449168	.449168	.449168 54
55 MEDICAL SUPPLIES CHARGED TO	40657379	13026117	53683496	.171810	.171810	.171810 55
55.30 IMPL. DEV. CHARGED TO PATIE	9972672	7459407	17432079	.527230	.527230	.527230 55.30
56 DRUGS CHARGED TO PATIENTS	54053104	9411853	63464957	.159704	.159704	.159704 56
58 ASC (NON-DISTINCT PART)	125368	2012745	2138113	.705603	.705603	.716490 58
58.01 WOUND CARE	703429		703429	.204621	.204621	.204621 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	14405078	29227237	43632315	.175729	.175729	.175729 61
61.01 SLEEP LAB		3332942	3332942	.319612	.319612	.321518 61.01
61.02 BRONCH & GASTRO LAB	2470466	10370632	12841098	.213464	.213464	.213464 61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTI	961680	3168400	4130080	.169044	.169044	.169044 62
62.01 OBSERVATION BEDS-DISTINCT	1246469	4818454	6064923	.236318	.236318	.237595 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	408017243	207245099	615262342			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	408017243	207245099	615262342			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				2856597		2856597
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				386013		386013
27 CORONARY CARE UNIT				264123		264123
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				308631		308631
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				95231		95231
33 NURSERY				20891		20891
101 TOTAL				3931486		3931486

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	33230	11950			85.96	1027222
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	4765				81.01	26.01
27 CORONARY CARE UNIT	1887	783			139.97	109597
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	1814	460			170.14	78264
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2330	726			40.87	29672
33 NURSERY	2088				10.01	
101 TOTAL	46114	13919				1244755

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		2158711	48134256	9258424			.044848	415222 37
38 RECOVERY ROOM		85898	6785636	1378760			.012659	17454 38
39 DELIVERY ROOM & LABOR ROOM		32400	6951797	18584			.004661	87 39
40 ANESTHESIOLOGY		39908	524750	245453			.076051	18667 40
41 RADIOLOGY-DIAGNOSTIC		264990	48453878	12237700			.005469	66928 41
43 RADIOISOTOPE		564						43
44 LABORATORY		1316267	87194484	13085924			.015096	197545 44
46 WHOLE BLOOD & PACKED RED BLOO		39360	10631433	3571688			.003702	13222 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		271613	28783104	9826501			.009437	92733 49
50 PHYSICAL THERAPY		1266213	29680515	1969212			.042661	84009 50
53 ELECTROCARDIOLOGY		230578	11419558				.020191	53
53.01 CARDIAC CATH LAB		1446532	24117176	7064183			.059979	423703 53.01
53.02 CARDIAC REHAB		33						53.02
54 ELECTROENCEPHALOGRAPHY		9710	399519				.024304	54
55 MEDICAL SUPPLIES CHARGED TO P		380210	53683496	14060722			.007082	99578 55
55.30 IMPL. DEV. CHARGED TO PATIENT		93977	17432079	4739521			.005391	25551 55.30
56 DRUGS CHARGED TO PATIENTS		342384	63464957	18413951			.005395	99343 56
58 ASC (NON-DISTINCT PART)		243253	2138113	2234			.113770	254 58
58.01 WOUND CARE		1588	703429				.002258	58.01
59 ACUTE DIALYSIS		11562						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		468986	43632315	4959154			.010749	53306 61
61.01 SLEEP LAB		153067	3332942				.045925	61.01
61.02 BRONCH & GASTRO LAB		479556	12841098	1069722			.037345	39949 61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		67138	4130080				.016256	62
62.01 OBSERVATION BEDS-DISTINCT		130662	6064923	729709			.021544	15721 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9535160	510499538	102631442				1663272 101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 06/08/2011 15:27

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					33230		11950	25
26	INTENSIVE CARE UNIT								26
26.01	NEONATAL ICU					4765			26.01
27	CORONARY CARE UNIT					1887		783	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT					1814		460	29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					2330		726	31
33	NURSERY					2088			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					46114		13919	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		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		48134256			9258424		2229064 37
38 RECOVERY ROOM		6785636			1378760		276424 38
39 DELIVERY ROOM & LABOR ROOM		6951797			18584		4002 39
40 ANESTHESIOLOGY		524750			245453		44795 40
41 RADIOLOGY-DIAGNOSTIC		48453878			12237700		2645696 41
43 RADIOISOTOPE							43
44 LABORATORY		87194484			13085924		8649280 44
46 WHOLE BLOOD & PACKED RED BLOO		10631433			3571688		81786 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28783104			9826501		203862 49
50 PHYSICAL THERAPY		29680515			1969212		3366239 50
53 ELECTROCARDIOLOGY		11419558					53
53.01 CARDIAC CATH LAB		24117176			7064183		2986092 53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		399519					54
55 MEDICAL SUPPLIES CHARGED TO P		53683496			14060722		2021656 55
55.30 IMPL. DEV. CHARGED TO PATIENT		17432079			4739521		2126772 55.30
56 DRUGS CHARGED TO PATIENTS		63464957			18413951		2442473 56
58 ASC (NON-DISTINCT PART)		2138113			2234		354412 58
58.01 WOUND CARE		703429					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		43632315			4959154		2661645 61
61.01 SLEEP LAB		3332942					460532 61.01
61.02 BRONCH & GASTRO LAB		12841098			1069722		1753736 61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		4130080					12730 62
62.01 OBSERVATION BEDS-DISTINCT		6064923			729709		362402 62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		510499538			102631442		32683598 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	.370218	.370218	.370218			37
38 RECOVERY ROOM	.192778	.192778	.192778			38
39 DELIVERY ROOM & LABOR ROOM	.453011	.453011	.453011			39
40 ANESTHESIOLOGY	1.100555	1.100555	1.100555			40
41 RADIOLOGY-DIAGNOSTIC	.105130	.105130	.105130			41
43 RADIOISOTOPE						43
44 LABORATORY	.160829	.160829	.160829			44
46 WHOLE BLOOD & PACKED RED BLOOD	.200349	.200349	.200349			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.117718	.117718	.117718			49
50 PHYSICAL THERAPY	.434032	.434032	.434032			50
53 ELECTROCARDIOLOGY	.131353	.131353	.131353			53
53.01 CARDIAC CATH LAB	.253489	.253489	.253489			53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY	.449168	.449168	.449168			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.171810	.171810	.171810			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.527230	.527230	.527230			55.30
56 DRUGS CHARGED TO PATIENTS	.159704	.159704	.159704			56
58 ASC (NON-DISTINCT PART)	.705603	.705603	.705603			58
58.01 WOUND CARE	.204621	.204621	.204621			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	.175729	.175729	.175729			61
61.01 SLEEP LAB	.319612	.319612	.319612			61.01
61.02 BRONCH & GASTRO LAB	.213464	.213464	.213464			61.02
61.03 SURGICENTER						61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.169044	.169044	.169044			62
62.01 OBSERVATION BEDS-DISTINCT	.236318	.236318	.236318			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 CHARGES (S-2 LINE 56)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.159704	1
2 PROGRAM VACCINE CHARGES	37186	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	5939	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		2229064						37
38 RECOVERY ROOM		276424						38
39 DELIVERY ROOM & LABOR ROOM		4002						39
40 ANESTHESIOLOGY		44795						40
41 RADIOLOGY-DIAGNOSTIC		2645696						41
43 RADIOISOTOPE								43
44 LABORATORY		8649280						44
46 WHOLE BLOOD & PACKED RED BLOOD		81786						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		203862						49
50 PHYSICAL THERAPY		3366239						50
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC CATH LAB		2986092						53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		2021656						55
55.30 IMPL. DEV. CHARGED TO PATIENT		2126772						55.30
56 DRUGS CHARGED TO PATIENTS		2442473						56
58 ASC (NON-DISTINCT PART)		354412						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		2661645						61
61.01 SLEEP LAB		460532						61.01
61.02 BRONCH & GASTRO LAB		1753736						61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINCT)		12730						62
62.01 OBSERVATION BEDS-DISTINCT		362402						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 CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		32683598						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		32683598						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		825240					37
38 RECOVERY ROOM		53288					38
39 DELIVERY ROOM & LABOR ROOM		1813					39
40 ANESTHESIOLOGY		49299					40
41 RADIOLOGY-DIAGNOSTIC		278142					41
43 RADIOISOTOPE							43
44 LABORATORY		1391055					44
46 WHOLE BLOOD & PACKED RED BLOOD		16386					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		23998					49
50 PHYSICAL THERAPY		1461055					50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB		756941					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		347341					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1121298					55.30
56 DRUGS CHARGED TO PATIENTS		390073					56
58 ASC (NON-DISTINCT PART)		250074					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		467728					61
61.01 SLEEP LAB		147192					61.01
61.02 BRONCH & GASTRO LAB		374360					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINCT)		2152					62
62.01 OBSERVATION BEDS-DISTINCT		85642					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 CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		8043077					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8043077					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	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	5	CHARGES	COSTS
	1	2		4			7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2158711	48134256				.044848	37
38 RECOVERY ROOM		85898	6785636				.012659	38
39 DELIVERY ROOM & LABOR ROOM		32400	6951797				.004661	39
40 ANESTHESIOLOGY		39908	524750				.076051	40
41 RADIOLOGY-DIAGNOSTIC		264990	48453878	88844			.005469	486 41
43 RADIOISOTOPE		564						43
44 LABORATORY		1316267	87194484	114662			.015096	1731 44
46 WHOLE BLOOD & PACKED RED BLOO		39360	10631433	13425			.003702	50 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		271613	28783104	68430			.009437	646 49
50 PHYSICAL THERAPY		1266213	29680515	941064			.042661	40147 50
53 ELECTROCARDIOLOGY		230578	11419558				.020191	53
53.01 CARDIAC CATH LAB		1446532	24117176	18154			.059979	1089 53.01
53.02 CARDIAC REHAB		33						53.02
54 ELECTROENCEPHALOGRAPHY		9710	399519				.024304	54
55 MEDICAL SUPPLIES CHARGED TO P		380210	53683496	13787			.007082	98 55
55.30 IMPL. DEV. CHARGED TO PATIENT		93977	17432079				.005391	55.30
56 DRUGS CHARGED TO PATIENTS		342384	63464957	497876			.005395	2686 56
58 ASC (NON-DISTINCT PART)		243253	2138113				.113770	58
58.01 WOUND CARE		1588	703429				.002258	58.01
59 ACUTE DIALYSIS		11562						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		468986	43632315				.010749	61
61.01 SLEEP LAB		153067	3332942				.045925	61.01
61.02 BRONCH & GASTRO LAB		479556	12841098				.037345	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		67138	4130080				.016256	62
62.01 OBSERVATION BEDS-DISTINCT		130662	6064923	21444			.021544	462 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9535160	510499538	1777686				47395 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		48134256					37
38 RECOVERY ROOM		6785636					38
39 DELIVERY ROOM & LABOR ROOM		6951797					39
40 ANESTHESIOLOGY		524750					40
41 RADIOLOGY-DIAGNOSTIC		48453878			88844		41
43 RADIOISOTOPE							43
44 LABORATORY		87194484			114662		44
46 WHOLE BLOOD & PACKED RED BLOO		10631433			13425		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28783104			68430		49
50 PHYSICAL THERAPY		29680515			941064		50
53 ELECTROCARDIOLOGY		11419558					53
53.01 CARDIAC CATH LAB		24117176			18154		53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		399519					54
55 MEDICAL SUPPLIES CHARGED TO P		53683496			13787		55
55.30 IMPL. DEV. CHARGED TO PATIENT		17432079					55.30
56 DRUGS CHARGED TO PATIENTS		63464957			497876		56
58 ASC (NON-DISTINCT PART)		2138113					58
58.01 WOUND CARE		703429					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		43632315					61
61.01 SLEEP LAB		3332942					61.01
61.02 BRONCH & GASTRO LAB		12841098					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		4130080					62
62.01 OBSERVATION BEDS-DISTINCT		6064923			21444		62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		510499538			1777686		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				2856597		2856597
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU				386013		386013
27 CORONARY CARE UNIT				264123		264123
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				308631		308631
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				95231		95231
33 NURSERY				20891		20891
101 TOTAL				3931486		3931486

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	33230	4929			85.96	423697
26 INTENSIVE CARE UNIT						
26.01 NEONATAL ICU	4765	2135			81.01	172956
27 CORONARY CARE UNIT	1887	115			139.97	16097
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	1814	584			170.14	99362
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2330	327			40.87	13364
33 NURSERY	2088	870			10.01	8709
101 TOTAL	46114	8960				734185

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	8
	1	2		4	5		7	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2158711	48134256				.044848	37
38 RECOVERY ROOM		85898	6785636				.012659	38
39 DELIVERY ROOM & LABOR ROOM		32400	6951797				.004661	39
40 ANESTHESIOLOGY		39908	524750				.076051	40
41 RADIOLOGY-DIAGNOSTIC		264990	48453878				.005469	41
43 RADIOISOTOPE		564						43
44 LABORATORY		1316267	87194484				.015096	44
46 WHOLE BLOOD & PACKED RED BLOO		39360	10631433				.003702	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		271613	28783104				.009437	49
50 PHYSICAL THERAPY		1266213	29680515				.042661	50
53 ELECTROCARDIOLOGY		230578	11419558				.020191	53
53.01 CARDIAC CATH LAB		1446532	24117176				.059979	53.01
53.02 CARDIAC REHAB		33						53.02
54 ELECTROENCEPHALOGRAPHY		9710	399519				.024304	54
55 MEDICAL SUPPLIES CHARGED TO P		380210	53683496				.007082	55
55.30 IMPL. DEV. CHARGED TO PATIENT		93977	17432079				.005391	55.30
56 DRUGS CHARGED TO PATIENTS		342384	63464957				.005395	56
58 ASC (NON-DISTINCT PART)		243253	2138113				.113770	58
58.01 WOUND CARE		1588	703429				.002258	58.01
59 ACUTE DIALYSIS		11562						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		468986	43632315				.010749	61
61.01 SLEEP LAB		153067	3332942				.045925	61.01
61.02 BRONCH & GASTRO LAB		479556	12841098				.037345	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		67138	4130080				.016256	62
62.01 OBSERVATION BEDS-DISTINCT		130662	6064923				.021544	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9535160	510499538					101

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 07/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 06/08/2011 15:27

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					33230		4929	25
26	INTENSIVE CARE UNIT								26
26.01	NEONATAL ICU					4765		2135	26.01
27	CORONARY CARE UNIT					1887		115	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT					1814		584	29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					2330		327	31
33	NURSERY					2088		870	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					46114		8960	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		48134256					37
38 RECOVERY ROOM		6785636					38
39 DELIVERY ROOM & LABOR ROOM		6951797					39
40 ANESTHESIOLOGY		524750					40
41 RADIOLOGY-DIAGNOSTIC		48453878					41
43 RADIOISOTOPE							43
44 LABORATORY		87194484					44
46 WHOLE BLOOD & PACKED RED BLOO		10631433					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28783104					49
50 PHYSICAL THERAPY		29680515					50
53 ELECTROCARDIOLOGY		11419558					53
53.01 CARDIAC CATH LAB		24117176					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		399519					54
55 MEDICAL SUPPLIES CHARGED TO P		53683496					55
55.30 IMPL. DEV. CHARGED TO PATIENT		17432079					55.30
56 DRUGS CHARGED TO PATIENTS		63464957					56
58 ASC (NON-DISTINCT PART)		2138113					58
58.01 WOUND CARE		703429					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		43632315					61
61.01 SLEEP LAB		3332942					61.01
61.02 BRONCH & GASTRO LAB		12841098					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		4130080					62
62.01 OBSERVATION BEDS-DISTINCT		6064923					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		510499538					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	COSTS
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	8
	1	2		4	5		7	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2158711	48134256				.044848	37
38 RECOVERY ROOM		85898	6785636				.012659	38
39 DELIVERY ROOM & LABOR ROOM		32400	6951797				.004661	39
40 ANESTHESIOLOGY		39908	524750				.076051	40
41 RADIOLOGY-DIAGNOSTIC		264990	48453878				.005469	41
43 RADIOISOTOPE		564						43
44 LABORATORY		1316267	87194484				.015096	44
46 WHOLE BLOOD & PACKED RED BLOO		39360	10631433				.003702	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		271613	28783104				.009437	49
50 PHYSICAL THERAPY		1266213	29680515				.042661	50
53 ELECTROCARDIOLOGY		230578	11419558				.020191	53
53.01 CARDIAC CATH LAB		1446532	24117176				.059979	53.01
53.02 CARDIAC REHAB		33						53.02
54 ELECTROENCEPHALOGRAPHY		9710	399519				.024304	54
55 MEDICAL SUPPLIES CHARGED TO P		380210	53683496				.007082	55
55.30 IMPL. DEV. CHARGED TO PATIENT		93977	17432079				.005391	55.30
56 DRUGS CHARGED TO PATIENTS		342384	63464957				.005395	56
58 ASC (NON-DISTINCT PART)		243253	2138113				.113770	58
58.01 WOUND CARE		1588	703429				.002258	58.01
59 ACUTE DIALYSIS		11562						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		468986	43632315				.010749	61
61.01 SLEEP LAB		153067	3332942				.045925	61.01
61.02 BRONCH & GASTRO LAB		479556	12841098				.037345	61.02
61.03 SURGICENTER								61.03
62 OBSERVATION BEDS (NON-DISTINC		67138	4130080				.016256	62
62.01 OBSERVATION BEDS-DISTINCT		130662	6064923				.021544	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9535160	510499538					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		48134256					37
38 RECOVERY ROOM		6785636					38
39 DELIVERY ROOM & LABOR ROOM		6951797					39
40 ANESTHESIOLOGY		524750					40
41 RADIOLOGY-DIAGNOSTIC		48453878					41
43 RADIOISOTOPE							43
44 LABORATORY		87194484					44
46 WHOLE BLOOD & PACKED RED BLOO		10631433					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28783104					49
50 PHYSICAL THERAPY		29680515					50
53 ELECTROCARDIOLOGY		11419558					53
53.01 CARDIAC CATH LAB		24117176					53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY		399519					54
55 MEDICAL SUPPLIES CHARGED TO P		53683496					55
55.30 IMPL. DEV. CHARGED TO PATIENT		17432079					55.30
56 DRUGS CHARGED TO PATIENTS		63464957					56
58 ASC (NON-DISTINCT PART)		2138113					58
58.01 WOUND CARE		703429					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		43632315					61
61.01 SLEEP LAB		3332942					61.01
61.02 BRONCH & GASTRO LAB		12841098					61.02
61.03 SURGICENTER							61.03
62 OBSERVATION BEDS (NON-DISTINC		4130080					62
62.01 OBSERVATION BEDS-DISTINCT		6064923					62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		510499538					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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0091)	(PPS) (14-T091)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33230	2330					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33230	2330					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33230	2330					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)	11950	726					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	29705634	1771298					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	29705634	1771298					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67290817	4250632					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	67290817	4250632					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.441452	.416714					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2025.00	1824.31					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	29705634	1771298					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	893.94	760.21				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10682583	551912				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10682583	551912				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	4867924	4765	1021.60			43.01
44 CORONARY CARE UNIT	3294384	1887	1745.83	783	1366985	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3430625	1814	1891.19	460	869947	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	21021053	539101				48
49 TOTAL PROGRAM INPATIENT COSTS	33940568	1091013				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1215083	29672				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1663272	47395				51
52 TOTAL PROGRAM EXCLUDABLE COST	2878355	77067				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	31062213	1013946				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
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 07/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

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	781	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	893.94	84
85 OBSERVATION BED COST	698167	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		29705634		698167		86
87 NEW CAPITAL-RELATED COST	2856597	29705634	.096163	698167	67138	87
88 NON PHYSICIAN ANESTHETIST		29705634		698167		88
89 MEDICAL EDUCATION		29705634		698167		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)	33230	2330					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33230	2330					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33230	2330					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)	4929	327					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	2088						15
16 TITLE V OR XIX NURSERY DAYS	870						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	29705634	1767178					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	29705634	1767178					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67290817	4250632					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	67290817	4250632					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.441452	.415745					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2025.00	1824.31					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	29705634	1767178					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	893.94	758.45					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4406230	248013					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4406230	248013					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)	1070592	2088	512.74	870	446084		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT							43
43.01	NEONATAL ICU	4867924	4765	1021.60	2135	2181116		43.01
44	CORONARY CARE UNIT	3294384	1887	1745.83	115	200770		44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT	3430625	1814	1891.19	584	1104455		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	8338655	248013					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	720821	13364					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	720821	13364					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7617834						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	25	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 07/01/2010 TO 12/31/2010

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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	781	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	893.94	84
85 OBSERVATION BED COST	698167	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		29705634		698167		86
87 NEW CAPITAL-RELATED COST	2856597	29705634	.096163	698167	67138	87
88 NON PHYSICIAN ANESTHETIST		29705634		698167		88
89 MEDICAL EDUCATION		29705634		698167		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		24815390		25
26.01 NEONATAL ICU				26.01
27 CORONARY CARE UNIT		4523582		27
29 SURGICAL INTENSIVE CARE UNIT		2653011		29
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.370742	9258424	3432487	37
38 RECOVERY ROOM	.192778	1378760	265795	38
39 DELIVERY ROOM & LABOR ROOM	.453011	18584	8419	39
40 ANESTHESIOLOGY	1.100555	245453	270135	40
41 RADIOLOGY-DIAGNOSTIC	.105130	12237700	1286549	41
43 RADIOISOTOPE				43
44 LABORATORY	.160877	13085924	2105224	44
46 WHOLE BLOOD & PACKED RED BLOOD	.200349	3571688	715584	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.117730	9826501	1156874	49
50 PHYSICAL THERAPY	.434595	1969212	855810	50
53 ELECTROCARDIOLOGY	.131353			53
53.01 CARDIAC CATH LAB	.253959	7064183	1794013	53.01
53.02 CARDIAC REHAB				53.02
54 ELECTROENCEPHALOGRAPHY	.449168			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.171810	14060722	2415773	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.527230	4739521	2498818	55.30
56 DRUGS CHARGED TO PATIENTS	.159704	18413951	2940782	56
58 ASC (NON-DISTINCT PART)	.716490	2234	1601	58
58.01 WOUND CARE	.204621			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	.175729	4959154	871467	61
61.01 SLEEP LAB	.321518			61.01
61.02 BRONCH & GASTRO LAB	.213464	1069722	228347	61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT	.169044			62
62.01 OBSERVATION BEDS-DISTINCT	.237595	729709	173375	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		102631442	21021053	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		102631442		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		1306729		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.370742			37
38 RECOVERY ROOM	.192778			38
39 DELIVERY ROOM & LABOR ROOM	.453011			39
40 ANESTHESIOLOGY	1.100555			40
41 RADIOLOGY-DIAGNOSTIC	.105130	88844	9340	41
43 RADIOISOTOPE				43
44 LABORATORY	.160877	114662	18446	44
46 WHOLE BLOOD & PACKED RED BLOOD	.200349	13425	2690	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.117730	68430	8056	49
50 PHYSICAL THERAPY	.434595	941064	408982	50
53 ELECTROCARDIOLOGY	.131353			53
53.01 CARDIAC CATH LAB	.253959	18154	4610	53.01
53.02 CARDIAC REHAB				53.02
54 ELECTROENCEPHALOGRAPHY	.449168			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.171810	13787	2369	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.527230			55.30
56 DRUGS CHARGED TO PATIENTS	.159704	497876	79513	56
58 ASC (NON-DISTINCT PART)	.716490			58
58.01 WOUND CARE	.204621			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	.175729			61
61.01 SLEEP LAB	.321518			61.01
61.02 BRONCH & GASTRO LAB	.213464			61.02
61.03 SURGICENTER				61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.169044			62
62.01 OBSERVATION BEDS-DISTINCT	.237595	21444	5095	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1777686	539101	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1777686		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	.370742		37
38 RECOVERY ROOM	.192778		38
39 DELIVERY ROOM & LABOR ROOM	.453011		39
40 ANESTHESIOLOGY	1.100555		40
41 RADIOLOGY-DIAGNOSTIC	.105130		41
43 RADIOISOTOPE			43
44 LABORATORY	.160877		44
46 WHOLE BLOOD & PACKED RED BLOOD	.200349		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.117730		49
50 PHYSICAL THERAPY	.434595		50
53 ELECTROCARDIOLOGY	.131353		53
53.01 CARDIAC CATH LAB	.253959		53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY	.449168		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.171810		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.527230		55.30
56 DRUGS CHARGED TO PATIENTS	.159704		56
58 ASC (NON-DISTINCT PART)	.716490		58
58.01 WOUND CARE	.204621		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	.175729		61
61.01 SLEEP LAB	.321518		61.01
61.02 BRONCH & GASTRO LAB	.213464		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.169044		62
62.01 OBSERVATION BEDS-DISTINCT	.237595		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	.370218		37
38 RECOVERY ROOM	.192778		38
39 DELIVERY ROOM & LABOR ROOM	.453011		39
40 ANESTHESIOLOGY	1.100555		40
41 RADIOLOGY-DIAGNOSTIC	.105130		41
43 RADIOISOTOPE			43
44 LABORATORY	.160829		44
46 WHOLE BLOOD & PACKED RED BLOOD	.200349		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.117718		49
50 PHYSICAL THERAPY	.434032		50
53 ELECTROCARDIOLOGY	.131353		53
53.01 CARDIAC CATH LAB	.253489		53.01
53.02 CARDIAC REHAB			53.02
54 ELECTROENCEPHALOGRAPHY	.449168		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.171810		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.527230		55.30
56 DRUGS CHARGED TO PATIENTS	.159704		56
58 ASC (NON-DISTINCT PART)	.705603		58
58.01 WOUND CARE	.204621		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	.175729		61
61.01 SLEEP LAB	.319612		61.01
61.02 BRONCH & GASTRO LAB	.213464		61.02
61.03 SURGICENTER			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.169044		62
62.01 OBSERVATION BEDS-DISTINCT	.236318		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	12595089					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12595089					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	4733782					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4733782					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	1813715					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	280.26					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	27.29			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	46.66					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	5.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	32.29					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	32.29					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	31.60					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	0.114394				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	1038571				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1038571				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]					3.23
3.24	SUM OF LINES 3.21-3.23	2077142	627582			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
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	0.2214				4.01
4.02	SUM OF 4 AND 4.01	0.2502				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0986				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	2483752				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
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	32192369				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	32192369				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2494523				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	701006				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	35387898				16
17	PRIMARY PAYER PAYMENTS	12700				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	35375198				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2120800				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	108350				20
21	REIMBURSABLE BAD DEBTS	362465				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	253726				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	271767				21.02
22	SUBTOTAL	33399774				22

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 07/01/2010 TO 12/31/2010

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

VERSION: 2011.03
06/08/2011 15:27

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	33399774				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	33038901				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	360873				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	506814				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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					52
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					54
55	OPERATING 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	5939		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8043077		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	6836309		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	5939		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	37186		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	37186		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	37186		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	31247		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	5939		17
17.01 TOTAL PPS PAYMENTS	6836309		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	1487041		18.01
19 SUBTOTAL	5355207		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	161123		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	5516330		23
24 PRIMARY PAYER PAYMENTS	53		24
25 SUBTOTAL	5516277		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	254491		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	178144		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	212649		27.02
28 SUBTOTAL	5694421		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	5694421		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5423738		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	270683		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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			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				18
18.01				18.01
				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
				26
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
50				50
51				51
52				52
53				53
54				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		31929343		5352141	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.		1126987		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.			02/18/2011	71597	3.01
PROGRAM .01					3.02
TO .02					3.03
PROVIDER .03		NONE			3.04
PROVIDER .04					3.05
TO .05					3.50
PROVIDER .50	02/18/2011	17429			3.51
TO .51					3.52
PROVIDER .52				NONE	3.53
PROGRAM .53					3.54
PROGRAM .54					
SUBTOTAL	.99	-17429		71597	3.99
4 TOTAL INTERIM PAYMENTS		33038901		5423738	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					5.01
PROGRAM .01					5.02
TO .02		NONE		NONE	5.03
PROVIDER .03					5.50
PROVIDER .50					5.51
TO .51		NONE		NONE	5.52
PROGRAM .52					
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					6.01
PROGRAM TO .01		360873		270683	6.02
PROVIDER TO .02					
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		33399774		5694421	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		918160		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.	.01 02/18/2011	10508		3.01
PROGRAM .02				3.02
TO .03			NONE	3.03
PROVIDER .04				3.04
.05				3.05
.50 02/12/2010		18880		3.50
PROVIDER .51				3.51
TO .52			NONE	3.52
PROGRAM .53				3.53
.54				3.54
SUBTOTAL	.99	-8372		3.99
4 TOTAL INTERIM PAYMENTS		909788		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	34402		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		944190		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						1
1.01						1.01
1.02		829944				1.02
1.03		0.0319				1.03
1.04		63128				1.04
1.05		62943				1.05
1.06		956015				1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40		12.663043				1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		956015				4
5						5
6		956015				6
7						7
8		956015				8
9		11825				9
10		944190				10
11						11
11.01						11.01
11.02						11.02
12		944190				12
13						13

PROVIDER NO. 14-0091 CARLE FOUNDATION HOSPITAL
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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	944190				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	909788				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	34402				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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)					50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	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
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES		248013				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL		248013				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL		248013				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		248013				22
23	COST OF COVERED SERVICES		248013				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL		248013				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31		248013				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		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		248013				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

[] 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	14.29 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 13.86	13.86 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	26.20 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	13.86 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	22.04 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	0.82 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	22.86 3.09
3.10	SEE INSTRUCTIONS	12.09 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	2.27 3.11
3.12	SEE INSTRUCTIONS	2.70 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.47 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.74 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.64 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.64 3.16
3.17	SEE INSTRUCTIONS	75743.39 3.17
3.18	SEE INSTRUCTIONS	199963 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			13.20	3.19
3.20 SEE INSTRUCTIONS			12.49	3.20
3.21 SEE INSTRUCTIONS			12.45	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			12.45	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			75743.39	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			943005	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			1142968	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			13919	4
5 TOTAL INPATIENT DAYS			43245	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.321864	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 367880 304545			672425	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			4573	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			43245	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			103786	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 85918			85918	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	35031581	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	12700	15
16	TOTAL PART A REASONABLE COST	35018881	16
PART B REASONABLE COST			
17	REASONABLE COST	8049016	17
18	PRIMARY PAYER PAYMENTS	53	18
19	TOTAL PART B REASONABLE COST	8048963	19
20	TOTAL REASONABLE COST	43067844	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813110	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186890	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	862129	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	701006	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	161123	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS		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		8090	4
5	TOTAL INPATIENT DAYS		43245	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.187074	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		6135	6.02
	OF THIS COST REPORTING PERIOD			
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		43245	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			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		100.00	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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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

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

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	13.86	2
3	UNADJUSTED DIRECT GME FTE CAP	14.29	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	13.86	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)	12.60	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	12.34	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	10.77	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87854.38	8
9	LINE 7 TIMES LINE 8	946192	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.321864	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	304545	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	85918	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)	19.37	17
18	SEE INSTRUCTIONS	19.37	18
19	RESIDENT TO BED COUNT	.069114	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.018108	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	25190178	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	9467564	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	627582	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	-11702128			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	266453503			4
5 OTHER RECEIVABLES	478940			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-196455691			6
7 INVENTORY	5239098			7
8 PREPAID EXPENSES	4490174			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	68503896			11
FIXED ASSETS				
12 LAND	485000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	687739			13
13.01 ACCUMULATED DEPRECIATION	-444704			13.01
14 BUILDINGS	14023242			14
14.01 ACCUMULATED DEPRECIATION	-1792891			14.01
15 LEASEHOLD IMPROVEMENTS	281892			15
15.01 ACCUMULATED AMORTIZATION	-161172			15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS	35680			17
17.01 ACCUMULATED DEPRECIATION	-25123			17.01
18 MAJOR MOVABLE EQUIPMENT	39899349			18
18.01 ACCUMULATED DEPRECIATION	-13828789			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	39160223			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	107664119			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7748805			28
29 SALARIES, WAGES & FEES PAYABLE	21834204			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	-22745056			35
36 TOTAL CURRENT LIABILITIES	6837953			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	6837953			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	100826166			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	100826166			51
52 TOTAL LIABILITIES AND FUND BALANCES	107664119			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	102043753			1
2 NET INCOME (LOSS)	56150611			2
3 TOTAL	158194364			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	158194364			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET AFFILIATE TRANSFERS	57368198			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	57368198			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	100826166			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	79251143		79251143	1
2 SUBPROVIDER I	4250632		4250632	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	83501775		83501775	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
10.01 NEONATAL ICU	11448463		11448463	10.01
11 CORONARY CARE UNIT	9351532		9351532	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT	9609458		9609458	13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	30409453		30409453	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	113911228		113911228	16
17 ANCILLARY SERVICES	290392426		290392426	17
18 OUTPATIENT SERVICES		216263655	216263655	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		1661950	1661950	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE	257515	2172239	2429754	23
24				24
25 TOTAL PATIENT REVENUES	404561169	220097844	624659013	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		156564055	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	16884999		28
29 INCOME TAX			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		16884999	33
34 DEDUCT (SPECIFY)			34
35 INCOME TAX			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		173449054	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	624659013	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	399996423	2
3	NET PATIENT REVENUES	224662590	3
4	LESS - TOTAL OPERATING EXPENSES	173449054	4
5	NET INCOME FROM SERVICE TO PATIENTS	51213536	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	177733	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	931	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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.)	18823	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	67774	22
23	GOVERNMENTAL APPROPRIATIONS	144925	23
24	MISSION AND DEVELOPMENT	1823516	24
24.01	OTHER	934231	24.01
24.02	GOVT SUBSIDIES	1000000	24.02
24.03	GRANT	817142	24.03
25	TOTAL OTHER INCOME	4985075	25
26	TOTAL	56198611	26
27	LOSSES		27
27.01	INCOME TAXES	48000	27.01
27.02	OTHER		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	48000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	56150611	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	557863	151034	4558		287101	1000556 5
6 SKILLED NURSING CARE	488695	106722	46911		25214	667542 6
7 PHYSICAL THERAPY	182439	34903	22879		3269	243490 7
8 OCCUPATIONAL THERAPY	62953	9820	9239			82012 8
9 SPEECH PATHOLOGY	5395	1403	1587		126	8511 9
10 MEDICAL SOCIAL SERVICES	6363	1300	1269			8932 10
11 HOME HEALTH AIDE	15627	6457	4103		1294	27481 11
12 SUPPLIES					33998	33998 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	1319335	311639	90546		351002	2072522 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-407210	593346	-74209	519137	5
6		667542		667542	6
7		243490		243490	7
8		82012		82012	8
9		8511		8511	9
10		8932		8932	10
11		27481		27481	11
12		33998		33998	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	-407210	1665312	-74209	1591103	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7241

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4	4A	5	6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FLXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	519137					519137	519137	5
6 SKILLED NURSING CARE	667542					667542	323279	990821
7 PHYSICAL THERAPY	243490					243490	117919	361409
8 OCCUPATIONAL THERAPY	82012					82012	39717	121729
9 SPEECH PATHOLOGY	8511					8511	4122	12633
10 MEDICAL SOCIAL SERVICES	8932					8932	4326	13258
11 HOME HEALTH AIDE	27481					27481	13309	40790
12 SUPPLIES	33998					33998	16465	50463
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	1591103					1591103		1591103

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-519137	1071966	5
6 SKILLED NURSING CARE						667542	6
7 PHYSICAL THERAPY						243490	7
8 OCCUPATIONAL THERAPY						82012	8
9 SPEECH PATHOLOGY						8511	9
10 MEDICAL SOCIAL SERVICES						8932	10
11 HOME HEALTH AIDE						27481	11
12 SUPPLIES						33998	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					-519137	1071966	24
25 COST TO BE ALLOC (PER W/S H)						519137	25
26 UNIT COST MULTIPLIER						.484285	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7241

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL 27	ALLOCATED		TOTAL HHA COSTS 29	
		HHA A & G 28			
1 ADMINISTRATIVE AND GENERAL	49630				1
2 SKILLED NURSING CARE	1342804	30906		1373710	2
3 PHYSICAL THERAPY	489798	11273		501071	3
4 OCCUPATIONAL THERAPY	164973	3797		168770	4
5 SPEECH PATHOLOGY	17121	394		17515	5
6 MEDICAL SOCIAL SERVICES	17968	414		18382	6
7 HOME HEALTH AIDE	55280	1272		56552	7
8 SUPPLIES	68390	1574		69964	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	2205964	49630		2205964	20
21 UNIT COST MULTIPLIER		.023016			21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP RE L COSTS-BL DG & FIXT DOLLARS SQ FEET 1	OLD CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 2	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET 3	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE 4	EMPLOYEE B ENEFITS GROSS SALARIES 5	NON-PATIENT TELEPHONE INSTR 6.01	DATA PROCES SING INVOICES 6.02	FOUNDATION OVERHEAD TOTAL COST 6.03	
1 ADMINISTRATIVE AND GENERAL			110	22598	281441	79	47156		1
2 SKILLED NURSING CARE					488695				2
3 PHYSICAL THERAPY					182439				3
4 OCCUPATIONAL THERAPY					62953				4
5 SPEECH PATHOLOGY					5395				5
6 MEDICAL SOCIAL SERVICES					6363				6
7 HOME HEALTH AIDE					15627				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			110	22598	1042913	79	47156		20
21 TOTAL COST TO BE ALLOCATED			1046	33277					21
22 UNIT COST MULTIPLIER			9.509091						22
22 UNIT COST MULTIPLIER				1.472564					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE	6.04	SHARED ADM INISTRATIV E & GENERA TOTAL COST	6.05	RECON- CILIATION	6A.06	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	6.06	MAINTENANC & REPAIR S SQ FEET	7	OPERATION OF PLANT SQ FEET	8	LAUNDRY & HOUSEKEEPI LINEN SERV NG ICE POUNDS OF LAUNDRY	9	HOUSEKEEPI SQ FEET	10
1 ADMINISTRATIVE AND GENERAL							34323		110		110				110	1
2 SKILLED NURSING CARE							990821									2
3 PHYSICAL THERAPY							361409									3
4 OCCUPATIONAL THERAPY							121729									4
5 SPEECH PATHOLOGY							12633									5
6 MEDICAL SOCIAL SERVICES							13258									6
7 HOME HEALTH AIDE							40790									7
8 SUPPLIES							50463									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							1625426		110		110				110	20
21 TOTAL COST TO BE ALLOCATED							577424		1486		899				729	21
22 UNIT COST MULTIPLIER									13.509091							22
22 UNIT COST MULTIPLIER							.355245				8.172727				6.627273	22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
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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	1373710		1373710	5853	234.70	1
2	PHYSICAL THERAPY	3	501071		501071	2423	206.80	2
3	OCCUPATIONAL THERAPY	4	168770		168770	726	232.47	3
4	SPEECH PATHOLOGY	5	17515		17515	64	273.67	4
5	MEDICAL SOCIAL SERV	6	18382		18382	69	266.41	5
6	HOME HEALTH AIDE SERV	7	56552		56552	542	104.34	6
7	TOTAL		2136000		2136000	9677		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	69964	2	69964	74253	.942238	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 PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	12
1	SKILLED NURSING CARE	1605	1263	376694	296426	673120
2	PHYSICAL THERAPY	731	463	151171	95748	246919
3	OCCUPATIONAL THERAPY	212	234	49284	54398	103682
4	SPEECH PATHOLOGY	17	15	4652	4105	8757
5	MEDICAL SOCIAL SERV	27	15	7193	3996	11189
6	HOME HEALTH AIDE SERV	76	304	7930	31719	39649
7	TOTAL	2668	2294	596924	486392	1083316

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	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	.434032			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	.171810			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.527230			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.159704			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	206.80						1
2	OCCUPATIONAL THERAPY	232.47						2
3	SPEECH PATHOLOGY	273.67						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	423989	349978	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	423989	349978	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	423989	349978	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	494776	365349	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6798	13565	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	30040	11130	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4582	3110	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	2301	9495	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	538497	402649	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	538497	402649	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	538497	402649	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	538497	402649	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	538497	402649	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	538497	402649	24
25 TOTAL INTERIM PAYMENTS	538497	402649	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		538497		402649	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		538497		402649	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		538497		402649	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			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	22895		3920		477335	504150
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	302599		25958		67576	396133
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY	27				4	31
12 OCCUPATIONAL THERAPY			15			15
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	36141		3230		7677	47048
15 SPIRITUAL COUNSELING	30683		2808		8511	42002
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	45167		14994		18128	78289
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	6532				3016	9548
31 VOLUNTEER PROGRAM COSTS	18849		105		2892	21846
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	462893		51030		585139	1099062

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	135570	639720	-46906	592814	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		396133		396133	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY		31		31	11
12 OCCUPATIONAL THERAPY		15		15	12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		47048		47048	14
15 SPIRITUAL COUNSELING		42002		42002	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		78289		78289	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		9548		9548	30
31 VOLUNTEER PROGRAM COSTS		21846		21846	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	135570	1234632	-46906	1187726	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									1
2									2
3									3
4									4
5									5
6		781		8227				13887	22895
7									7
8									8
9									9
10									10
10.20					302599				302599
11								27	27
12									12
13									13
14			36141						36141
15								30683	30683
16									16
17									17
18							45167		45167
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30								6532	6532
31								18849	18849
32									32
33									33
34		781	36141	8227	302599		45167	69978	462893

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	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
	0	1	2	3	4	5			
1									1
2									2
3									3
4									4
5									5
6	592814						592814	592814	6
7									7
8									8
9									9
10	396133						396133	394736	790869
10.20									10.20
11	31						31	31	62
12	15						15	15	30
13									13
14	47048						47048	46882	93930
15	42002						42002	41854	83856
16									16
17									17
18	78289						78289	78013	156302
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	9548						9548	9514	19062
31	21846						21846	21769	43615
32									32
33									33
34	1187726						1187726		1187726

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	45907			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE	1072063	30569	1102632	5
5.20 NURSING CARE-CONTINUOUS HOM				5.20
6 PHYSICAL THERAPY	84	2	86	6
7 OCCUPATIONAL THERAPY	41	1	42	7
8 SPEECH/LANGUAGE PATHOLOGY				8
9 MEDICAL SOCIAL SERV. - DIRE	127327	3630	130957	9
10 SPIRITUAL COUNSELING	113671	3241	116912	10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS	211875	6041	217916	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	25839	737	26576	25
26 VOLUNTEER PROGRAM COSTS	59122	1686	60808	26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTALS	1655929		1655929	29
30 UNIT COST MULTIPLIER		.028513		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				21438	22895			1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					302599			5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY					27			6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					36141			9
10 SPIRITUAL COUNSELING					30683			10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					45167			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					6532			25
26 VOLUNTEER PROGRAM COSTS					18849			26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				21438	462893			29
30 TOTAL COST TO BE ALLOCATED			1046	31569				30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER				1.472572				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING GROSS REVENUE 6.04	SHARED ADM INISTRATIV E & GENERA TOTAL COST 6.05	RECON- CILIATION 6A.06	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST 6.06	MAINTENANC E & REPAIR SQ FEET 7	OPERATION OF PLANT SQ FEET 8	LAUNDRY & LINEN SERV NG ICE POUNDS OF LAUNDRY 9	HOUSEKEEPI SQ FEET 10	
1 ADMINISTRATIVE AND GENERAL				31569	110	110		110	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				790869					5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY				62					6
7 OCCUPATIONAL THERAPY				30					7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE				93930					9
10 SPIRITUAL COUNSELING				83856					10
11 DIETARY COUNSELING									11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS				156302					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				19062					25
26 VOLUNTEER PROGRAM COSTS				43615					26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTAL				1219295	110	110		110	29
30 TOTAL COST TO BE ALLOCATED				433520	1486	899		729	30
31 UNIT COST MULTIPLIER					13.509091				31
31 UNIT COST MULTIPLIER				.355550		8.172727		6.627273	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 07/01/2010 TO 12/31/2010

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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	0.434032		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.159704		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.160829		6
7	MEDICAL SUPPLIES	55	0.171810		7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.527230		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.175729		8
8.01	SLEEP LAB	61.01	0.319612		8.01
8.02	BRONCH & GASTRO LAB	61.02	0.213464		8.02
8.03	SURGICENTER	61.03			8.03
9	RADIATION THERAPY	41	0.105130		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 07/01/2010 TO 12/31/2010

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

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1526

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				1655929	1
2 TOTAL UNDUPLICATED DAYS				14612	2
3 AGGREGATE COST PER DIEM				113.33	3
4 UNDUPLICATED MEDICARE DAYS	12987				4
5 AGGREGATE MEDICARE COST	1471817				5
6 UNDUPLICATED MEDICAID DAYS		506			6
7 AGGREGATE MEDICAID COST		57345			7
8 UNDUPLICATED SNF DAYS	3481				8
9 AGGREGATE SNF COST	394502				9
10 UNDUPLICATED NF DAYS		100			10
11 AGGREGATE NF COST		11333			11
12 OTHER UNDUPLICATED DAYS			1119		12
13 AGGREGATE COST FOR OTHER DAYS			126816		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT				2
3	CAPITAL DRG OTHER THAN OUTLIER	2062181			3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
4	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	186118			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	222.36			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	32.06	19.37	51.43	4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			6.74	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT			138991	4.03
5	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS			0.0288	5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I			0.2214	5.01
5.02	SUM OF LINES 5 AND 5.01			0.2502	5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE			0.0520	5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT			107233	5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2494523			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

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0091)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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 CONTRACT MANAGEMENT					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